University of Nevada, Reno
School of Medicine
Speech Pathology and Audiology

# UNIVERSITY OF NEVADA, RENO DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY

# 2026-2027 GRADUATE STUDENT HANDBOOK

# CLINICAL PROCEDURES

Council on Academic Accreditation
ACCREDITED | Speech-Language Pathology

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Director of Clinical Services

Revision – July, 2026

# Clinical Procedures – Contents

## 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: Zeva R Edmondson, Title IX and Equal Opportunity Director, (775) 784-1547, zedmondson@unr.edu.

**August, 2026**

**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

Background: The American Speech-Language Hearing Association (ASHA) requires graduate students to gain a minimum of 400 hours of clinical experience throughout their professional training programs. A minimum of 325 hours of direct clinical experience must be achieved at the graduate level.

Graduate students in the Speech Pathology program at the University of Nevada, Reno will participate in multiple clinical training opportunities. Some placements will be in the UNR Speech and Hearing Clinic, and others will be at external sites. External sites may be in the local (Northern Nevada) area, or out of the area at the request of a student.

A federal criminal background check through the University of Nevada, Reno Police Department is required for all graduate clinicians working directly with vulnerable populations. Additionally, a drug screen may be required for placement at some practicum sites. Placement at any practicum site is expressly the decision of the site and is based on the recommendation from the Clinical Director.

Assignments of students to the UNR Speech and Hearing Clinic is the responsibility of the Clinical Director (CD) and adhering to the following procedures:

- Fall 1 – New graduate students are assigned to a clinical team in the UNR Speech and Hearing Clinic based on information gathered from each student's Letter of Intent from their application to graduate school (e.g. interests, experience, specialized skills, etc.). Clinical experiences during this semester are primarily evaluations/assessments.
- Spring 1– Graduate students are assigned to a new clinical team in the UNR Speech and Hearing Clinic considering the need for a breadth of experience, and student preferences/requests. Student preferences/requests are solicited at the end of the Fall 1 semester for the CD to consider when making the assignments. Clinical experiences during this semester are a combination of treatment and evaluations/assessments.
- Summer 1 - Graduate students are assigned to a new clinical team in the UNR Speech and Hearing Clinic or at an external site in the Northern Nevada area, considering the need for a breadth of experience, and student preferences/requests. Student preferences/requests are solicited at the end of the Spring 1 semester for the CD to consider when making the assignments. Clinical experiences during this semester are a combination of treatment and evaluations/assessments.
- Fall 2 - Graduate students are assigned to a new clinical team in the UNR Speech and Hearing Clinic or at an external site in the Northern Nevada area, considering the need for a breadth of experience, and student preferences/requests. Student preferences/requests are solicited at the end of the Summer 1 semester for the CD to consider when making the assignments. Clinical experiences during this semester are primarily treatment in the UNR Speech and Hearing Clinic or may be a combination of treatment and evaluations/assessments at an external placement.
- Spring 2 – Graduate students are assigned to one or two external sites for full-time externship experiences, considering the need for a breadth of experience, and student preferences/requests. Student preferences/requests are solicited at the end of the Summer 1 semester for the CD to consider when making the assignments. The CD will

make every effort to ensure that students have both educational and medical externship placements.

- Sites in Northern Nevada - External placement availability is solicited in Fall 2, and assignment recommendations are shared with students in mid-Fall 2. Placement recommendations are made by the CD, but the site can agree or decline to take the student for the placement (i.e. after an interview).
- Sites Outside Northern Nevada – Students who would like to pursue an externship out of the community must share the names and contact details of potential sites with the CD in Summer 1. **Students are not to contact sites independently to request an externship placement. If the site is available to host a graduate student extern, and supervisory requirements are met by the potential supervisors (e.g., minimum of one year of professional practice, current state license, current CCC, and supervision-specific CEs completed), the CD and the UNR Med Legal Office will work to establish an affiliation agreement. Once that is established, the student will be assigned to that site.

There are additional specialty clinical experiences available to students at UNR:

- University Center for Autism and Neurodevelopment (UCAN)
- Parkinson's Voice Project (PVP)
- Transgender Voice & Communication Clinic

## Student Knowledge Outcomes and Clinical Competencies

The Master of Science (M.S.) in Speech-Language Pathology program is organized to meet the accreditation requirements of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the certification requirements of the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) of the American Speech-Language-Hearing Association (ASHA). The program maintains processes to document and monitor each student's acquisition of the required *knowledge outcomes* and *clinical skills* (2027 Certification Standards in Speech-Language Pathology). The CAA reviews these processes and records as part of the program's accreditation, and the CFCC requires the Program Director to verify that each applicant has met all required knowledge and skills as part of the application for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) (ASHA, 2020).

Consistent with these requirements, students must demonstrate knowledge and skills in communication and swallowing disorders and differences, including speech sound production, fluency, voice and resonance, receptive and expressive language, hearing, swallowing and feeding, cognitive aspects of communication, social aspects of communication, and augmentative and alternative communication. Students also develop professional competencies in accountability, effective communication, evidence-based practice, professional responsibility, and person- and family-centered care. The Department of Speech Pathology and Audiology tracks student knowledge outcomes and clinical competencies to meet these requirements. The UNR Speech-Language Pathology *Knowledge Outcomes (KOs)* are student learning objectives aligned with the CAA 2027 standards. Knowledge Outcomes are assessed throughout

the curriculum and documented through formal course sign-offs, while *clinical skills* are evaluated across clinical practicum experiences.

**2027 ASHA Certification Standards Revisions – ASHA made multiple substantive changes to its certification standards. These updated standards go into effect on August 1, 2027 and will impact the requirements for students in the SPA27 and SPA28 cohorts. The changes will be clarified in Practicum class in lectures and in writing:** 2027 Certification Standards in Speech-Language Pathology

## Core Functions (Council of Academic Programs in Communication Sciences and Disorders - CAPCSD, 2023):

This information is intended as a guide for educational programs in speech-language pathology or audiology, and individuals seeking a career in these professions. It identifies the core functions that individuals of such programs typically are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. For the sake of this document, the term "core functions" refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodation necessary to ensure equitable access. The document intentionally does not address how stated core functions are demonstrated, recognizing that there are multiple ways an individual can successfully meet the demands of clinical education and practice. The determination of possible accommodations exemplified in this document varies from institution to institution based on numerous factors not covered in the scope of this document. The degree to which accommodations are determined is under the governance of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973. It is the responsibility of the institution and the individual to work together to identify possible services and accommodations.

### Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

**Motor**

Statements in this section acknowledge that clinical practice by audiologists and speech language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

• Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
• Respond in a manner that ensures the safety of clients and others

**Sensory**

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

• Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
• Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
• Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

**Intellectual/Cognitive**

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

• Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
• Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
• Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
• Critically examine and apply evidence-based judgment in keeping with best practices for

client/patient care

**Interpersonal**

Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

• Display compassion, respect, and concern for others during all academic and clinical interactions
• Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
• Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

**Cultural Responsiveness**

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

• Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
• Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

## 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 guided 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, during which they will accrue the rest of the required hours.

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 and pay a one-time membership fee for 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 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 or evaluation. Each clinician is responsible for getting their documented hours approved by their supervisor(s) before leaving at the end of each semester. CALIPSO will maintain student records for six years after graduation, but students are encouraged to also keep personal paper or digital records.

The Director of Graduate Studies, in collaboration with the Clinical Director, will complete documentation to clearly establish knowledge and skills outcomes. Completion of these forms is clear documentation that the student has completed both academic and clinical requirements for certification.

# CALIPSO Student Directions

Login to: https://www.calipsoclient.com/unr

1. **Register as a Student User on CALIPSO**

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

2. **Login to CALIPSO**

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

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.

4. **View Immunization 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.

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.

6. **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.

**7. Submit 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.

**8. View Clinical Performance Evaluations**

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

**9. 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.

**10. 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.

**11. 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.

**12. 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.

**13. 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.”

**14. 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 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.

## ASSESSMENT TOOLS ROOM –

The assessment tools room is Room 104 (connected to the front office). All the clinic's testing materials and protocols are in this room. Additionally, the Language Line translation tool, and a Renown copy machine are available to students for clinical purposes.

## STUDENT STUDY ROOM –

The graduate student study room is Room 145. There is a large study table, student cubbies, a UNR copy machine for academic copy needs, and Renown computers for documentation of clinical services. There is also a telephone to make calls to clients in a more private space.

## TOY ROOM -

The Toy Room is Room 114. The UNR Clinic has a wide array of children's toys, games, and books for use in therapy. Please keep this space neat and clean, and return the materials after you have used and sanitized them.
**Please wipe down and/or spray all toys and equipment after use. This sanitation procedure helps minimize the spread of germs between clients.

## ART SUPPLY & LARGE TOY STORAGE -

The art supply and large toy storage room is located in Room 117 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 145 (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.

**IMPORTANT PHONE NUMBERS**

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

Fax: (775) 982-8042
University of Nevada, Reno Speech Pathology and Audiology Department (academic calls)
Office: (775) 784-4887

### CLINIC EMAIL –

Clinicians will be assigned @med.unr.edu email addresses for communications. This email is to be used for all University business. Please adhere to the electronic communications policy of UNR Med, found here: 2005 University Email Requirement for Employees | University of Nevada, Reno Some specific parameters for the use of the med.unr.edu emails while students are enrolled in the SPA training program include the following:

- Sending emails with client information (all secure procedures)
    - Epic In-Basket – Send messages about clients using the Epic in-basket function
    - Sending email outside med.unr.edu – Create a message in the PHI Box that contains personally identifying health information and insert a link (in the body of the email) to that message in the PHI Box folder. Additionally, encrypt the email message before sending it.
    - Sending email within med.unr.edu - If the message contains personally identifying health information, encrypt before sending to another med.unr.edu email.
- Security on portable electronic devices – All electronic devices must have at least a six-digit password. If the device is lost or stolen, students must immediately report the loss to the UNR Compliance Hotline (833) 677-8711 or compliance@unr.edu.

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 Speech and Hearing Clinic will receive a permit for patient parking. The clinic front office 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 parking officials, 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 with credentials following training and have unique logins for the system. Student clinicians are not assigned Renown email addresses and should take care when disclosing protected patient information via the UNR email system. Please see the required security procedures above.

## Diagnostic Scheduling and Enrollment Procedures

**Referrals** – The client or physician contacts the office via referral channels (e.g. Epic or eFax). The Patient Access Representatives (PARs) ~~administrative staff~~ process the referral information and confirm the benefits eligibility with the Renown Authorizations team. 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.

**Clients -** Each SLP Provider in the UNR Speech and Hearing Clinic coordinates their own caseload for intervention. They are responsible for assigning clients on their caseload to student clinicians. If a client discharges from their caseload, the SLP provider is responsible for replacing that client with someone from their waiting list.

**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 completes 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 SLP provider keeps track of their own waitlist of evaluated clients.

Due to the anticipated wait time at the UNR Speech and Hearing Clinic, 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 to each of the SLP providers.

- 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 Clinical Director 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 Assessment Tools 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 the end of business. 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 Assessment Tool 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 Student Clinician Background Check Policy

Because student clinicians provide services to children, older adults, and individuals with disabilities and other vulnerable populations, all students must successfully complete a criminal background check before participating in clinical education experiences involving direct client contact. Students who are interacting with clients in the UNR Speech and Hearing Clinic are required to successfully complete and pass a background check that complies with the requirements of the University of Nevada, Reno policy.

7,002: Policy on the Protection of Children | University of Nevada, Reno

Section 10.

**10. Requirements for All University Participants in a Program or Activity Involving Children that Includes an Overnight Stay or Being Alone with a Child and for All University Supervisors of a Program or Activity Involving Children.**

Any university employee, student or volunteer working in a university program or activity involving children that includes an overnight stay or that involves a university employee, student or volunteer who might reasonably be expected to be alone with a child, shall:

- complete a fingerprint background check as part of initial hiring process and every six years thereafter

- annually read and understand the materials in the Information Packet and certify having done so
- annually complete an online training session on the topic of child abuse from the State of Nevada Department of Child and Family Services.
- certify that he/she has completed the online training by completing the Certification of Completion of Online Training Regarding Child Abuse in the Information Packet.

Students may interact with clients under the 100% direct supervision of a faculty provider while the background check is in process, and until such time that the program has determined that the background check does not identify information indicating the student presents an unacceptable risk to vulnerable populations. The program reserves the right to require additional review or documentation when a background check identifies criminal history or other information relevant to client safety.

## Procedures for Clinical Placements

Background: The American Speech-Language Hearing Association (ASHA) requires graduate students to gain a minimum of 400 hours of clinical experience throughout their professional training programs. A minimum of 325 hours of direct clinical experience must be achieved at the graduate level.

Graduate students in the Speech Pathology program at the University of Nevada, Reno will participate in multiple clinical training opportunities. Some placements will be in the UNR Speech and Hearing Clinic, and others will be at external sites. External sites may be in the local (Northern Nevada) area, or out of the area at the request of a student.

Assignments of students to the UNR Speech and Hearing Clinic is the responsibility of the Clinical Director (CD) and adhering to the following procedures:

- Fall 1 – New graduate students are assigned to a clinical team in the UNR Speech and Hearing Clinic based on information gathered from each student's Letter of Intent from their application to graduate school (e.g. interests, experience, specialized skills, etc.). Clinical experiences during this semester are primarily evaluations/assessments.
- Spring 1– Graduate students are assigned to a new clinical team in the UNR Speech and Hearing Clinic considering the need for a breadth of experience, and student preferences/requests. Student preferences/requests are solicited at the end of the Fall 1 semester for the CD to consider when making the assignments. Clinical experiences during this semester are a combination of treatment and evaluations/assessments.
- Summer 1 - Graduate students are assigned to a new clinical team in the UNR Speech and Hearing Clinic or at an external site in the Northern Nevada area, considering the need for a breadth of experience, and student preferences/requests. Student preferences/requests are solicited at the end of the Spring 1 semester for the CD to

consider when making the assignments. Clinical experiences during this semester are a combination of treatment and evaluations/assessments.

- Fall 2 - Graduate students are assigned to a new clinical team in the UNR Speech and Hearing Clinic or at an external site in the Northern Nevada area, considering the need for a breadth of experience, and student preferences/requests. Student preferences/requests are solicited at the end of the Summer 1 semester for the CD to consider when making the assignments. Clinical experiences during this semester are primarily treatment in the UNR Speech and Hearing Clinic or may be a combination of treatment and evaluations/assessments at an external placement.
- Spring 2 – Graduate students are assigned to one or two external sites for full-time externship experiences, considering the need for a breadth of experience, and student preferences/requests. Student preferences/requests are solicited at the end of the Summer 1 semester for the CD to consider when making the assignments. The CD will make every effort to ensure that students have both educational and medical externship placements.
    - Sites in Northern Nevada - External placement availability is solicited in Fall 2, and assignment recommendations are shared with students in mid-Fall 2. Placement recommendations are made by the CD, but the site can agree or decline to take the student for the placement (i.e. after an interview).
    - Sites Outside Northern Nevada – Students who would like to pursue an externship out of the community must share the names and contact details of potential sites with the CD in Summer 1. **Students are not to contact sites independently to request an externship placement. If the site is available to host a graduate student extern, and supervisory requirements are met by the potential supervisors (e.g., minimum of one year of professional practice, current state license, current CCC, and supervision-specific CEs completed), the CD and the UNR Med Legal Office will work to establish an affiliation agreement. Once that is established, the student will be assigned to that site.

## Responsibilities

University Responsibilities:

- Assignments: Placement of students at the externship site is ultimately determined by the University faculty and the externship supervisors. 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.
- Pre-Placement Requirements: It is the responsibility of the externship site and the CD to provide the prospective student extern with the essential information and timeline in securing placement at that externship site to include administrative functions prerequisite for the position (e.g., affiliation, background check, drug screening, and training).

- CALIPSO: It is the responsibility of the CD to enroll the clinical supervisors in the CALIPSO clinical feedback system. The CD will also monitor student direct contact hours ongoing and will post the final grades at the end of the semester.
- Communication: It is the responsibility of the CD to engage in ongoing communication with the community supervisors for the purpose of monitoring student progress and assisting in any conflict management.
- Evaluation of External Supervisors and Sites: The CD will ensure that students evaluate the external supervisors and sites on CALIPSO to ensure quality of the experiences.

Extern Site Supervisor Responsibilities:

- Initial Meeting: Extern supervisors are encouraged to submit comments and/or concerns to the CD following the initial contact and/or visit with the student.
- Licensure & Certification: Supervisors are to provide proof of current professional licensure and ASHA CCC-SLP (update CALIPSO). **Starting January 1, 2020, all supervisors must attest to having completed two hours of professional development in the area of clinical instruction or supervision and have at least 9 months of professional work experience.
- Experience and Hours Fulfillment: Extern supervisors are responsible to provide the experience, training, and supervision in accordance with ASHA guidelines in order for the student to achieve a suitable number of hours toward standards for professional certification.
- Communication with the University: Extern Supervisors are strongly encouraged to reach out to the university CD to convey any concerns about students completing externships. An open line of communication is appreciated, and all concerns will be addressed and managed as a team.
- Grading: Extern supervisors are requested to provide the University with information in recommendation of the student's clinical practicum grades. The grading process for a single-site placement (18-19 weeks) includes two formal evaluations of the student extern's performance during the semester (midterm and final). The grading process for a two-site placement (9 weeks) includes one formal evaluation of the student extern's performance during the course of the placement (final only). Criteria for grading is provided within the CALIPSO clinical feedback system. A plus-minus system will be used in the allocation of grades. All feedback and grades are entered and calculated in the CALIPSO system.
- Conflict of Interest Disclosure: The valuable experience externs gain from private practice greatly enriches our student externship programs. However, these connections may also present potential conflicts of interest, as outlined by UNR and Nevada System of Higher Education policies. Both perceived and actual conflicts of interest are managed by UNR Med's Conflict of Interest (COI) Committee. It is crucial for external supervisors to disclose any conflicts of interest to trainees, and to identify a non-conflicted UNR employee who can handle and coordinate the review of any reported concerns related to personal financial relationships. For information related to possible COIs please see this informational page: https://www.unr.edu/sponsored-

projects/compliance/conflicts or contact the UNR Med Compliance Office at compliance@med.unr.edu

Student Extern Responsibilities:

- Paperwork: Upload all paperwork to CALIPSO in a timely fashion. Initiate the feedback process with extern supervisors at the appropriate time(s). Independently maintain accurate logs of hours throughout the course of the placement(s) and ensure that all hours have been approved in CALIPSO prior to completion of the placement.
- Pre-Placement Requirements: The students are required to fulfill all pre-placement requirements prior to beginning their externships (e.g. fingerprinting, background checks, drug screens, CPR certification, etc.) Requirements are setting-specific and will be clarified at the time of the assignment. Students are responsible for costs associated with these requirements.
- Attendance: Students will maintain consistent attendance to their externship assignments throughout the agreed-upon dates. Dates will be agreed upon between the supervisor and the student at the beginning of the placement. If the student does not maintain consistent attendance to the placement, and/or does not make up missed days, the supervisor may assign a failing grade for the placement. Please see the clinical feedback and remediation policy for specific steps and criteria. **The student will make up any days canceled by the student, but the student is not responsible for making up dates canceled by the supervisor. If the student cancels a day, they are scheduled to be at their externship placement, the student must email their supervisor and the Clinical Director at UNR with notice, and a plan to make up that date. Approval of that date will be at the discretion of the site supervisor. If the student does not follow this procedure, a meeting will be called to determine if the student should be removed from the placement and fail to progress.
- Hours: Students will complete full placement timelines, even if the required 400 hours are achieved prior to the end of the agreed-upon end date. Students may not request to end placements early. If the full 400 hours are not achieved by the end of the agreed-upon timeline, a student can request to continue the placement or return to a previous setting until the hours are obtained. In this case, a grade of "Incomplete" will be assigned for SPA 704 until the student earns all the required hours of direct clinical experience. This may necessarily extend their timeline to graduation.
- Conduct: Students will abide by the ASHA Code of Ethics and policies of each externship site.

Obligations of Externships

1. Externship obligations include the following:

- *Hours:* a maximum of 12 hours per week over one part-time (2-3 days per week)13-week summer or fall placement; or 40 hours over a full-time18-19-week spring placement. Clock hours will be direct clinical experiences and will not be observational in nature.

**Within those hours, student externs should be able to accomplish all obligations related to the externship requirements including such tasks as:

- Patient contact: evaluations, interventions, communications, chart reviews
- Collaboration: extern supervisors, families, professionals, staffings, IEP meetings
- Paperwork: lesson plans, progress notes, reports, billing
- Preparation: supplies, materials, equipment
- Reading: texts, journals, manuals
- Research: assignments, projects, presentations, in-services

2. The hour ranges noted above are maximums. Individual externship sites may vary in terms of needs; thus, the actual number of hours the student extern participates in the externship is to be negotiated on an individual basis. However, in no case should the student extern be required to perform more than 40 hours per week on-site. The student may be expected to complete clinical education activities off-site (e.g. planning, research, session preparation, documentation, etc.).
    - Student externs may agree to commit to site hours beyond the maximum required but should not be required to do so. If student externs agree to hours beyond the maximum, that should be indicated in writing on the externship term agreement.
    - Per ASHA the required 400 hours that can be counted toward the total for certification include the following:

**How To Earn 400 Supervised Clinical Practicum Clock Hours (**2027 Certification Standards in Speech-Language Pathology)

Required: Minimum of 250 Hours of Graduate Level, On-Site, In-Person, Direct Contact
The graduate student, individual receiving services, and graduate clinical educator must be in the same location during the clinical session. Students can also earn up to 150 of the 400 minimum required clock hours through the following optional activities (see also Table 1.A for a summary):

Optional: Non-Clinical Care Management (maximum of 50 clock hours)
At the discretion of the graduate program, the applicant may include up to 50 clock hours of non-clinical care management (e.g., note writing, report writing, test scoring with interpretation, chart reviews, interprofessional care conferences, programming augmentative and alternative communication [AAC] devices) without the individual receiving services or the care partner(s) present. These activities must be associated with the clinical services that the graduate student clinician provided.

Optional: Guided Clinical Observations (maximum of 25 clock hours)
At the discretion of the graduate program, applicants may include up to 25 clock hours of observation of activities within the *Scope of Practice in Speech-Language Pathology* that are followed by a guided debrief with a clinical educator who meets the requirements specified in Standard V-E.

These observation hours can occur at the undergraduate or graduate level. Debrief activities that occur simultaneously during the student's observation can count toward the total observation time. Debrief activities that occur after the observation cannot count toward the total observation time. The guided debrief can occur through discussion and/or through review and approval of the student's written reports or summaries. Students can use video recordings of clinical services for observation purposes, and the guided debrief must occur between the clinical educator and the student observer.

Optional: Undergraduate Supervised Clinical Practicum (maximum of 50 clock hours)
At the discretion of the graduate program, the applicant may count clock hours obtained at the undergraduate level through on-site, in-person, direct contact. This can include supervised clinical practicum hours earned while enrolled in an undergraduate communication sciences and disorders (CSD) program or in a speech-language pathology assistant (SLPA) program.

Optional: Clinical Simulation (maximum of 75 clock hours)
At the discretion of the graduate program, the applicant may obtain clock hours through CS. The only hours that an applicant can count are those in which they actively engage with CS. Debriefing activities cannot be included as clock hours. (See Standard V-B.)

**Table 1.A: Optional Supervised Clinical Practicum Activities**
A minimum of 250 clock hours must occur through graduate level, on-site, and in-person direct care. Table 1-A provides a summary of the optional practicum activities that an applicant may use to fulfill the remaining 150 clock hours.

| **Optional Supervised Clinical Practicum Activities** | **Maximum Clock Hours Allowed** |
|---|---|
| Non–Clinical Care Management [a] | 50 |
| Guided Clinical Observations | 25 |
| Undergraduate Hours (CSD and/or SLPA program combined) | 50 |
| Clinical Simulation (CS) | 75 |
| Telepractice | 125 |

[a] Non–clinical care management = tasks performed by the graduate student clinician without the individual receiving services or care partner(s) present (i.e., note writing, report writing, test scoring with interpretation, chart reviews, interprofessional care conferences, programming of AAC devices). Note: AAC = augmentative and alternative communication; CSD = communication sciences and disorders; SLPA = speech-language pathology assistant.

3. Student externs will begin externship placements in January and end externship placements early May for the spring semester; and start in September and end in December for the fall semester. Summer placements will span the entirety of the summer academic period (10 weeks). Placements in the spring semester are full-time (4-5 days a week) and part-time (2-3 days a week) in the summer and fall. 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 instances, the student extern may negotiate the following with the externship site: commencing or completing the externship before or after the official semester begins or ends. In this way, additional time off may be taken at the time of some predetermined or unforeseen incident. Also, accommodations may be made to facilitate the extern supervisor's work schedule and/or leave. This is to be negotiated on an individual basis and should be included in the externship term agreement. In no case should the extern supervisor feel obligated to make these adjustments.
    - Student externs may be required to be at externship sites on any legal holidays, designated university breaks, and under certain other conditions if the facility is in operation, and staff is present. Student externs are expected to follow the schedule of the externship site and extern supervisor as opposed to the University and state schedule.
4. Student externs must have reliable transportation to and from their placements. Students also may be expected to transport themselves to off-site clinical sessions (e.g. home-based therapy, etc.). If transportation concerns exist, they must be discussed well in advance with the supervisor and the clinical director.
5. The student is expected to attend the externship on a consistent basis. Please see the attendance policies above in "Student Extern Responsibilities."
6. ASHA and UNR require that supervision be provided by an individual who holds a current certification and licensure in the professional area in which the externship hours are being obtained. Direct supervision must be in real time and must never be less than 25% of the student extern's total contact with each client/patient and must take place periodically throughout the externship. An extern supervisor who holds a current certification or licensure must be on-site (e.g. physically in the building) and readily available to consult with the student extern at all times. Remote supervision is not allowed.

## Possible Contingencies

It is not possible to plan for every eventuality, but there are consistent steps students may follow in unforeseen situations. When at all possible, the student should attempt to address the situation independently with their site supervisor. The student may always reach out to the CD, Program Chair, Graduate Program Director, or other university official for assistance if the situation is beyond the student's ability to address independently.

- What if a student earns a grade below B- for their first externship placement in Spring 2?
    - A meeting will be held with the supervisor and student to discuss the nature of the concerns related to the earned grade. If there is a specific concern with an isolated clinical skill, the student will need to demonstrate clinical competency with UNR faculty specific to the area of concern under a Plan of Improvement. If the concerns are significant and widespread (not contained to a specific skill) this necessitates a discontinuation of externships and necessitates a return to the UNR Speech and Hearing Clinic for additional training as outlined in a Plan of Remediation.
    - If there is a concern specific to professionalism (e.g., chronic absenteeism, questionable ethical behavior, etc.) the practicum grading procedures will be followed; a Plan of Remediation may be developed; and a repeat externship placement may be coordinated, dependent on the severity of the concern. For serious ethical concerns, dismissal from the program may be considered.
- What if a student earns a grade below B- for their second externship placement in Spring 2?
    - The practicum grading procedures will be followed, and the student's graduation will be necessarily delayed.
- What if a student requests removal from an externship placement?
    - A meeting will be held with the student and CD to discuss specific concerns. Depending on the nature and severity of the reported concerns, the student and CD may meet with the site supervisor, or the CD may remove the student from the site.
- What if a student reports a conflict with the site supervisor?
    - The student will attempt to address and manage the conflict with the site supervisor independently, and have documented attempts (e.g., emails, call logs, notes from meetings) available for inspection by the CD. If the conflict is not satisfactorily mitigated, the student will inform the CD. The CD and student will meet, with or without the Graduate Program Director to determine next steps.

***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 710, 711, 712, 713
  - If a student achieves lower than a B- in the clinical practicum experience
    - 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 grade lower than B- in any two practicum courses, the student will be dismissed for failure to progress.
  - If a student achieves a grade lower than B- in the community-based externship placement – SPA 714
    - 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 grade lower than B- in the placement post-remediation, the student will be dismissed immediately from the graduate program in Speech Pathology for failure to progress.
- A student must complete the graduate training program in its entirety to achieve the established certification standards set forth by the ASHA CFCC.

  - If a student formally withdraws from the program during a semester or otherwise fails to complete the semester, no clinical clock hours will be awarded for that semester. Clinical clock hours are contingent upon successful completion of the clinical practicum and are awarded only upon earning a passing grade in the associated clinical practicum course.

# Dress Code

**This dress code applies to all students while present in the Speech Pathology & Audiology Department, including the Speech and Hearing Clinic, classrooms, laboratories, faculty offices, and other department spaces, as well as during department-sponsored clinical and outreach activities, including teletherapy.**

**Purpose**

The Department of Speech Pathology & Audiology is a professional clinical and academic learning environment. Whether you are providing clinical services, attending class, observing sessions, meeting with faculty, conducting research, or participating in any other department activity, you may encounter clients, families, visitors, faculty, alumni, community partners, or other professionals. Students are expected to maintain a professional appearance. Professional attire does not necessarily mean formal or expensive clothing. It should be clean, well-maintained, appropriate for a clinical and educational setting, and consistent with the expectations outlined below.

**Approved Dress Options**

Students should choose **one of the following three dress options** while in the department.

**Option 1: Business Casual**

Business casual attire is appropriate for most department and clinic activities.

**Yes**

- Slacks, professional trousers, scrub pants
- Skirts and dresses (at or below the knee)
- Professional capri pants
- Dress shirts, polo shirts, blouses, sweaters, cardigans, jackets, and vests
- Sleeveless professional tops with appropriate coverage
- Flats, loafers, dress boots, clogs, dress sandals, and heels

**Maybe**

- Dark-wash, intact jeans
- Tailored shorts of an appropriate length
- Sheer fabrics when worn with appropriate layers underneath

**No**

- Sweatpants, joggers, yoga pants, leggings worn as pants, athletic shorts, or other exercise attire
- Flip-flops
- Tank tops, spaghetti straps, casual T-shirts, or cargo shorts
- Clothing with holes, fraying, or excessive wear

**Option 2: Department- or University-Branded Apparel**

Department- or university-branded apparel may be worn when it presents a professional appearance.

**Yes**

- Official department- or university-branded polos
- Branded button-down shirts
- Department sweaters, cardigans, quarter-zips, fleeces, or jackets
- Branded apparel paired with professional pants, skirts, dresses, or approved jeans

**Maybe**

- Department-approved T-shirts for designated events or with faculty/supervisor approval
- Dark-wash, intact jeans paired with professional branded apparel

**No**

- Worn, faded, or damaged branded apparel
- Promotional or novelty logo apparel not affiliated with the department or university
- Branded athletic wear unless designated for a department event

**Option 3: Department-Approved Scrubs**

Department-approved scrubs may be worn during clinic activities and other approved department functions.

**Yes**

- Department-approved scrub top and scrub pants
- Professional footwear appropriate for a clinical setting
- Department-approved jacket or fleece

**No**

- Non-approved scrub tops or pants when department scrubs are required
- Scrubs that are excessively worn, faded, or damaged

**General Expectations**

These expectations apply regardless of which dress option is selected.

**Yes**

- Clothing should be clean, appropriately fitted, and in good repair.
- Jewelry and visible tattoos are permitted, provided they do not contain offensive language or imagery and do not create a safety concern.
- Head coverings worn for religious, cultural, or medical reasons are welcome.
- Clothing should allow students to move comfortably and safely while participating in clinical and academic activities.

**No**

- Clothing displaying offensive, discriminatory, or inappropriate language or imagery.
- Clothing that exposes the midriff, undergarments, or excessive cleavage, or is otherwise inconsistent with a professional clinical and educational environment.
- Strong fragrances or clothing carrying noticeable smoke or other persistent odors that may affect clients, classmates, faculty, or visitors.

**Questions and Enforcement**

If you are uncertain whether an item of clothing is appropriate, consult your clinical supervisor or the Clinical Director before wearing it to the department.

Faculty and supervisors may establish additional attire expectations based on specific clinical assignments, outreach events, laboratories, safety considerations, or client populations.

If attire is determined to be inconsistent with this policy or to interfere with professionalism, client care, safety, or infection-control standards, the student may be required to change clothing before participating in department activities or may be asked to leave until appropriate attire is obtained. Students are encouraged to keep an extra set of professional clothing available in the event a change is needed.

# 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 here: https://www.unr.edu/coronavirus/policies-and-procedures

- Contacting Clients and Families: Students are to maintain open lines of communication with their clients and their families. It is preferable for students to call families from clinic phones that are in the secured environment of the clinic. If a student must contact a family from their own phone (landline or 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 (see security procedures above for step-by-step guidance).

- 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 unless the student has a medical condition that requires otherwise.

- Mandated Reporting: **Speech Pathologists are mandatory reporters and are legally required to report suspected child or vulnerable adult abuse or neglect.** Graduate student clinicians and their supervisors alike are mandatory 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/ . The Nevada Revised Statutes (NRS) clarify the definition of abuse and regulations specific to mandatory reporters: NRS: CHAPTER 432B - PROTECTION OF CHILDREN FROM ABUSE AND NEGLECT

  - 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 $20 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.

## Social Media and Electronic Communications Policy:

### Purpose

The purpose of this policy is to protect the privacy, confidentiality, and dignity of clients, students, families, and clinical partners while maintaining the professional and ethical

standards expected of graduate student clinicians in the Speech-Language Pathology Master's Program.

Graduate student clinicians are expected to use social media and electronic communication responsibly and in accordance with applicable federal and state laws, university policies, professional ethical standards, and clinical site requirements.

## Policy

Graduate student clinicians are prohibited from posting, sharing, transmitting, or otherwise distributing information related to clinical education experiences on social media or other electronic platforms when such information could identify or reasonably lead to the identification of a client, family member, educational institution, clinical site, or other protected individual or organization.

This policy applies to all forms of electronic communication, whether public or private, including but not limited to social networking sites, blogs, discussion boards, podcasts, messaging applications, online forums, video-sharing platforms, photographs, recordings, and artificial intelligence (AI) platforms.

## Prohibited Conduct

- Graduate student clinicians shall not:
    - Post, discuss, or describe speech-language therapy sessions, evaluations, treatment activities, client interactions, or clinical observations on social media.
    - Share client stories, photographs, videos, audio recordings, or documents from clinical experiences, even if names or obvious identifiers have been removed, when the information could reasonably permit identification of the individual.
    - Post information regarding diagnoses, treatment plans, progress, behaviors, family circumstances, educational records, or other confidential information.
    - Identify or discuss a client, family member, school, healthcare facility, university partner, supervisor, or clinical placement in a manner that could compromise confidentiality or professional relationships.
    - Photograph or record clients, client records, therapy materials containing protected information, or clinical environments without explicit written authorization from the clinical site and all required legal consents.
    - Seek advice regarding client care through social media or public online forums.

- Upload client information, documentation, recordings, or educational records into generative AI platforms or other online tools unless expressly authorized by the university, clinical site, and applicable privacy laws.
- Represent personal opinions as those of the university, program, or clinical placement site.

## HIPAA and FERPA Compliance

Graduate student clinicians are responsible for complying with all applicable privacy laws, including the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), as applicable to their clinical assignments.

Students should recognize that removing a client's name does not necessarily make information anonymous. Details such as age, diagnosis, location, dates, unique circumstances, photographs, or combinations of seemingly unrelated facts may allow individuals to be identified.

## Professional Expectations

Graduate student clinicians are expected to:

- Maintain strict confidentiality regarding all clinical experiences.
- Demonstrate professional judgment in all online communications.
- Maintain appropriate professional boundaries with clients, families, and caregivers.
- Follow all university, program, employer, and clinical site policies governing electronic communications and social media.
- Consult with a clinical supervisor whenever uncertainty exists regarding appropriate disclosure or communication.

## Reporting and Violations

Students who become aware of an actual or suspected breach of confidentiality should immediately notify their clinical supervisor and the Program Director or designated university official.

Violations of this policy may result in one or more of the following:

- Removal from a clinical assignment.
- Clinical remediation.
- Referral to the program's student professionalism process.
- Academic disciplinary action under university policies.
- Loss of eligibility for clinical placement.
- Dismissal from the Speech-Language Pathology Master's Program.
- Reporting to affiliated clinical agencies, when required.
- Civil or criminal penalties under applicable federal or state law, where appropriate.

## Acknowledgment

As a condition of participation in clinical education, graduate student clinicians must acknowledge that they have read, understand, and agree to comply with this Social Media and Electronic Communications Policy. Students understand that protecting client confidentiality is an essential professional responsibility and that violations of this policy may jeopardize their academic standing, clinical placement, and ability to complete degree requirements.

- Unique Client Needs: We have some clients who, due to their difference/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: http://www.asha.org/Code-of-Ethics/

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

- Prohibited Items: Animals (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: http://www.unr.edu/livewell/tobacco-free-university

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

- Session Cancellations: If a client is unable to attend a clinical session, they are required to contact clinic personnel to give at least 24 hours' notice or as much advance notice as possible recognizing that enrollment may be discontinued if two consecutive clinic appointments are missed without proper notification (e.g., late cancel, or no-show). The family, faculty provider, and Clinical Director must meet to discuss the next steps. Clients must maintain an 80% attendance rate through the treatment period, and if they fall below that threshold, they are subject to dismissal from the clinic. If a client cancels a session, the student clinician is **not** required to reschedule sessions. 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 observing a client through the windows must be a member of the clients' care team (e.g. family or professionals).

- Recording Sessions: For teaching, research, and service purposes, and with the client/family's permission, data will be collected utilizing audio and video recordings of clinical activities and is stored in a HIPAA-compliant cloud server and only accessible by members of the clinical team.

- 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 for any clients.

- Student Fees: Graduate Students are required to pay clinical fees related to training activities. These fees include, but may not be limited to:
    - Required for all students
        - Background check
        - CALIPSO membership
    - Required for some placements
        - Drug screening
        - Fingerprinting or background check for VA hospital or WCSD

# 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 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 UNR Med is Dr. Jacquie Cheun-Jensen, PhD, FACHE, FHIMSS . Dr. Jensen's contact information: 775-682-5149 Jacquelync@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 locked entrances, glass windows closed to the waiting room, computer screens facing away from the lobby, digitized files in the Epic system, and Shred-It boxes in the Assessment Tool room for documentation containing any PHI.

**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 2 Shred-It boxes 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 HIPAA-compliant Nevada Box platform and/or within Epic for the maximum security of PHI. No PHI should be saved/maintained on desktops, external drives, etc. outside PHI Box or Epic. Creating documentation with PHI in the Med RDS remote desktop is permissible and secure.

Epic may be accessed remotely from connect.renown.org after students have established a PING ID with Renown IT.

**Computer Workstations** – Graduate students have access to the Cloud through Med RDS and Nevada Box PHI storage boxes. Each student has a unique login and password. Students must logout when leaving workstations. Patient records may only be printed from Epic with the SLP provider's permission. The PARs may not access or print any records from Epic for clients.

**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 six-digit password protection, and IT must have access in order to wipe it clean if lost or stolen.

**Email** – Graduate students are assigned a med.unr.edu email address. This email address is to be used for all University business including academic and clinical topics. Please see the security procedures above to ensure that protected health information is secure.

# 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 more important than 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. Please create a telephone note in Epic stating the cancellation and reason if known.

**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. G301P1 – 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 a **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):**<br><br>**Task Modes:**<br><br>**Response Level:** |
| Data (O) | |
| Performance Analysis (A) | Decrease/Maintain/Increase accuracy from the last session? Why?<br><br>Decrease/Maintain/Increase or kept/changed support from the last session? Why?<br><br>Decrease/Maintain/Increase response level of difficulty from the last session? Why?<br><br>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. This report also contains the treatment plan established by the provider based on the outcomes of the assessment process.

## Summary of Progress Report

Every 30 days, a Progress Report is generated for clients who attend therapy regularly. For Medicare beneficiaries, this report is generated every 30 days or after 9 visits, whichever is sooner. The Progress Report is generated to summarize the gains seen over a period within the episode of care. 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. In Epic, a Discharge report must be completed at the end of a client's episode of care. In addition to the Discharge note, a SOAP note is created for the last session to bill for the service provided.

# BILLING GUIDELINES

All clients/families are asked to check 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. Any 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 - https://www.unr.edu/student-services
- The Disability Resource Center - Any student with a disability needing academic adjustments or accommodations is encouraged to contact the Disability Resource Center (Pennington Achievement Center Suite 230) as soon as possible to arrange for appropriate accommodations - https://www.unr.edu/drc
- Academic Success Services - Math Center (784-4433 or www.unr.edu/mathcenter/ ), Tutoring Center (784-6801 or www.unr.edu/tutoring-center ), and University Writing Center (784-6030 or http://www.unr.edu/writing-center).

- Title IX Office - The University of Nevada, Reno is committed to providing a safe learning and work environment for all. If you believe you have experienced discrimination, sexual harassment, sexual assault, domestic/dating violence, or stalking, whether on or off campus, or need information related to immigration concerns, please contact the University's Equal Opportunity & Title IX office at 775-784-1547. Resources and interim measures are available to assist you. For more information, please visit https://www.unr.edu/equal-opportunity-title-ix .
- Downing Clinic – Students who may need counseling services to support mental and emotional wellness can contact the Downing Clinic at 775-682-5515, in the William Raggio Building, Room 3007 - https://www.unr.edu/education/centers/downing-clinic

# 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