

TABLE OF CONTENTS

	Page(s)
1. Statement of Purpose	2
2. Center Regulations	3
3. Clinical Procedures	4 - 8
A. Privacy and Confidentiality	4
Health Insurance Portability and Accountability Act (HIPAA)	
B. Therapy (Tx)	4 - 7
i) Client Files	4
ii) Therapy Sessions	5
iii) Cancellations	
iv) Center Records	5 - 6
v) Therapy Plans, Logs, Results	6
vi) Progress Reports	6
vii) Initial Evaluations Done in Tx Block	6 - 7
viii) Termination of Tx	7
ix) Maintenance of Therapy Materials Room	7
C. Diagnostics	7 - 8
4. Fees	8
5. Student Conferences	8
6. Audio/Video Tapes	9
7. Summary of Clinical Experience – ASHA	9
8. Evaluation of Clinical Skills	9 - 12
i) TEEF	9
ii) Professional Behavior	10
iii) Team Interactions	10 - 11
iv) Goals and Consultations	11 - 12
9. Sharing Expectations – The Dyad	12
10. Appendix	
Client folder filing procedure	
Communication Sciences faculty and staff phone list	
Grading of clinical courses	
TEEF	
Expectations Dyad	
University Resources	
University Policies	
ASHA Code of Ethics	
Client Privacy and Confidentiality Form	
Client Consent Forms	
Training Hours log	
Center Map	

Statement of Purpose

The Temple University Speech Language Hearing Center (TUSLHC) functions primarily as an educational and training facility for graduate students in speech-language pathology. When working in the Center, students are known as *Graduate Clinicians (GC)*.

Students are involved in training at the Center after prerequisites have been met and they engage in Master's Degree study. After consultation with their advisor, students enroll in Basic Practica in Diagnostic Process (CS8187) or Therapy Process (CS8287). Advanced Practica in the Center include Fluency (CS9287) and Voice (CS0624). Other advanced practical field rotations include schools, hospitals and early intervention sites (CS9387). Before taking the practica, students must have completed relevant coursework. In some cases this may be done concurrently.

The TUSLHC has a proud tradition of service to the neighborhoods of the city of Philadelphia as well as the suburbs surrounding the city. Graduate clinicians provide the highest quality services under the supervision of ASHA certified Speech-Language Pathologists. We provide services to individuals in need of speech and language intervention in the areas of articulation, child and adult language, fluency, voice, accent reduction, adult and child diagnostics and aural rehabilitation. Evaluation and treatment in Spanish are also available.

Priority scheduling for evaluation and treatment is given to those clients whose communication needs are consistent with students' training needs. Priority is also given to Temple University students and staff and clients referred by the Office of Vocational Rehabilitation. Because TUSLHC is a training center, fees for services are lower than those offered by fully certified clinicians. We also offer a sliding scale of fee reduction based on financial need.

The Center is fully equipped for audio and video taping and playback to enable review by students. **BEFORE ANY TAPING IS DONE, A CONSENT FORM MUST BE SIGNED BY THE CLIENT.** All tapes become the property of TUSLHC and may be used for review and teaching purposes. All tapes must be handed into the Center Director or Secretary at the end of the semester for erasure or identification editing.

Center Regulations

Mailboxes

All faculty, M.A. and Ph.D. level students and staff have a mailbox. Faculty and staff mailboxes are located inside the reception area, Rm 110/112. Student boxes are located just outside the reception area to the right of the glass door. A general faculty mailbox is located with the student boxes for student use after the reception area locks at 5:00 pm. Please check your mailbox at least daily for messages. Client cancellation notices are placed in the students' boxes.

Telephone Use

1. No calls are to be made from the secretaries' phones.
2. All telephone calls to clients are to be made on the phone in your supervisor's office, in the student workshop (Rm. 205), or from the phone in the student clinical workspace in Rm 110.
3. All personal calls must be made on personal cell phones or on the payphone outside in the lobby.

Waiting Room 113

1. This area is reserved for clients. Socializing is not considered appropriate in this room. Discussion of cases must not be conducted here, but in the therapy rooms.
2. Inform your clients of the waiting room and check here for the arrival of clients.

Reception – Room 110 – Ms. Dawn Dandridge

1. Ms. Dawn Dandridge is responsible for Center billing, phone reception, and client files and Diagnostic test maintenance.
2. Use of the desks located behind Ms. Dandridge desk is encouraged for quiet review of client files and tests. Please respect the area, keep noise to an absolute minimum, and do not remove office equipment (stapler, hole punch, pens, etc) from this area.

Keys

1. Keys are available to unlock therapy, evaluation and material rooms. They are located under the faculty mailboxes on a chain labeled TUSLHC. GC's are responsible for unlocking their own therapy (Tx) and Diagnostic (Dx) rooms.
2. Keys for faculty offices, audiometer booths, video monitoring room and speech science lab are in the key cabinet located in Room 110.

Clinical Procedures

In order to ensure both adequate training and service provision in the Center, graduate clinicians are required to observe the following regulations and procedures.

Privacy and Confidentiality

Students are responsible for protecting the rights of their clients under The Health Insurance Portability and Accountability Act (HIPAA). Failure to do so makes the student liable for federal prosecution and ASHA sanctions. Students are responsible for distributing the Temple University Health System Booklet Personal Health Information Privacy Practices and having the client sign a letter stating they have received it. Letters and booklets are located in Room 110.

Therapy

- Scheduling of client appointments is done by Director of Clinical Services or the Center Secretary.
- Clients will be assigned to the practicum block in which they will be best served.
- Students will be assigned clients during the first meeting of the therapy block by their supervisors. Some supervisors may also notify students of their assigned client prior to the start of the therapy block.
- Students must read and review their client's file carefully prior to first contact. Files are located in Rm. 110/112 behind the Center Secretary's desk.
- It is the responsibility of the student to telephone their client before the first scheduled therapy session to reconfirm the appointment. This initial contact is important and could influence whether the client will commit to or benefit from therapy. Please review the telephone protocol suggestions listed under 'professional behavior' below. If you are in doubt about how to proceed with this call, please consult your supervisor. This telephone call must be documented on a "Contact Sheet" in the client's file.
- Any time changes the client requests must be reported to the Director of Clinical Services and to your Supervisor. Do not schedule appointment changes on your own.

Client Files

- Files are located in a locked cabinet behind the Center Secretary's Desk, Room 110.
- Files are available for review between the hours of 9am and 5pm.
- Files must be reviewed at student work desk in Room 110/112 **ONLY**. Review of client files in the student lounge is a violation of **HIPAA** regulations.
- Files **MUST NOT** leave the building nor be photocopied.

Therapy Sessions

- Therapy sessions must begin on time. Graduate Clinicians should arrange to be in the Center well in advance of the appointment or conference time. If coming from a class immediately before therapy session, please make sure you have set up prior to class.
- Therapy rooms should be opened and checked for cleanliness, ventilation and camera soundness.
- Video tapes must be labeled with **date, client initials, supervisor's and clinician's names.**
- Videos should be placed in the AV room (Room 140a, combination: 123). Students are responsible for turning on the VCR to record.
- Clients should receive 50 minutes of therapy. The last 10 minutes may be devoted to discussing progress and home initiatives with parents or caregivers. All conferences with parents, family members or significant others must be conducted in the privacy of a therapy room, the adult diagnostic room or your supervisor's office. Failure to do so is a violation of client's rights to privacy and confidentiality as protected by HIPAA.

Cancellations

- In the event of client lateness, the graduate clinician should wait the full period unless otherwise notified. The client should receive therapy for the time that remains in the session, unless other arrangements have been made.
- If the GC cancels, the GC must schedule an alternative time to make up the missed session at a mutually agreed upon time. Any makeup session must be conducted under the supervision of a CCC-SLP.
- If the client cancels, therapy may be made up if all parties are agreeable.
- If the client fails to come for therapy 3 times, report this in writing to the Director of Clinical Services or the Center Secretary. The client may be discharged for non-attendance at the discretion of the supervisor or Director of Clinical Services. A final discharge/progress note (one page) must be written and submitted to your supervisor who will then pass it on to the Center Secretary for mailing.

Center Records

- Once you have been assigned a client, the following information is to be documented and left in Dawn's mailbox to confirm client status: **last and first name of client, their current phone numbers including work and cell, type of disorder, therapy room number, day and time of session, date of first session and date of last scheduled session of the semester.** *Please also note your supervisor's name, your name and contact phone number.*
- Daily attendance logs – Client's must sign in prior to each session in Room 110. GC's must verify that their client signed in BEFORE beginning a session and escort the client to the front office prior to beginning the therapy session.

- Weekly therapy plans, results of therapy and anecdotal reports must be reviewed by your supervisor and filed WEEKLY in the client's file.
- No GC may disclose information to persons who request information about a client (other professionals, place of employment, doctor's offices etc). Refer these requests to your supervisor or the Director of Clinical services.
- It is the responsibility of the GC to make sure that all client records are current – other professionals may review the file for information pertinent to IEP's, placements, progress notes etc.

Therapy Plans and Logs

- Weekly therapy plans should be written for each client, reviewed and approved prior to the day of therapy by the block supervisor.
- If a session is missed, this must be recorded on top of the plan, along with the reason for cancellation, whether due notice was given and the reason for cancellation.
- Phone calls to and from clients, their physicians, parents, caregiver or other professionals involved in the case must be recorded on the Contact log located on the inside page of the file.
- Therapy results and anecdotal reports must be written promptly and submitted to your supervisor for approval and signature. They are then to be filed promptly in the client's file. There is a hole puncher located in Dawn's office which can be set to punch two holes. Consult a second year clinician if you are unsure how to do this.

Progress Reports

- Progress reports must be written at the end of each semester. They are to be reviewed and approved by your supervisor two weeks prior to the last session and should be finished and available for review with your client during the last session.
- Long term recommendations and specific therapy goals with measurable short term objectives must be included under Summary and Recommendations of the report.
- Prognostic statements may be included at the discretion of your supervisor.

Initial Evaluation Procedure Conducted over time in Therapy Block

- If your client is new to the center and has had no evaluation, a preliminary intake summary form must be obtained from Dawn, along with a white folder. The graduate clinician should write the client's last name and first name in pencil in the upper left corner.
- All interview notes, case history, testing results and impressions should be placed in the folder at the end of the session and returned to the Client Files cabinet. Dawn will make up a current file after the evaluation report has been completed.

- This file, like all other client information, is protected under HIPAA and must not leave the building. Results, impressions and reports are to be written in the student computer lab in Rm. 205. Students may request permission from their supervisor to work on personal computers if time requirements do not allow working in the lab. No files are to be saved on hard drives. All discs containing client records must be handed over to the Center Secretary or Director.

Termination of Therapy

- Graduate clinicians may not terminate therapy or discharge a client without prior discussion with the clinical supervisor.
- Clients must be notified in writing of intent to discharge.
- Final progress notes/discharge report should be written and presented to client at last session.
- No graduate clinician may terminate Center therapy because they have met their ASHA hours requirements.

Maintenance of Materials Cabinets

- The Center maintains a small children's library, a host of toys and arts and crafts, therapy resources and materials and many other useful therapeutic props and contexts.
- Graduate Clinicians are entitled to use these materials and are responsible for the maintenance and tidiness of the cabinets.
- PLEASE RETURN ALL MATERIALS TO WHERE YOU FOUND THEM.
- DO NOT LEAVE MATERIALS IN THERAPY ROOMS OR REMOVE THEM FROM THE BUILDING.
- Each TX block is assigned at least one week to straighten up the Materials Cabinets each semester.

Diagnostics

Assessment Materials

- All standardized diagnostic materials are located in room 110/112 in the filing cabinets to the right behind the Center Secretary's desk. Tests should be reviewed and practiced carefully at least twice before administered to a client.
- Tests must be signed out – The sign-out book is located on the file cabinet above the Test Materials. Large divider index cards must be left in place of the test in the filing cabinet. These are located to the left of the filing cabinet. Fill in your name, date, time of removal.
- **NO TEST MAY LEAVE THE BUILDING** without specific permission from the Director of Clinical Services. As an aid to learning how to administer and score the tests they are permitted to go home with graduate clinicians between

4:30 pm Friday and 8:30 am Monday with prior permission from Director. It is very important that a record card be left in place until the test is returned.

Diagnostic Procedure

- Diagnostic Practica begin at 8:30 unless otherwise noted by your supervisor.
- Planning sessions usually take place the week before the Dx is to be conducted. The supervisor will meet with students and plan the events of the session.
- Each Dx includes assessment of articulation, expressive and receptive language, voice, fluency, oro-peripheral examination and a hearing screening. Often an impression recording behavioral components is added if relevant.
- Your supervisors will guide you through test selection. It is up to the Graduate Clinician to review the test manual, learn the administration and scoring protocol, and transform raw scores into standardized scores, percentiles and age equivalencies. Tests should be administered in practice first at least twice before being administered to a client.
- On the day of the evaluation, GC's should present themselves in professional dress (no pierced jewelry except in ears, no inappropriate body parts exposed, clothing that fits modestly).
- Your supervisor will walk you through the procedure of opening up the Dx suites, preparing the cameras and Audio Video room.
- The following forms must be presented FIRST to the client: consent to video and audio tape, consent to obtain information, consent to disclose information, HIPAA Privacy and Confidentiality booklet and signature forms. These forms are located on shelves under the faculty mailboxes.
- The order of testing procedures will be determined with your supervisor in the planning session.
- Reports must be completed in rough draft by the next week's planning session. Reports should be edited, copied in triplicate, and ready to be mailed to clients no later than one month after the evaluation has been completed.

Collection of Fees

- Please escort your evaluation client to the Center Secretary or Director of Clinical Services following completion of the evaluation for payment.
- Be aware that TUSLHC has a sliding scale of fees according to client need.

Student Conferences

- Weekly practical conferences are held either before or after Tx or the week before Dx depending on the preference of the supervisor. You will be informed of your conference time at the first meeting of the practica team. **ALL TEAM MEMBERS ARE EXPECTED TO ATTEND CONFERENCES EVERY WEEK UNLESS OTHERWISE ARRANGED WITH YOUR SUPERVISOR.** Please be prompt, come prepared to discuss your case and to present your ideas for the upcoming session.

- Semester review conferences are held at mid-term and end of term.
- Students may request individual conferences with their supervisors as needed.

Audio and Video Tapes

- All tapes made in Diagnostic and Therapeutic practica are the property of Temple University.
- They must be reviewed in the Center and handed in to the Center Director at the end of semester.

Summary of Clinical Experience – ASHA hours

All students should obtain a copy of the current ASHA certification manual. These may be downloaded or ordered on-line or by phone–(www.ASHA.org, 800-498-2071). Each student is responsible for knowing and keeping track of his or her clinical practical hours. Temple requirements must also be reviewed. Know the targets you need in order to graduate with your Master’s degree and become certified by ASHA. Contact your Advisor if you need help with this important responsibility.

- The graduate clinician is responsible for maintaining accurate logs of hours accrued during therapy blocks.
- The logs may be found online in the Temple MA Manual or on the shelves under the faculty mailboxes.
- The supervisor’s ASHA number, signature and initials on each entry MUST be on each hours log.
- Make photocopies of all logs for your own ASHA certification file, then staple the logs to the completed TEEF and handed in to your ADVISOR.

EVALUATION: Training Experience Evaluation Forms (TEEF) (see appendix)

The Dept. of Communication Sciences has developed an instrument to evaluate the performance of students during clinical practica. Students are encouraged to familiarize themselves with the elements of performance on which they will be evaluated.

In broadest terms, clinical competence is measured over five areas: professional behavior, team interactions, goal development, consultation skills, and implementation of strategies to help the client progress toward agreed upon goals.

Professional Behavior

Instructors are looking for the following attributes and competencies to show awareness of professional demeanor and responsibilities:

- **professional telephone manner:** It is the responsibility of the GC to initiate phone contact with their clients at the beginning of the semester to confirm time of appointment. Identify yourself and state the purpose of the call clearly. (Hello Mr. X. My name is Joe Blogs. I am your new graduate clinician at the Temple University Speech Language Center. You have an appointment at the Center on Day and Date at such and such a time. I'm looking forward to meeting you. Chit chat. If you must leave a message, make sure to identify yourself, the date, the time, and the purpose of your call. Note***: We recommend that you do not leave your personal cell phone number with a client. Use the business numbers. The Center number is 215-204-4482; Beth Levine is 215-204-1876.) Please get in the habit of always identifying yourself on messages. It's also a good idea if you first ask if the person has a moment for the call/discussion to ensue.
- arrives on time
- stays for designated allotted time
- wears identification (this is important as we rotate through so many kinds of sites)
- maintains confidentiality and client dignity
- uses active listening skills (see appendix)
- demonstrates flexibility and adaptability along with a positive attitude.
- follows through with requests.
- good oral and personal hygiene
- professional dress (3 B's rule . . .)

Team Interactions

Speech language pathologists become active members of many kinds of teams depending upon specialty and site of practice. Students begin to become conscious masters of their ability to set people at ease and work well with any kind of personality, outlook, religion, or cultural attribute of their fellow humans.

The following attributes and skills are highly valued in the profession:

- ability to introduce yourself affably
- establish rapport by being genuinely warm and welcoming (but not overly sympathetic – think *empathy* not *sympathy*. You are beginning a process of change, challenge and empowerment with the client.)
- respect values and cultural differences (many Americans will shake hands warmly upon introduction – other cultures shun such intimacy, especially from females. A watchful awareness of body language and culture will help you determine whether hand shakes are appropriate upon introduction).
- display a nonjudgmental manner
- use appropriate language (no jargon)
- involve others in problem solving discussions

- offer suggestions to team
- write appropriate communications
- maintain open and continuous communication – not afraid to ask questions or appear unknowledgeable in the quest of clarification.

Goals and Consultation

- Familiarizes self thoroughly with the client’s past history, reason for concern and any previously written goals.
- Obtains information from client and significant others
- Creative formulation of adaptations, compensatory and new learning strategies to aid the daily communication needs of the client
- Aware and able to communicate in writing and verbally the rationale for the above ideas
- Utilization of available program resources
- Access to new resources

Implementation of Strategies

- Good genuine rapport and warmth as evidenced by a client who is quickly put at ease and returns eagerly or curiously to session after session.
- Room arrangement – please seat your clients and yourself in an arrangement that will allow your supervisor to observe and to video tape both client and GC easily.
- Accommodate individual needs. You should sit in an open posture, as close as the client will tolerate. Avoid yawning, holding your face in your hands, slouching, crossing arms and legs. Make sure the client is comfortably seated, not too hot, able to see and hear well (seat yourself on the best side of a hard of hearing client – always check for hearing loss).
- Design activities and implement strategies that will captivate and motivate a client to attempt changing communication skills. You must use graduated levels of complexity to ensure success at every step. Once successful, the level of complexity must be increased to continue challenge and growth. Scanning your client’s face and body posture periodically will help you predict boredom, restlessness, confusion or fatigue and allow you to change the session strategy accordingly.
- Facilitation and reinforcement of clients’ attempts at change. Facilitation includes prompts, cues and clues. Reinforcement may be positive or negative. You must become adept at giving correction in a way that does not discourage the client and provides accurate feedback. Practicing an error will delay meaningful change.

These basic skills are observed over the course of clinical rotations. At the mid-term instructors will formalize their observations in an individual or group conference. A mid-term TEEF enables the student to begin to focus on areas of weakness and make necessary changes before a final grade is assigned. There is grading rubric on the back of the front page that provides information about how grades are assigned.

- TEEFs should be completed at mid-term and end of term.
- Students should come to the TEEF with the front of the form completely filled in with the exception of hours (TEEF forms are located on the shelves under the faculty mailboxes).
- All hours must be tallied and recorded on the front of the TEEF after conclusion of practicum and review by your SUPERVISOR.
- Supervisor's ASHA number and signature must be recorded on the front page.
- Course number, semester year registered and number of semester's the student has accrued must also be recorded. The number of semester's experience of the student is located on the top line next to the student's name. Knowing the number of semesters the student has completed helps the supervisor evaluate competency levels compared to others at the same level.
- Photocopy your completed TEEF and completed hours logs at the end of the TEEF interview with your **supervisor** and hand it in to your **advisor**.

Sharing Expectations – The Supervisor-Supervisee Expectations Dyad

The Dept. of Communication Sciences has developed an instrument to facilitate the process of getting to know your clinical supervisors. You will undergo this process in each of the semesters that you undertake clinical work in the field. Some Center supervisors also review the Expectations Dyad.

Review the Dyad form in the appendix. Be aware that learning to state your needs clearly and listen to the needs of others is critical to the positive outcome of your clinical experience. Sending a clear, unambiguous message is a skill that is important in all areas of life, not just the professional realm.

Expectations about a situation do not have to be identical. It is the conscious awareness of difference and the steps taken to assure both parties understand each other and agree on a plan of action that is most important about this process.

This manual is intended as an introduction to Clinical Practice and is not a comprehensive document. Please feel free to discuss anything with your clinical supervisors, instructors, professors and each other.

Welcome to the Temple University Speech Language Hearing Center and good luck in your studies.