University at Buffalo
Speech-Language and Hearing Clinic

Department of Communicative Disorders and Sciences

Clinical Handbook

Updated January 2017

Clinic Faculty and Staff
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Dear New Students,

Welcome to the UB Speech-Language and Hearing Clinic. The faculty and staff of the Department of Communicative Disorders and Sciences in the College of Arts and Sciences are excited that you will be joining us for your graduate studies! The M.A. and Au.D. Programs at the University at Buffalo follow a model that blends evidence based classroom learning with clinical experience. As part of your graduate program, you will be providing direct evaluation and providing evidenced based treatment services in our clinic, under the close supervision of our fantastic clinical faculty.

We have developed this handbook as a resource that you can use throughout your Master's or Clinical Doctorate program. Inside you will find: advice, resources, information about clinic protocols and professional practice preparation, and our updated policies and procedures.

Please take some time to become familiar with this handbook. We hope it will answer many of your questions. We are all looking forward to an outstanding future with all of you!

Sincerely,

The UB Clinical Faculty and Staff
UB Clinical Faculty and Staff

**Department Chair**
Dr. D. Jeffery Higginbotham, Ph.D.

**Coordinator of Speech-Language Clinical Services**
Gretchen Bennett, M.A., CCC-SLP

**Coordinator of Audiology Clinical Services**
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**Clinical Business Practice Manager**
Casey Ridener, MBA

**Clinical Medical Coordinator**
Ann Marie Richeal
UB Speech-Language & Hearing Clinic
Department of Communicative Disorders and Sciences

ORGANIZATIONAL CHART
How to Review your Clinical Handbook

This handbook was created to provide incoming Speech-Language Pathology M.A. and Audiology Au.D. students with information about the clinical education policies and expectations of our clinic.

For your initial review, please concentrate on the Welcome, First Steps to Clinic Training and Student Training Information. By the end of clinical orientation, it is recommended that you will have reviewed the entire manual.

In addition to the requirements for the Master’s degree in Speech-Language Pathology and the Au.D. Degree in Audiology, your degree with provide the opportunity for you to meet the clinical education requirements for:

- Council on Academic Accreditation (CAA)
- ASHA Clinical Certification
- New York State Licensure
- New York State Teacher Certification

Since each of the above has separate requirements, students need to continually monitor their progress toward completion of the requirements. They should check the ASHA website and NYS Ed. Websites periodically across their program and check in with their academic advisor if they have questions.

Note that all policies and guidelines in this handbook are subject to change while you are enrolled in our program. Students will be informed of changes that are made. If you have any questions or concerns about the information contained in this manual, please contact either Gretchen Bennett or Dr. JoAnn Hammer.
Our Philosophy of Clinical Education

Our department’s objective is to help students acquire the knowledge and skills of their discipline through in-depth academic content, sequentially structured clinical education experiences, and learning assignments. Our clinical education component is viewed as a dynamic process where students participate actively in learning to apply academic information to clinical practice while working with clients who have various communicative disorders.

Our goal is to prepare student clinicians to demonstrate strengths in the following before they complete their clinical practicum experience:

- A comprehensive knowledge of normal and abnormal speech, language, and hearing processes.
- The ability to interact and communicate effectively and professionally with peers, supervisors, clients, family members, and other professionals.
- The ability to use appropriate assessment procedures to accurately and efficiently identify those individuals who exhibit speech, language, or hearing differences, delays, or disorders, and make appropriate diagnosis and recommendations.
- The ability to plan and implement an appropriate intervention program for those identified with a speech, language, or hearing difference, delay, or disorder considering the client’s vocational, educational, social, and emotional wellbeing.
- Self-evaluation skills resulting in active steps to develop and refine clinical competencies and extend their knowledge base.
- The ability to provide in-service and counseling services to accurately convey information about speech, language, or hearing disorders.
- The ability to effectively convey diagnosis, prognosis, recommendations, and a treatment plan both orally and in written report form.
- Provision of appropriate documentation for all services rendered.
- Ethical and responsible professional conduct.
- Possession of a can-do problem solving attitude of inquiry and decision making skills using evidence-based practice.
Student Role in Clinical Education

As you make the transition from undergraduate education to graduate education with a clinical component, it is important that students understand that they are responsible for their own learning. CDS Department faculty and staff are here to facilitate your successful completion of all degree, clinical education, and professional standards. However, we can only help guide you through this process. Students must focus in clinical education on understanding why and how clinical decisions are made. They must actively participate by taking initiative to gather information on their own, ask questions of their clinical instructors, and incorporate content from their courses to the clinical practice. Students need to refine their self-evaluation skills so that they have heightened awareness of what they know, what they do not know, and strategies for obtaining information and developing clinical skills needed. The goal is to acquire the knowledge and skills to enable you to be independent and successful in an entry-level position to implement screening, prevention, assessment, and treatment services with patients who have varied types of communication disorders.

When students are having difficulties in clinical education, they are required to immediately discuss their concerns with the appropriate clinic faculty then may go to the Coordinator of Speech-Language and/or Audiology Services. Early discussions can prevent later difficulties.

Professionalism

Audiology and Speech-Language Pathology are professional disciplines. Professions require certain behaviors of their practitioners. Professional behaviors (which may or may not directly involve other people) have to do with professional tasks and responsibilities, with the individuals served by the profession, and with the relations with other professionals. Included among professional tasks are education and training. The following conveys expectations about the behaviors of those who seek to join the profession.

1. You show up.
2. You show up on time.
3. You show up prepared.
4. You show up in a frame of mind appropriate to the professional tasks.
5. You show up in proper attire.
6. You accept that the idea that “on time,” “prepared,” “appropriate,” and “proper” are defined by your situations, by the nature of the task, or by another person.
7. You accept that your first duty is to the ultimate welfare of the persons served by your profession, and that “ultimate welfare” is a complex mix of desires, wants, needs, abilities, and capacities.

8. You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.

9. You place the importance of professional duties, tasks, and problem solving above your own convenience.

10. You strive to work effectively with others for the benefit of the person served. This means you pursue professional duties, tasks, and problem solving in ways that make it easier (not harder).

11. You properly credit others for their work.

12. You sign your work.

13. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.

14. You do not accept professional duties or tasks for which you are personally or professionally unprepared.

15. You do what you say you will do; by the time you said you would do it; to the extent you said you would do it; and to the degree of quality you said you would do it.

16. You take active responsibility for expanding the limits of your knowledge, understanding, and skill.

17. You vigorously seek and tell the truth that may be less than flattering to you.

18. You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.

19. You value the resources required to perform professional duties, tasks, and problem solving, including your time and that of others.

20. You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.

21. You accept the fact that others may establish objectives for you. While you might not always agree with the goals, or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served.

22. When you attempt a task for the second time, you seek to do it better than you did it the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practices.
23. You accept the imperfections of the world in ways that do not compromise the interests of those you serve, or your own pursuit of excellence.

24. You base your opinions, actions, and relations with others upon sound empirical evidence, and upon examined personal values consistent with the above.

25. You expect all of the above from other professionals.

**Excellence vs. Perfectionism**
From: *Audiology Today*, Michael Seilo, Ph.D.

One of the biggest factors that causes stress in clinical practicum, and can even slow down our practice growth, is our values in regard to perfection.

As health professionals, most of us would say that we are perfectionists in our standards of care, and in our lives. If asked, our spouses, significant others, children, and staff would wholeheartedly agree. I think most of us believe, however, that perfection is rarely attainable. Therefore, if we are going for perfection in ourselves and other people, we are continually faced with being disappointed, frustrated, and upset. When perfection isn’t reached, we have a tendency to beat up on ourselves and others emotionally...this can be at the subconscious level.

My message to all of us is to turn PERFECTIONISM into EXCELLENCE. Excellence means doing “your” best...perfectionism means “winning is everything.” If you are into excellence you have an opportunity to preserve your self-image, no matter where the finish. With perfectionism you must win, or down goes your self-image. A perfectionist expects people to be a certain way. Excellence means loving people no matter what. Perfectionism really puts pressure on ourselves and other people. Excellence is simply having high standards that are possible. Excellence is more about “who you are: rather than getting praised for “what you do.” Excellence experiences and learns from mistakes. Perfectionism dwells on mistakes. Excellence learns by failing, and perfectionism believes failure is a disaster. That is why perfectionism often leads to depression. Let’s begin the process of eliminating our perfectionistic values...Does this mean brain surgery?

Awareness of these two concepts is important to the quality of our personal and professional lives. It is hard for our families and clients to be full of joy when we are into perfectionism. It would be great for all of us to read this article each morning for the next few weeks, so we can go into our day and simply create excellence in every part of our lives. Life is a process...let’s lighten up and enjoy it.

Adapted from Tom Pitts in *The Practical Perspective*, Pitts & Company, Reno, Nevada
STEPS TO CLINIC TRAINING

Clinic Practicum Registration

Only graduate students are eligible to participate in clinical education activities.

First Year M.A. students in Speech-Language Pathology will register for (Fall, Spring, Summer I & II):
- 3 credits CDS 595 (Practicum: Sp & Lang 1 TUT)
- Fall & Spring: 1 credit CDS 595 SLP (LEC)
- Fall: 1 credit CDS 525 Clinical Processes SLP

Second Year M.A. students in Speech-Language Pathology will register for (Fall & Spring):
- Fall: 3 credit CDS 596 (practicum Sp-Lang 2 TUT)
- Spring: externship practicum 6-9 credits CDS 624 (as advised by the Externship Coordinator-placements are 2 fulltime, 8 week consecutive placements.

First year Au.D students will register for (Fall, Spring & Summer):
- Fall, Spring, Summer I & II: 3 credits of CDS 591 (Practicum: Au.D 1 TUT)
- Fall: 1 credit CDS 525 (Clinical Processes Au.D)
- Spring: 2 credits CDS 525 (Clinical Processes Au.D)

Second & Third year Au.D students will register for (Fall, Spring & Summer (optional)):
- 3 credits of CDS 592 (Practicum: Au.D 2&3 TUT)

Fourth year Au.D students will register for (Summer, Fall, Spring):
- 1 credits of CDS 624Au.D

Health Status Form

Your health status form verifying your good health and immunizations should have been uploaded to your Typhon student page prior to the start of the semester. This is a separate health status document and not to be confused with the health information that is required by UB. (Please refer to the following link for additional university requirements: [http://www.health.buffalo.edu/immunization.php](http://www.health.buffalo.edu/immunization.php) for more details about UB’s requirements). If you were not able to have your primary care physician complete this form, please schedule an appointment with UB student health ASAP within the first week of school to complete this form. You cannot start clinic unless this form is completed and uploaded to your Typhon student homepage.
Clinical Observation Hour Requirements

Before starting clinical practicum you **must complete 25 hours of observation** of professionals, certified by the American Speech Language and Hearing Association (ASHA), providing services to clients or patients with communication disorders. In addition, **these observation hours must be under the direction of your undergraduate university program**.

Students often participate and complete the 25 hours of observational experience during their undergraduate program. **Documentation that you completed the 25 hours of observation should be provided on letterhead of your undergraduate university signed by an authorized individual in your undergraduate program**.

Documentation of your completed 25 hours of clinical observation of speech-language and hearing services must be uploaded to your Typhon student home page by the start of your first semester. This is a requirement to begin the M.A. and Au.D clinical practicum. **If you did not complete the 25 hours of observation, contact the clinic so arrangements can be made for you to observe. You will need to complete the observation requirement prior to being given a caseload assignment and it may delay your clinical practicum.**

Professional Liability Insurance

All students must carry malpractice insurance through a policy for graduate student clinicians in speech language pathology or audiology. This is a student group insurance and will cover you during the duration of your clinical education. The policy runs continuously from the first day of your program. It is only active when you are registered for a clinical practicum course. Students will be charged for this liability insurance on their first tuition bill at the start of clinic practicum and will be charged to you one time. There is no discount for part time coverage, nor is there a refund if you drop out or do not finish the program. Students may not engage in clinic practicum unless their professional liability insurance is paid in full.
Written and Oral Communication Competency Requirement

Students must be able to effectively comprehend, communicate, and demonstrate speech and language production in standard American English. Students will need to demonstrate their ability to understand oral and written instructions and to write Clinical reports and outcomes. This includes the ability to demonstrate writing in English that is grammatically correct which includes the use of basic rules of writing, such as punctuation and capitalization. At any time during your clinical practicum, clinical faculty may request students to partake in a screening if there is indication that a student is struggling with speech-language and/or hearing, which is interfering with clinical skill development. Students may contact Gretchen Bennett at gas1@buffalo.edu or Dr. JoAnn Hammer at jhammer2@buffalo.edu if there are any questions or concerns prior or during your clinical practicum.

Those speaking English as a second language must take the SPEAK test and earn a score of 55 prior to progressing to clinical practicum. Contact the UB English Language Institute http://www.buffalo.edu/eli to register for the test before the first Fall semester begins. Contact the Coordinator of Speech-Language Clinical Services, Gretchen Bennet at gas1@buffalo.edu with the date of your SPEAK test. Students not earning a score of 55 may be delayed from starting clinical practicum.

Previous Supervised Practicum Experience and Documentation of Clinical Clock Hours

Up to 50 direct clinical clock hours of speech or audiology diagnostic and/or therapy services at the undergraduate level may be applied toward the 400 hours required by ASHA for Speech and Audiology students. Provide documentation from your undergraduate university of previous experience by uploading your clinical clock hours to your student Typhon home page. The documentation must indicate areas clinical clock hours were received, be on your undergraduate university department letterhead, and be signed by authorized program director. All Clinical Hours obtained as an undergraduate must be supervised by a clinician with their American Speech Language and Hearing (ASHA) Certificate of Clinical Competence (CCC-SLP or CCC-Au.D). Clock hours obtained while an employee or under the supervision of a non-ASHA certified individual will not be accepted.
The M.A. and Au.D programs at the University at Buffalo follow a model that blends classroom learning with clinical experience. As graduate student clinicians you will provide direct assessment and treatment services under the close supervision of clinical faculty. Your clinical education will begin in the University at Buffalo Speech Language and Hearing Clinic located on the South Campus, 52 Biomedical Education Building. In order for you to be granted clinical privileges at the start of your first clinical practicum, you will attend various mandatory clinical labs and in-services in the first two weeks of the semester. You will receive the orientation schedule at the Welcome to Clinic Orientation. Mandatory in-services must be attended prior to the start of any new clinical rotation. These are typically scheduled the first week(s) of each new semester.

In addition, there are necessary paperwork requirements we must process before your arrival, as we will be assigning your caseload for your clinical practicum experience. Please review the following information carefully. Please meet all of the following requirements and deadlines to not delay your clinical practicum experience or be denied a caseload. Important to note: Students should always make copies of any clinic paperwork turned into the Clinic office either by hardcopy or electronic for their own files. On occasion, items get lost, and it is the student’s responsibility to have copies available at all times.

**STUDENT TRAINING INFORMATION**

**ASHA Standards**

Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) accredits eligible Clinical Doctoral programs in Audiology and Master’s Degree programs in Speech-Language Pathology. See more at ASHA’s website:
http://www.asha.org/academic/accreditation/#sthash.hYwXfsD.dpuf

Institutions of higher learning that offer graduate degree programs in audiology and/or speech-language pathology can voluntarily seek accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA)

The specific purposes of the CAA are to:
1. Formulate standards for the accreditation of graduate education programs that provide entry-level professional preparation in audiology and/or speech-language pathology;
2. Evaluate programs that voluntarily apply for accreditation;
3. Grant certificates and recognize those programs deemed to have fulfilled requirements for accreditation;
4. Maintain a registry of holders of such certificates; and
5. Prepare and furnish to appropriate persons and agencies lists of accredited programs.

The intention of accreditation is to promote excellence in educational preparation while assuring the public that graduates of accredited programs are educated in a core set of knowledge and skills required to qualify for state and national credentials for independent professional practice. Quality education can be achieved in a variety of ways, and the CAA wishes to support programs in the achievement of the highest quality possible. These standards identify basic elements that must exist in all accredited graduate education programs while allowing flexibility in the ways in which programs pursue excellence.

The CAA has identified the following six components as essential to quality education in the professions and has established its accreditation standards accordingly:

1. Administrative structure and governance
2. Faculty
3. Curriculum (academic and clinical education)
4. Students
5. Assessment
6. Program resources

The class entering graduate study in the Fall semester will be following the requirements of Council on Academic Accreditation (CAA) standards. Copies of the current CAA standards for Audiology and Speech-Language Pathology are available on the ASHA website at:

http://www.asha.org/academic/accreditation/CAA_overview.htm

*Students must become familiar with these standards during their first semester,* and review the standards periodically during their graduate program. Under current CAA standards, the CDS department and the students graduating from the program gather formative and summative evidence to demonstrate that the graduates of the program have achieved the level of knowledge and skills needed for entry level professional work (i.e. your first professional year of work; CF position for SLP students).

Across the program, it is critical for each student to track their progress towards meeting the standards. During clinic, students will work with their supervisors to develop clinical competencies, improve and refine competencies, and maintain them. Formative assessment of progress is formally conducted at least two times per term with each therapy case and with each practicum experience. Electronic records (accessed via the Typhon System) are used by students to track their progress, clinical hour and clinical competencies.

Students will need to work closely with their clinical supervisors to achieve all of the standards. It is each student's responsibility to monitor their progress (using
Typhon) and initiate plans and communication with CSD faculty to facilitate their progress and achievement of ASHA and CAA requirements.

Complaints may be filed through the CAA via the complaint process that are clearly related to a program's compliance with accreditation standards. The CAA cannot intervene in disputes between individuals and programs, and cannot affect outcomes such as grade changes, reinstatement to the graduate program, employment, etc., as part of the complaint process. [http://caa.asha.org/programs/complaints/](http://caa.asha.org/programs/complaints/)

Before filing a complaint, it is strongly recommended that you read Chapter XIII: Complaints in the Accreditation Handbook. Please visit the CAA website for the most up to date information and criteria on the complaint process. [http://caa.asha.org/programs/complaints/](http://caa.asha.org/programs/complaints/)

### Sequence of Clinical Education Experiences

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<thead>
<tr>
<th>Speech-Language Pathology</th>
<th>Audiology</th>
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<tbody>
<tr>
<td>1. Fall In-House Practicum/Lab</td>
<td>1. Fall In-House Practicum/Labs</td>
</tr>
<tr>
<td>2. Spring In-House Practicum/Lab</td>
<td>2. Spring In-House Practicum/Labs</td>
</tr>
<tr>
<td>3. Summer I/II In-House Practicum</td>
<td>3. Summer I/II In-House Practicum/Speech Hours/Clinical Gateway Practical Exam</td>
</tr>
<tr>
<td>4. Fall In-House Practicum/Mentorship*</td>
<td>4. 2nd Year Part-Time Externship</td>
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<tr>
<td>5. Spring Externship Placement</td>
<td>5. 3rd Year Part-Time Externship</td>
</tr>
<tr>
<td>*Second year M.A. students engage in mentorship activities with first year M.A. students that aim to foster the continued growth and integration of knowledge, skills and tasks of clinical practice in speech-language pathology consistent with ASHA's current Scope of Practice in Speech-Language Pathology.</td>
<td>6. 4th Year Full-Time Externship</td>
</tr>
</tbody>
</table>

### Development and Measurement of Clinical Skills

Our clinical supervisors strive to create excellence in all of our students by facilitating the acquisition of knowledge, skills, and professional attributes needed in the field. While you are completing your clinical practicum, you will gain in-depth knowledge in all of the following areas:

1. Professional Responsibilities
2. Interpersonal Skills  
3. Communication Proficiencies: verbal, nonverbal, & written  
4. Interviewing & Counseling Competencies  
5. Self-Evaluation Skills  
6. Assessment Competencies (planning, implementing, post-session)  
7. Treatment Competencies (planning, implementing, post-session)

Supervisors at mid-semester, and at the end of each semester to provide formative measures of their progress in their clinical competencies will complete evaluation of clinical performance. Evaluations will be posted to each student's Typhon account.

**Typhon Allied Health Clinic Administration and Tracking System**

Our Department uses the Typhon Group web-based system for clinic administration and tracking of Speech Language Pathology and Audiology clinical education. Students pay a one-time fee that covers their use of the program to track their clinical education. Clinical competencies and skills are tracked, along with evaluations of the student experience.

There will be an in-service during orientation weeks on how to track your clinical hours and use the system. The Typhon system is used as the primary database of student contact for current students. The Typhon system is used to track student paperwork including all required documentation needed to begin clinical practicum. You will upload all required documents requested in this packet to your Typhon student home page. In order to participate in clinic practicum all required paperwork must be current and complete. Across the semester, it will be important for you to understand how to use Typhon effectively.

**Measurement and Tracking of Clinical Competencies**

The EASI component of Typhon is used to administer the Formative Assessments of student clinician performance at midterm and end of term. Across a student’s program their clinical instructor’s evaluation forms are housed on Typhon allowing students to monitor their progress across the program on key clinical skills.

At *midterm*, clinical supervisors and students hold a midterm meeting to discuss student progress and skill level up to that point in the term. Another goal of the midterm evaluation is to define goals for the remainder of the term. Note that clinical supervisors are required to independently score the student’s performance prior to the midterm meeting.
At the end of the semester, the supervisor will again use the appropriate Formative Assessment forms to complete an end of semester evaluation. The clinical supervisor and student will meet for a discussion of the student’s performance.

**HIPAA Training**

Prior to participating in clinical education or observation activities in the graduate program, students must complete the HIPAA training on privacy protection for patients. Students will participate in HIPAA training during orientation for which certification of completion will be received after students have successfully completed the program, taken a quiz and signed a confidentiality agreement that will be filed in the student clinic file.

**Students must know the following:**
Know what Health Information, Individually Identifiable Health Information and Protected Health Information is (PHI) (see definitions-in PHI policy and procedures). Know what identifiers need to be removed to make PHI de-identified. Know that in general PHI may not be removed from a covered entity (in a format, electronic, written, oral or otherwise), including for subsequent use in coursework: removal of PHI in a manner not permitted by HIPAA will expose both the student and the covered entity to HIPAA liability and substantial penalties.

See UB website: [http://www.hpitp.buffalo.edu/hipaa/Training/hipaa_training_HomePage.htm](http://www.hpitp.buffalo.edu/hipaa/Training/hipaa_training_HomePage.htm)
UB SPEECH LANGUAGE AND HEARING CLINIC

Clinic Overview

The UB Speech-Language & Hearing Clinic was established in 1949 and has expanded significantly in size and scope of service throughout the years. The Clinic is located at 52 Biomedical Education Building on the University at Buffalo's South Campus on Main Street. The Clinic offers state-of-the-art diagnostic, therapy and hearing services to children and adults with speech, language, or hearing problems.

The UB Clinic is a training facility for graduate students pursuing their Master of Arts or Ph.D. degree in Speech-Language Pathology and Doctorate of Audiology or Ph.D. in audiology in the Department of Communicative Disorders and Sciences. The Clinic provides services for hundreds of Western New York residents each year under the close supervision of highly trained, experienced, licensed and certified clinical faculty.

The training program is fully accredited by both the Professional Standards Board and the Council on Academic Accreditation of the American Speech-Language and Hearing Association.

Students will find many resources in UB’s Clinic that are designed to meet their educational needs. There are two student work areas that are well-stocked with the latest tests and therapy materials. The diagnostic and treatment rooms have video cameras and observation rooms next to them, so that students can observe their classmates and clinic faculty, and be observed by assigned clinic faculty.

Student Participation and Observation

Graduate students pursuing their Master of Arts degree or Ph.D. in Speech-Language Pathology and Doctorate of Audiology or Ph.D. in audiology provide services under the supervision of clinical faculty in accordance with ASHA guidelines. Student training requires consistent observation of a variety of diagnostic and therapy sessions. Students are aware of the ethical responsibilities of preserving confidentiality of patient information.

Mission Statement

The mission of the UB Speech-Language & Hearing Clinic is to provide quality, state-of-the-art services to individuals with speech-language and/or hearing impairments to achieve their maximum communicative potential. Through provision of these services, we will provide our students with the highest quality clinical training opportunities available. This clinic is dedicated to providing quality services utilizing current clinical techniques and technology, while facilitating research in the area of prevention, education, habilitation, and rehabilitation of communicative disorders.
Consumer Bill of Rights

Directly copied from: The New York State Education Department, Office of the Professions Website.
http://www.op.nysed.gov/rights.htm

All consumers of services offered by New York licensed professionals have the legal right to:

- Receive competent professional services.
- Verify the credentials of licensed professionals and to know the names and titles of licensed professionals who provide service.
- Receive clear explanations of the services being offered or provided and how much they cost.
- Refuse any services offered.
- Know what client records will be maintained and how to obtain copies; personally identifiable information normally cannot be revealed without the consumer’s consent.
- File a complaint with the State Education Department about a licensed professional or an unlicensed practitioner.
- If you are a person with a disability, you may request and be provided a reasonable accommodation to access professional services.

Individuals are encouraged to choose professionals who uphold the rights listed above and who also:

- Treat you with courtesy and respect.
- Explain your service options, including their consequences and any follow-up services that may be required or recommended.

For answers to questions about these rights and for more information about what services licensed professionals may provide, contact:

New York State Education Department
Office of the Professions
Education Building - 2nd Floor Albany,
NY 12234

Telephone: 518-474-3817
TDD: 518-473-1426
Fax: 518-474-1449
Email: op4info@mail.nysed.gov

Professional Misconduct Complaints: conduct@nysed.gov, 1-800-442-8160, or fax: 212-951-6449
Discrimination and Harassment Policy

Directly copied from the University at Buffalo Policy Library:
http://www.buffalo.edu/administrative-services/policy1/ub-policy-lib/discrimination-harassment.html
(please access the above website for specific information and/or for instructions to file a complaint)

Policy Statement:
The University at Buffalo (UB, university) is committed to ensuring equal employment, educational opportunity, and equal access to services, programs, and activities without regard to an individual's race, color, national origin, sex, religion, age, disability, gender, pregnancy, gender identity, gender expression, sexual orientation, predisposing genetic characteristics, marital status, familial status, veteran status, military status, domestic violence victim status, or ex-offender status. This includes, but is not limited to, recruitment, the application process, examination and testing, hiring, training, grading, disciplinary actions, rates of pay or other compensation, advancement, classification, transfer and reassignment, discharge, and all other terms and conditions of employment, educational status, and access to university programs and activities. Employees, students, applicants or other members of the university community (including but not limited to vendors, visitors, and guests) may not be subjected to harassment that is prohibited by law or treated adversely based upon a protected characteristic.

The university will provide accommodations to ensure the full participation of individuals in university programs, when such accommodations are reasonable and necessary due to an individual's disability, religion, pregnancy, maternity, or breastfeeding status. The university will provide accommodations to individuals with disabilities in accordance with its Reasonable Accommodation Policy. Religious accommodations will be provided in accordance with the university's Religious Accommodation and Expression Policy.

This policy prohibits retaliation against anyone who files a complaint, participates in an investigation, and/or opposes a discriminatory act, practice, or policy. Retaliation will not be tolerated and may result in a referral to the university’s disciplinary process.

Background:
The university’s policy is in accordance with federal and state laws and regulations prohibiting discrimination and harassment. These laws include the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, Title VII of the Civil Rights Act of 1964 as Amended by the Equal Employment Opportunity Act of 1972, and the New York State Human Rights Law. These laws prohibit discrimination and harassment, including sexual harassment and sexual violence.

Applicability:
This policy:

- Applies to all persons without regard to race, color, national origin, sex, religion, age, disability, gender, pregnancy, gender identity, gender expression, sexual orientation, predisposing genetic characteristics, marital status, familial status, veteran status, military status, domestic violence victim status, or ex-offender status
- Applies to all members of the university community, including students, faculty, staff, volunteers, vendors, visitors, and guests
• Applies to all employment and educational practices and actions
• Applies to all job classifications and titles in the university and to all types of appointments under university jurisdiction, whether full time, part time, or volunteers
• Governs all university policies, practices, and actions including but not limited to recruitment, hire, rate of pay or other compensation, advancement, upgrading, promotion, demotion, renewal, non-renewal, termination, transfer, layoff, leave, training, grading, housing, and employee and student benefits of whatever nature
• Applies to all university organizational units
• Expects that each contractor, supplier, union, public agency, or cooperative agent will support this policy by complying with applicable state and federal equal employment opportunity laws and regulations.

Definitions:

Complainant
An individual bringing forward a complaint of harassment, discrimination, or retaliation, whether on the individual's own behalf or on behalf of another person or group.

 Discrimination
Different treatment of an individual or group based upon a factor prohibited by law, including race, color, national origin, sex, religion, age, disability, gender, pregnancy, gender identity, gender expression, sexual orientation, predisposing genetic characteristics, marital status, familial status, veteran status, military status, domestic violence victim status, and ex-offender status, that adversely affects the individual's or group's employment or academic status. Policies or practices that adversely impact a protected group may also constitute discrimination, even when applied in a consistent manner.

Harassment is a form of discrimination. Sex discrimination also includes, but is not limited to sexual harassment, sexual assault, and sexual violence.

Discrimination may also result from failure of the university to provide accommodations to individuals when required due to the individual's disability, religion, pregnancy status, maternity, and/or breastfeeding status.

Harassment
Conduct that is unwelcome, severe, pervasive, or persistent enough to interfere with an individual's employment, education, or other access to university programs and activities, and that is targeted toward an individual or group based on a protected factor, including race, color, national origin, sex, religion, age, disability, gender, pregnancy, gender identity, gender expression, sexual orientation, predisposing genetic characteristics, marital status, familial status, veteran status, military status, domestic violence victim status, and ex-offender status; harassment is a form of discrimination.

Preponderance of the Evidence
The standard of proof in discrimination cases, which determines whether it is “more likely than not” that the discriminatory or harassing act(s) occurred.
Respondent
An individual or entity against whom a complaint has been filed.

Retaliation
An adverse action taken against an individual as a result of complaining about discrimination or harassment, exercising a legal right such as obtaining a reasonable accommodation, and/or participating in a complaint investigation as a third party witness. Adverse actions may include, but are not limited to: termination/dismissal, failure to promote or assign salary increases, the assignment of lower grades or performance evaluations than other individuals who perform similarly, attempts to intimidate or harass the individual, the assignment of less desirable work to the individual, and/or the provision of negative references with respect to academic work or employment.

Sexual Harassment
Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:
· submission to or enduring such conduct when rejected is made either explicitly or implicitly a term or condition of instruction, employment, or participation in other university activities or
· submission to or rejection of such conduct by an individual is used as a basis for evaluation in making academic or personnel decisions affecting an individual or
· such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive university environment.

Sexual harassment, sexual violence and other forms of sex discrimination are prohibited under Title IX of the Education Amendments of 1972, Title VII of the Civil Rights Act of 1964, and New York State Human Rights Law. This university definition of sexual harassment is based on Equal Employment Opportunity Commission (EEOC) and Office of Civil Rights (OCR) regulations. Employees who observe or become aware of sexual harassment, sexual violence and other forms of sex discrimination or harassment should report this information to the Director of Equity, Diversity and Inclusion (EDI), who also serves as the university’s Title IX Coordinator.

See Appendix A for additional information regarding sexual harassment, and Appendix B for a full explanation of the rights of victims of sexual assault, domestic violence, dating violence, and stalking.

Sexual Harassment Information Advisors
University personnel who have received extensive sexual harassment training, conducted by the Director of EDI or designee, to act as educators and trainers and provide general information on sexual harassment. These individuals may be designated by the president, provost, vice presidents, and/or deans to serve as Sexual Harassment Information Advisors in their respective areas.

Title IX
Title IX of the Education Amendments of 1972, a federal law that prohibits sex discrimination in any education program or activity that receives federal financial assistance.
Procedure
EDI is the campus office designated to manage this complaint procedure. EDI will receive complaints, conduct necessary investigations, report findings, and make recommendations in accordance with the procedures outlined below.

The discrimination complaint procedure provides a mechanism through which the university may identify, respond to, prevent, and eliminate incidents of illegal discrimination. It may be used by any person who believes he or she has been the subject of discrimination in connection with UB. If a claim of discrimination or harassment involves a non-UB entity such as a contractor, vendor, or affiliated hospital, UB will coordinate as necessary to ensure that an appropriate investigation is conducted and that discriminatory and/or harassing behaviors are addressed.

Timeframes for Filing a Complaint
Ordinarily, complaints should be filed within one year after the last act of alleged discrimination or harassment occurred. In instances involving a student complaint against a faculty member charging discrimination that occurred in the context of a subordinate-supervisor academic relationship (e.g., teaching, advising, thesis or dissertation supervision, coaching, clinical medical supervision), the time period may be extended until one year after the student is no longer under the faculty member's academic or clinical medical supervision or three years from the date the most recent alleged discrimination occurred, whichever is earlier. Failure to file a complaint within the relevant limitation period may lead to dismissal of the complaint.

Contact Information
Office of Equity, Diversity and Inclusion
406 Capen Hall
Buffalo, NY 14260
Phone: 716-645-2266
Fax: 716-645-3952
Email: diversity@buffalo.edu
Website: http://buffalo.edu/equity
UB CLINIC POLICIES AND PROCEDURES

GRADUATE STUDENT CLINICIANS

Student Health

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic requires health status of students to be examined, prior to client contact. The physical examination is to ensure that students are free from conditions that are a potential risk to clients or may interfere with adequate performance of duties. This clinic requires students provide immunization records. A Health Status Form must be completed and submitted one month prior to starting Clinic Practicum. *This form is in addition to the physical examination required by Student Health.* Students who do not submit the Health Status Form to the Clinic Office will not be allowed to participate in clinical practicum.

Procedure:
1. The following will be maintained by each student:
   a. Immunization to rubella, consistent with good medical practice. Students of childbearing years may be screened with appropriate measures taken as deemed necessary by their physician.
   b. PPD (Mantoux) Skin test for tuberculosis prior to direct client contact and annually thereafter. Positive findings shall require appropriate medical follow-up but no repeat skin test.
   c. Hepatitis B Vaccination-Waiver form is provided if this vaccination is not advisable by student’s physician.
2. It is the responsibility of the student to maintain up-to-date health status records.
3. If up-to-date records are not maintained, the student will not be allowed to interact with clients.
4. A record of updated health records will be kept in the student’s file *(request student health form from Clinic office).*

Illness

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic to adhere to established procedures regarding student clinician and client illness to foster a healthy environment for assessment and treatment.

Procedure:
1. In the case of clinician illness, it is the responsibility of the student clinician to contact the supervisor and then the client regarding the necessity of canceling a session.
2. To prevent the spread of illness, the student clinician should avoid direct contact with clients when a fever is present or if the illness is contagious. Please see the Illness
Guidelines for returning back to clinic after an illness. See below (adapted from the US Department of Health and the Academy of Pediatrics):

<table>
<thead>
<tr>
<th>ILLNESSES</th>
<th>Faculty, Staff, Students, and Clients Can Return to the Clinic…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>24 Hours after temperature returns to normal</td>
</tr>
<tr>
<td>Temperature of 101° degrees or over</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>24 Hours after last loose stool or after one normal bowel movement</td>
</tr>
<tr>
<td>Watery bowel movement</td>
<td></td>
</tr>
<tr>
<td>Severe Cough</td>
<td>After being seen and diagnosed by a physician; physician’s written diagnosis must be submitted</td>
</tr>
<tr>
<td>Croup</td>
<td></td>
</tr>
<tr>
<td>Conjunctivitis (Pink Eye)</td>
<td>24 Hours after treatment has begun and all drainage, excessive tearing, and redness have subsided</td>
</tr>
<tr>
<td>White or yellow eye discharge, redness, itching, and soreness</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>24 Hours after last incident of vomiting and child is able to tolerate food</td>
</tr>
<tr>
<td>2 or more times in 24 hours</td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>After no new lesions have formed and all have crusted (scabbed)</td>
</tr>
<tr>
<td>Impetigo</td>
<td>24 Hours after treatment has been given</td>
</tr>
<tr>
<td>Ringworm</td>
<td>24 Hours after treatment</td>
</tr>
<tr>
<td>Flat, spreading, ring shaped areas</td>
<td></td>
</tr>
<tr>
<td>Head Lice, Scabies</td>
<td>24 Hours after treatment has been given</td>
</tr>
<tr>
<td>Strep Throat</td>
<td>After physician’s diagnosis and 24 hours of treatment with antibiotics</td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td>After being seen and diagnosed by physician and after 24 hours of treatment with antibiotics</td>
</tr>
<tr>
<td>Strep infection with rash</td>
<td></td>
</tr>
<tr>
<td>Ear Infection (with no other symptoms)</td>
<td>No exclusion</td>
</tr>
</tbody>
</table>

3. It is the responsibility of the student clinician to reschedule appointments canceled by the clinician due to illness. The clinician must check with their assigned clinic faculty for a mutually available time to reschedule.

4. Clients with communicable illnesses should be advised of when to return to clinic based on the Illness Guidelines chart (see above guideline).

5. Universal precautions are to be taken by each clinician with each client to prevent the spread of illness (See the Infection Control Policy and Procedure).

Professional Behavior & Attire

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic that all clinic faculty, staff and students present themselves in a professional manner in both behavior and attire. This
includes but is not limited to client confidentiality, noise control, tardiness, cancellation and professional attire.

Procedure:
1. Professional Behavior:
   a. Confidentiality: It is the clinic faculty, staff and students’ responsibility to assure the confidential treatment of a client’s personal and clinical records. Therefore, strict guidelines are followed:
      i. Discussing clients in the Clinic hallways, waiting room, atrium or restroom is not permitted. Discussion of clients is permitted with a clinic supervisor or in an educational setting (e.g. classroom). In an educational setting, the client should only be referred to by his/her initials. Discussion of clients with non-clinic personnel is not permitted outside of the clinic or educational setting. All Client information must be de-identified when used in an educational setting (see procedure on de-identification of client information). No Digital Video Recordings can be used in the classroom setting. DVR can only be viewed in the clinic.
      ii. No client DVR can be downloaded to personal drives, removable drives, and/or via DVD.
      iii. Clinic files are not to be removed from the Clinic for any reason. Students can review clinic files in room 62 or in a treatment room.
      iv. Clinic files are not to be duplicated. (This includes, but is not limited to: diagnostic reports, therapy plans, plans of care, and tests.)
      v. Students are permitted a working file that contains written notes to help the student complete reports and assignments. Duplication of client information is not permitted in this working file. The working file should only identify the client by his/her initials and date of birth.
   b. Congregation: To maintain a professional atmosphere, students are not permitted to congregate in the hallways, the waiting room, or the lobby.
   c. Noise Control: To maintain a quiet atmosphere conducive to therapy it is expected that conversations in the hallways will be kept at a minimum and at an appropriate volume level.
   d. Eating: Eating is not permitted in the hallway, lobby, waiting room, or observation rooms. Eating is permitted in the therapy rooms when consistent with therapy. However, students should obtain prior approval from their supervisor, client, and/or parent/guardian (see Food & Allergy Sheet in client chart).
   e. Tardiness: Clinician tardiness is not acceptable. It is the clinician's responsibility to maintain a timely schedule and notify the client in advance of schedule changes.
   f. Paperwork: All paperwork such as diagnostic reports, encounter forms, etc. should be completed in accordance with due dates.
   g. Cancellations: It is the clinician’s responsibility to contact the client, in advance, if an appointment needs to be canceled. The clinician must first notify the assigned supervisor prior to calling the client.
h. **Clinic Obligation**: All students are required to be present for the whole semester when they are completing clinic practicum. Students must be present for the entire student orientation, in-service, and preparation week in the beginning of each semester and the entire paperwork and final review week at the end of each semester. The clinic calendar is to be consulted for exact dates for each new semester or summer session.

2. **Professional Attire**:
   a. **Attire**: Clinicians must wear professional attire. Use your judgment regarding appropriate clothing. However, the following guidelines have been established to aide your judgment:
   i. Short shirts, tank tops, halter tops, jeans, sneakers, sweat pants, sweat shirts are **not permitted**.
   ii. Dress shorts of **appropriate length** are permitted in the summer session.
   iii. The dress code may vary dependent on your assignment. Supervisors will make students aware of changes in dress code.
   iv. Nametags: Nametags purchased in the clinic must be worn at all times in the Clinic and for off-site assignments.
   v. Fragrances: Due to the known and unknown allergies of certain clients it is requested that the clinicians keep perfume, scented oils/lotions, and hairspray to a minimum.
   vi. Those observing evaluation/therapy must also follow the dress code.
   vii. Tattoos must remain covered and undisclosed at all times when in the clinic.
   viii. Facial piercings are to be limited to the ears, with the possibility of a small, discrete nose stud being acceptable. Facial piercings are to be professional and discrete. Determination of appropriateness of facial piercings is left up to the discretion of the student’s clinical supervisor or the Coordinator of Speech-Language and/or Audiology Clinical Services. Body piercings must remain covered and undisclosed at all times when in the clinic. Tongue piercings are unacceptable in the clinic setting and must be removed prior to working with clients.

**Student Responsibilities for Treatment and Evaluations**

**Speech-Language Pathology**

**Policy:**
It is the policy of the UB Speech-Language & Hearing Clinic to maintain the highest level of clinical training and service delivery. It is required that graduate clinicians closely follow the student responsibilities of the Clinic during treatment and evaluation sessions.
**Treatment Responsibilities**

**Procedure:**
It is the responsibility of students to attend a weekly Speech-Language Clinic Lab CDS595 during the Fall and Spring semesters of their first year to hone clinical skills related to treatment of clients.

1. Students are assigned a specific clinic faculty member to supervise each treatment client. Student clinicians are required to maintain a daily log for each client. Students are required to submit the daily logs for each treatment session to their clinical professor/supervisor on a weekly basis for review and comments.

2. Students are required to attend a weekly conference with their clinical professor/supervisor. Students are expected to participate jointly with the clinical professor/supervisor in establishing an appropriate Plan of Care (POC), reviewing and discussing previous therapy, establishing long and short term goals and objectives, assessing client progress, revising treatment objectives/strategies, and planning for future sessions. The purpose of the supervisory conference is to provide a forum for discussion of the client’s management and the clinician's performance.

3. The student clinicians must be prepared to present revisions in the treatment plan based on their analysis of each treatment session. Students are expected to bring this information to the weekly conference. It is the responsibility of the student clinicians to independently seek out necessary information and resources.

4. Under the direction of your assigned clinic faculty, a Plan of Care (POC) is required for each client being seen for treatment in the clinic. It is the responsibility of the student clinicians to formulate a POC and review the plans with their assigned clinic faculty. It is the responsibility of the student clinicians to follow the correct format for the POC and abide by set deadlines (See your Clinic Calendar for each semester, but subject to change by your assigned supervisor).

5. It is the responsibility of the student clinicians to be prepared for treatment sessions, arrive in a timely manner, inform clients of days that the Clinic will be closed due to holidays or vacations, and notify the Clinic of client cancellations.

6. It is the responsibility of the student clinicians to notify the Clinic and their clients regarding clinician absence.

7. It is the student’s responsibility to wait 25 minutes for a client who is late for therapy unless otherwise instructed by their supervisor.

**Evaluation Responsibilities**

**Procedure:**

1. It is the responsibility of students to attend a weekly Speech-Language Clinic Lab CDS 595 during the fall and spring semesters of their first year to hone clinical skills related to evaluation of clients.

2. It is the responsibility of student clinicians to attend a pre-staffing conference with the assigned clinic faculty approximately 5 to 7 days in advance of the diagnostic appointment. Prior to the pre-staffing session, all student clinicians are required to have thoroughly reviewed the client’s file and any related outside reports. During the pre-staffing session, a diagnostic protocol will be developed, which includes selection of appropriate test materials and delegation of student responsibilities for
the upcoming evaluation. Any student failing to attend staffing sessions, is not adequately prepared in advance, or late in submitting reports to their assigned clinic faculty will lose all ASHA hours credit for that diagnostic unless extenuating circumstances have been discussed with the clinical supervisor.

3. Students are required to call the client or family to confirm the appointment time.
4. Diagnostic evaluations must begin promptly at the designated time. Student clinicians are required to arrive 30 minutes in advance of the evaluation time in order to sign out tests and materials and prepare the testing room.
5. All student clinicians are required to be thoroughly familiar with the test battery. They should never attempt to administer a test if they have not thoroughly read the manual and role played test administration. The Clinic must maintain and provide services in a reliable, valid manner, commensurate with other professional services in the area. The student will be held to this standard by their assigned clinic faculty.
6. Only the assigned student(s) completing the diagnostic testing will receive ASHA hours, per ASHA guidelines (“Only direct contact with the client or the client’s family in assessment, management, and/or counseling can be counted toward the practicum requirement”): http://www.asha.org/Certification/Certification-Standards-for-SLP--Clinical-Practicum/.
7. The remaining students on the diagnostic team, must observe and take data to learn the evaluation process and will be responsible for reporting information that was observed. Additionally, all students must be prepared to complete the diagnostic evaluation in cases where an assigned clinician is unable to attend.
8. All tests should be carefully scored and language samples accurately transcribed to compare formal and informal data.
9. Students are responsible for recording (audio and/or DVR) the entire evaluation per the direction of your assigned clinic faculty.
10. The assigned clinic faculty and student clinicians should introduce themselves to the client and family in the waiting room. Students and supervisors are not to conference or ask questions of the family in the waiting room. If the family has not completed the necessary paperwork, they will be asked to see the administrative assistant.
11. The student clinicians should return all test materials immediately following the evaluation.
12. The student clinicians will meet with their assigned clinic faculty to review and compare test data in preparation for the diagnostic report as deemed by the assigned clinic faculty.
13. Student clinicians are responsible for generating a quality professional report, abiding by all set deadlines.
14. It is the student’s responsibility to wait 25 minutes for a client who is late for an evaluation, unless otherwise instructed by their assigned clinic faculty.
Student Responsibilities for Treatment and Evaluations
Audiology

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic to maintain the highest level of
clinical training and service delivery. It is required that Au.D clinicians closely follow the
student responsibilities of the Clinic during treatment and evaluation sessions.

Evaluation and Treatment in Audiology
Procedure:
1. It is the responsibility of the Au.D student to attend the scheduled weekly clinic labs,
   complete weekly lab assignments, and demonstrate competency and skill to the clinic TA
   for each lab.
2. Au.D students must arrive 30 minutes early for each session to prepare the sound booth
   and/or treatment room and to review patient’s charts.
3. All sound booth biological calibrations daily and prior to your session.
4. All student clinicians are required to be thoroughly familiar with prior in-serviced test
   equipment, test batteries, and should practice prior to the appointment.
5. The supervisor and student clinician should greet the family and patient in the waiting
   room at the discretion of your clinical professor/supervisor. Students and supervisors
   are not to conference and/or ask questions in the waiting room.
6. All student clinicians are responsible for cleaning and organizing the sound booth and
   hearing aid room areas at the end of each session.
7. At the end of the afternoon session, all sound booth area and hearing aid room equipment
   must be turned off.

End of Semester Responsibilities
Speech-Language Pathology

Policy:
It is the policy of the UB Speech-Language and Hearing Clinic to complete and maintain the
documentation of clinical activities accounting for both student hour accrual and client
records. Additionally, it is the responsibility of the students to maintain a professional, safe,
and clean clinical environment for clients.

Procedure:
1. Students are required to be available until the last day of the final meeting week. The
   last day of final meetings is indicated on the Clinic calendar. Due to scheduling
   constraints and paperwork responsibilities, exceptions may be made for students with
   extraordinary circumstances or experiencing hardships to finish their obligations
   earlier.
2. Students must complete a final meeting with each of their clinical supervisors during
   the last week of practicum (the student review and paperwork weeks are indicated on
   the Clinic calendar). Final meetings will consist of the following:
a. Supervisors will present students with their final performance review, the Evaluation of Clinical Practicum (can be accessed via Typhon).

b. Supervisors will verify clinical hours acquired and will approve the student's ASHA hours on Typhon. Supervisors and students will review the client file and add an appropriate contact note indicating the completion of therapy for the semester, the recommendations for next semester, and the client's plans for future therapy.

3. Assigned clinic faculty will not conduct final meetings with any student until the following is completed by the student:
   a. A Survey of Practicum Supervisor via Typhon is completed on each supervisor no later than the date specified on the Clinic calendar.
   b. All reports (diagnostics & POC) must be to be written on the HIPPA compliant CASET drive: cds-srv01.caset.buffalo.edu. *See report Writing P&P*.
   c. All final reports are edited, identified, printed on letterhead, and signed.
   d. The student’s assigned room is organized, disinfected, and approved.
   e. Students should complete the Final Meeting/End of Semester Checklist to verify that all assigned duties are completed.

4. Students are responsible for handing in the following documentation no later than the dates specified on the Clinic calendar:
   a. Students must enter their case logs using Typhon within 7 days of seeing the client/patient. All case logs must be approved by the supervisor at the end of each semester. A student will be given an “incomplete” if their clinical hours in Typhon are not up to date and accurate.
   b. All externship forms and paperwork as directed by the Externship Coordinator are to be handed in to the Externship Coordinator by the requested date. If paperwork is not handed in to the approval of your supervisor, a student will be given an “incomplete”.

5. Students who are unable to complete the appropriate paperwork and documentation by the due dates specified due dates by your supervisor are at risk for receiving an "incomplete" grade and are at risk for not being given a new clinical assignment for the following semester and risk potential delay of conferral of their M.A.

End of Semester Responsibilities

Audiology

Policy: It is the policy of the UB Speech-Language and Hearing Clinic to complete and maintain the documentation of clinical activities accounting for both student hour accrual and client records.

Procedure:
1. Students are required to be available until the last day of final meeting week. The last day of final meetings is indicated on the Clinic calendar. Due to scheduling constraints and paperwork responsibilities, exceptions cannot be made for students to finish their obligations earlier.
2. Students must complete a final meeting with each of their clinical supervisors during the last week of practicum (the student review and paperwork weeks are indicated on the Clinic calendar). Final meetings will consist of the following:
   a. Supervisors will present students with their final review, the Evaluation of Clinical Practicum.
   b. Supervisors will verify clinical hours on Typhon.
3. Supervisors will not conduct final meetings with any student until the following is completed by the student:
   a. A *Survey of Practicum Supervisor* is completed on each supervisor via Typhon no later than the date specified on the Clinic calendar.
   b. All final reports are completed and signed.
   c. The student’s assigned room is organized, disinfected, and approved.
   d. Students should complete the *Final Meeting/End of Semester Checklist* to verify that all assigned duties are completed.
4. Students are responsible for handing in the following documentation no later than the dates specified by your supervisor:
   a. Students must enter their case logs using Typhon within 7 days of seeing the client/patient. All case logs must be approved by the supervisor at the end of each semester. A student will be given an "incomplete" if their clinical hours in Typhon are not up to date and accurate and run a risk for not being given a clinical assignment in the following semester.
   b. All externship forms and paperwork as directed by the Externship Coordinator are to be handed in to the Externship Coordinator by the requested date otherwise will run risk of an “incomplete” and denial of proceeding to the next placement.
   c. Students who are unable to complete the appropriate paperwork and documentation by the due dates specified on the Clinic calendar are at risk for receiving an "incomplete" and run a risk for not being given a new clinical assignment in the following semester and risk potential delay of conferral of their Au.D.

**Speech-Language Pathology Evaluation and Therapy Materials**

**Policy:** It is the policy of the UB Speech-Language & Hearing Clinic to maintain current and applicable testing and therapy materials. Materials are cataloged and made available to clinicians. Clinicians are to follow the appropriate procedures to ensure that materials are available for use in evaluation and treatment and for clinician review.

**Procedure:**
1. Clinicians are to sign out all materials and testing on the appropriate form, indicating the clinician’s name, date and time taken, and expected time of return.
2. Clinicians are to only sign out tests and materials at the time needed for evaluation or therapy. If signing out tests or materials to review, students are to only sign out items at a time when the reviewing can be done. To keep materials available for everyone’s use,
Clinicians should try to avoid carrying items around with them during times when they are unable to utilize them.

3. Materials and tests are to be returned immediately after use and properly shelved
4. Clinicians are to indicate on the sign-out log when items are returned.
5. No tests are to be taken out of the clinic. Test must be reviewed onsite.
6. If it is noticed that portions of the materials are missing or in poor condition, a supervisor should be alerted so that repairs can be made or pieces can be ordered.
7. If running low on test forms, the supervisor should be alerted so that she may order more forms. The last copy of a form should never be taken.
**Clinic Material and/or Document Photocopying**

**Policy:** It is the policy of the University at Buffalo Speech-Language and Hearing Clinic to allow the use of the clinic photocopy machine for the purpose of copying materials needed for patient care, evaluations and therapy. Please feel free to make your own copies of such materials. However, student *photocopying of client records is strictly prohibited.* If you need client records from a chart for academic use, such as class assignments and/or research projects:

1. **Student** fills out a copy request form and attaches it to the materials in need of copying.
2. **Supervisor** initials chart copy request form.
3. **Supervisor** or student places form with requested materials in the copy basket in Room 52C, 48 hours prior to needing them.
4. **Student** informs Office Staff on duty about the request either verbally or via email.
5. **Office Staff** de-identifies records and places copies in the student’s mailbox.
Clinic Assignments and Scheduling

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic to maintain the highest level of clinical training and service delivery. Clinic assignments are carefully made based on the training needs of students, the service needs of the clients, and the availability of appropriate supervision.

Procedure:
1. The Coordinator of Speech-Language Clinical Services and The Coordinator of Audiology Clinical Services will determine the number of speech-language pathology and Audiology students participating in practicum each semester.
2. The Clinic will analyze the training needs of each student during a scheduling meeting.
3. The Clinic Faculty/Supervisors will develop a schedule for seeing clients, scheduling clients at times when students are not in class.
4. During a scheduling meeting, the students will be assigned cases according to their training needs, the needs of the clients, and the availability of supervision.
5. Due to the delicate balance between student class schedules, supervisor schedules, and client schedules, no scheduling changes will be made unless the clinic has inadvertently scheduled two assignments at one time.
6. If a student is unable to take an assignment because of an outside commitment, the assignment will be reassigned, and no other assignment will be arranged for that student. The student will have to sign a waiver indicating that they realize that by not accepting an assignment, timely completion of requirements and graduation may be at risk.
7. The Clinic schedules around students’ class schedules. Students with jobs or outside commitments are expected to schedule those commitments around their clinic obligations. Clinical practicum is to be considered a priority.
8. While the Clinic considers student training needs when scheduling, it is the responsibility of each student to also monitor their training needs. If a student feels that they are not meeting a clinical training requirement, it is their responsibility to communicate this to the Coordinator of Speech-Language Pathology Clinical Services or the Coordinator of Audiology Clinical Services well in advance of graduation.

GRADUATE EXTERNALSHIPS

Audiology Externship Placements

Policy:
The policy of the UB Speech-Language & Hearing Clinic is to provide our graduate students with outside placements covering a wide variety of experiences through our many affiliations. These placements offer opportunities for rich and rewarding experiences in preparation for completion of the graduate program. There are two audiology clinical faculty assigned to the coordinate external placements. The position titles are Audiology
Externship Coordinator for 2nd and 3rd Year Placements and Fourth Year Au.D Externship Education Coordinator.

Procedure:
1. Clinical doctoral students in Audiology must complete six semesters of supervised clinical observation and practicum experience. The student must complete at least 25 clock hours of supervised observation prior to beginning the initial clinical practicum. Those 25 clock hours must be in the area of evaluation and treatment of children and adults with disorders of speech, language, or hearing. Externship placements are assigned in the 2nd and 3rd year of the program. A full time calendar year externship placement is arranged for the 4th year of the program.
2. In accordance with ASHA and NYS Licensure requirements, students must obtain the equivalent of 52 weeks (no vacations, holidays), full time experience over the 4th year program in clinic contact hours. Minimum number of clinical hours is 1820. Students must meet all competencies and note there is not a direct correlation between clinical contact hours and competencies. Students will be required to achieve more clinical contact hours when necessary to achieve competency in any given area.
3. Canadian students need to refer to CALSPA and CALSPO requirements and notify clinic coordinator of hourly requirements.
4. Each student must fill out their procedure skills list on Typhon to record skill acquisition for each patient encounter. These are used to record competencies for the student’s Department KASA record.
5. Each semester requests will be taken from each graduate student regarding their plans for externship. This will allow ample time for areas of interest and types of placements desired to be matched to the students in order to help prepare them for employment.
6. Externship placements may be a distance from the University and not accessible by public transportation. Students are required to provide their own transportation to and from off-campus training facilities.
7. Students are responsible for monitoring their clinical contact hours and procedure skills list on Typhon. They are to report to the assigned Coordinator for any concerns of their external placement, acquisition of skills, and clinical contact hours.

Audiology Externship Student Responsibilities

Policy:
Audiology students are assigned off-campus externship placements during their second year of graduate study and only after they have demonstrated significant clinical growth and independent functioning. All audiology students must also pass a clinical “Gateway” examination before going on externship. Externship placements carry added responsibility for the student clinician. The Department of Communicative Disorders and Sciences carries the responsibility for insuring that student externs will function within the policies and regulations of the training facility and demonstrate professional conduct and quality levels of clinical performance.
Procedure:
1. Once the externship assignment is made, the student is responsible for contacting their cooperating supervisor and arranging a pre-externship visit to meet the staff, talk the supervisor, observe services, and tour the facility.
2. Student externs will be required to complete a clinical practicum agreement prior to the start of their externship placement. The first part of the Agreement form should be filled out by the student before the first meeting with externship supervisor. Some parts of the form will be completed by the onsite supervisor alone, whereas other parts require discussion between the student and the supervisor. When the student and onsite supervisor have both read and filled out the Agreement, the student and supervisor must sign the agreement. The student will upload Agreement to Typhon within 2 weeks of starting clinical practicum. The clinic office assistant will print and submit the Agreement to the Externship Coordinator for signature. The Externship Coordinator will give back to the office assistant to file into the student’s chart.
3. The Coordinator of Audiology externships will serve as the primary faculty liaison between the Department of CDS and the externship placement. The coordinator will make periodic telephone contacts to the agency supervisor to discuss student performance concerns, etc. and arrange an onsite visit if indicated.
4. Student externs are required to provide their own transportation during the externship semester. Many placements may require a significant driving distance and may not be accessible by bus or public transportation.
5. Student externs are expected to conduct themselves as professionals:
   a. Dress appropriately (See Professional Attire Policy).
   b. Report to work on time; do not leave early.
   c. Review patient records thoroughly.
   d. Familiarize yourself thoroughly with agency record keeping procedures.
   e. Seek out all learning experiences- observe other health related disciplines.
   f. Engage in independent reading.
6. Students are requested to adhere to the agency calendar and schedules during externship – not the University calendar. If the University is on holiday, but the agency is open, students are required to report to the agency.
7. In the case of illness, students are required to contact both the cooperating supervisor and the Externship Coordinator.
8. At the conclusion of the externship, the off campus supervisor will complete student evaluation on Typhon. The student is responsible for completing an evaluation of the externship placement, and all clinical hours must be entered and approved on Typhon or the student runs a risk of receiving and “incomplete” on their grade report. This will result in potential denial of additional clinical externship placements and/or delay of conferral of the graduate degree.
Speech-Language Pathology Externship Placements

Policy:
The policy of the UB Speech-Language & Hearing Clinic is to provide graduate students with outside placements covering a wide variety of experiences through many affiliations. These placements offer opportunities for rich and rewarding experiences in preparation for completion of the graduate program. The Externship Coordinators for each discipline are responsible for arranging external placements.

Procedure:
1. Externship placements are made only after the following requirements are met:
   a. The student has achieved a grade of "Pass" in all competency areas on their Evaluation of Clinical Practicum review on Typhon from all supervisors.
   b. The student has successfully completed 215-220 direct contact, clinical practicum hours under the supervision of appropriately licensed and certified professionals prior to externship.
   c. The student has successfully completed the Dysphagia and Aphasia course.
   d. The student has completed all advised coursework. No more than one course is advised during externship, and the course cannot conflict with externship scheduling.
2. Graduate students must have documented at least 50 clinical hours at three distinctly different clinical settings in order to graduate under ASHA guidelines. One undergraduate placement or clinical work setting may be counted as one of the three placements necessary for graduation as long as 50 clinical clock hours were earned. The UB Speech-Language and Hearing Clinic counts as one type of placement combined with a total of 400 accumulated hours over the course of the program are required.
3. Externship surveys are taken to assess student plans and needs for externship. Surveys are collected well in advance to allow ample time for the Externship Coordinator to match student needs with externship sites.
4. Graduate students are typically placed at an externship site during their last semester or after accumulating approximately 230-250 clock hours and based on their clinical competencies.
5. Externship placements may be a distance from the University and/or not accessible by public transportation. Students are required to provide their own transportation to and from off-campus training facilities.
6. Externships are typically completed over an eight-week time period. No externships will be completed in less than six weeks. Externships are typically a Monday through Friday, full-time experience. During externship placement, the student must follow the externship site schedule not the University schedule.
7. Externships occur in the Spring Semesters of the 2nd year of graduate study.
8. No part-time externships are permitted unless the onsite supervisor requests such an arrangement or the externship supervisor is part-time.
Speech-Language Pathology Externship Responsibilities

Policy:
Speech-language pathology students are assigned off-campus externship placements during their second year of graduate study and only after they have demonstrated significant clinical growth and independent functioning. Externship placements carry added responsibility for the student clinician. The Department of Communicative Disorders and Sciences carries the responsibility for insuring that student externs will function within the policies and regulations of the training facility and demonstrate professional conduct and quality levels of clinical performance.

Procedure:
*Student externs are required to adhere very closely to the following regulations*

1. Once the externship assignment is made, the student is responsible for contacting the cooperating supervisor and arranging a pre-externship visit to meet the staff, talk with their supervisor, observe treatment, and tour the facility.

2. Student externs will be required to complete a clinical practicum agreement prior to the start of their externship placement. The first part of the Agreement form should be filled out by the student before the first meeting with externship supervisor. Some parts of the form will be completed by the onsite supervisor alone, whereas other parts require discussion between the student and the supervisor. When the student and onsite supervisor have both read and filled out the Agreement, the student and supervisor must sign the agreement. The student will upload Agreement to Typhon within 2 weeks of starting clinical practicum. The clinic office assistant will print and submit the Agreement to the Externship Coordinator for signature. The Externship Coordinator will give to back to the office assistant to file into the student's chart.

3. The Speech-Language Externship Coordinator will serve as the primary faculty liaison between the Department of CDS and the externship placement. The coordinator will make periodic telephone contacts to the agency supervisor to discuss student performance or concerns and arrange an onsite visit if indicated.

4. During their externship semester, students are advised to defer coursework and outside employment in order to have the time to take full advantage of the learning experience.

5. Student externs are required to provide their own transportation during the externship semester. Many placements may require a significant driving distance and may not be accessible by bus or public transportation.

6. Student externs are expected to conduct themselves as professionals:
   a. Dress appropriately (See Professional Attire Policy).
   b. Report to work on time and not leave early.
   c. Review patient records thoroughly.
   d. Prepare plans well in advance.
   e. Evaluate treatment effectiveness regularly.
   f. Familiarize self thoroughly with agency record keeping procedures.
   g. Seek out all learning experiences - observe other health related disciplines.
   h. Engage in independent reading.
   i. Be creative and construct own materials.
7. Department evaluation and therapy materials and equipment may not be taken out of the Clinic. Agency supervisors are welcome to visit the Clinic and review new materials at any time.
8. Students are requested to adhere to the agency calendar and schedules during their externship – not the University calendar. If the University is on holiday, but the externship agency is open, students are required to report to the agency.
9. In the case of illness, students are required to contact both their cooperating supervisor and the Externship Coordinator.
10. Student externs will be required to document all supervisory contact (i.e. observation, conferences, lesson plan review, etc.) on the Externship Supervision Log.
11. If a student has concerns or problems that they do not feel prepared to discuss with their cooperating supervisor, they should contact the Externship Coordinator and arrange a conference (i.e., infrequent supervisor observations, limited feedback on performance, etc.).
12. Students should complete and submit all final treatment reports to the cooperating supervisor no later than the last day of their externship.
13. At the conclusion of the externship, the off campus supervisor will complete student evaluation on Typhon. The student is responsible for completing an evaluation of the externship placement, and all clinical hours must be entered and approved on Typhon or the student runs a risk of receiving and “incomplete” on their grade report. This will result in potential denial of additional clinical externship placements and/or delay of conferral of the graduate degree.

**Externship Training for F-1 Students**

**Policy:** It is the policy of University at Buffalo for F-1 students who are registered for externship experience to apply for employment authorization (Curricular Practical Training) through the office of International Education.

**Procedure:**
1. Students must consult with the office of International Education for details of the requirements needed.
2. The UB Speech-Language and Hearing Clinic requires all students to have their externship supervisor complete the student practicum agreement. All F-1 students must have this agreement completed and returned to the clinic office one month prior to the start date of clinic practicum.
3. Once the practicum agreement is received a letter will be provided to the student to bring to the Office of International Education. The Office of International Education requires a 2 week, processing period. To avoid any delays in beginning your externship, practicum agreements must be received 1 month prior to the externship start date.
EVALUATION OF STUDENT PERFORMANCE

Student Evaluation

Policy: It is the policy of the UB Speech-Language and Hearing Clinic to evaluate students in speech-language pathology and audiology based on competencies in targeted skill areas for evaluation and treatment of clients. Students are informed of the skills to be evaluated and evaluations are presented to each student from each supervisor twice a semester.

Audiology

Procedure:
1. The Evaluation of Clinical Practicum on Typhon allows the supervisor and student to assess clinician goal areas. The student is graded on a pass/fail basis, utilizing a scale indicating the presence of a skill and/or the level of independence in implementing a technique. The following rating scale is utilized:

   U = Unsatisfactory: skill is not demonstrated  
   LP = Low pass: skill is beginning to emerge and/or requires close supervision  
   P = Pass: skill is consistently demonstrated and/or requires minimal supervision  
   HP = High Pass: skill is consistently demonstrated at an independent level.

2. The competency areas evaluated for audiology practicum include professional conduct, clinical skills, and communication skills (see evaluation on Typhon).
3. Each clinical supervisor reviews the evaluation process and establishes clinical goals on an individual basis.
4. The audiology clinic faculty meets at mid-semester to review progress of the students under their supervision. A meeting will take place to discuss areas of weakness with any student not meeting requirements.
5. The supervisor and student meet again at the end of each semester to review performance and choose goals for the upcoming semester.
6. Students who do not meet the requirements for a passing grade or who have areas in which additional supervisory support is necessary will be counseled accordingly. Please see the Clinical Performance Review and Probation Policy and Procedure.
7. It should be noted that at any time during the externship placement, should a student engage in unprofessional conduct, the student can be removed from that placement.

Speech-Language Pathology

Procedure
1. Each student is provided with an Evaluation of Clinical Practicum on Typhon from each supervisor, for each diagnostic team and therapy case they are assigned.
2. The Evaluation of Clinical Practicum on Typhon allows the clinic faculty and student to assess clinician goal areas. An evaluation scale is used to indicate the presence of a skill and/or the level of independence in implementing a technique. The overall grade on the student’s evaluation must be a "pass" or "high pass" in order to receive a “satisfactory” on the grade report. If the student receives an “unsatisfactory” on their clinical performance evaluation from an assigned supervisor, then a meeting with the Coordinator
of Speech-Language Clinical Services and the Department Chair will take place to determine final grade and possible remedial action plan and/or possibility of clinic probation. The following rating scale is utilized:

U = Unsatisfactory: skill is not demonstrated
LP = Low pass: skill is beginning to emerge and/or requires close supervision
P = Pass: skill is consistently demonstrated and/or requires minimal supervision
HP = High Pass: skill is consistently demonstrated at an independent level.

3. An “incomplete” grade is only given when paperwork, Typhon hours, and/or other required documentation is not complete and/or submitted on time. If an “incomplete” grade is given, then the student may not be assigned further clinical practicums until all requirements are met.

4. The competency areas evaluated for diagnostics include preparation, pre-staffing, diagnostic skills, professionalism, and report writing. The areas evaluated for treatment include preparation, planning, therapy skills, professionalism, and report writing. Please see "Evaluation of Clinical Practicum-Diagnostic" and "Evaluation of Clinical Practicum-Therapy" on Typhon.

5. Each clinical supervisor reviews the evaluation process and establishes clinical goals on an individual basis.

6. The supervisor evaluates and meets with each student at mid-semester to review the development of clinical skills. The student and the supervisor mutually agree upon new clinical goals for the remainder of the semester.

7. The supervisor and student meet again at the end of each semester to review performance and choose goals for the upcoming semester.

8. Students who do not meet the requirements for a passing grade or who have areas in which additional supervisory support is necessary will be counseled accordingly. Please see the Clinical Performance Review and Probation Policy and Procedure.

9. It should be noted that at any time during the externship placement, should a student engage in unprofessional conduct, the student can be removed from that placement.

**Clinical Performance Review and Probation**

**Speech-Language Pathology and Audiology**

**Policy:**
Students may be dismissed from any CDS graduate program at the Department’s discretion based on students’ “unsatisfactory” performance, including performance at externship placements. Students may be put on Clinic Probation after any semester in which their clinical performance has been considered “unsatisfactory”. During this Clinical Probation period, students have one semester following the “unsatisfactory” semester to bring their clinical performance into the “satisfactory” range.

A student may have a maximum of 2 semesters on of “unsatisfactory” clinic performance during their entire clinical program. These 2 semesters may or may not be consecutive. If a 3rd semester of “unsatisfactory” performance occurs at any point, the student will be
dismissed from the program. For these purposes, each externship placement is considered equivalent to one clinical semester.

Process:

1. In order for clinical hours to be approved on Typhon by the assigned supervisor for those earned hours, the student must receive a “pass” on their clinical performance at the end of the semester by the assigned supervisor.

2. If the hours earned on a case did not result in a “pass” from the assigned supervisor on the final student evaluation. Those specific clinical hours will not count towards total required hours. The student will be reassigned a case in the same clinical area that they did not pass in, in effort to improve the student’s skills to a “pass” performance.

3. In the event that a student receives an “unsatisfactory” on their performance evaluation from 1 or more assigned supervisors, the student must have a formal review with the Coordinator of Speech-Language or Audiology Clinical Services, the Department Chair, and the clinical supervisors involved. This may result in an “unsatisfactory” grade report for that semester of clinical practicum. With an “unsatisfactory” grade on the grade report, that semester must be repeated and the student will be placed on Clinical Probation.

4. During the probationary semester, a clinical probation action plan is put into place to help students improve and monitor clinical performance. This must be approved by the Coordinator of Speech-Language or Audiology Clinical Services, the Department Chair, and the assigned clinical supervisors.

5. Students may not be permitted to participate in any externship placements until they achieve “satisfactory” performance in the UB Speech-Language and Hearing Clinic in the semester directly preceding their externship placement.

6. If an “unsatisfactory” performance review by the externship supervisor occurs at midterm of the externship, the Externship Coordinator must be notified immediately. The student may be put on clinic probation, which will require them to participate in a remedial plan, developed by the Externship Coordinator and the Coordinator of Speech-Language or Audiology Clinical Services. In some circumstances, the student may be required that the student return the UB Speech-Language and Hearing Clinic for clinic practicum. If the Externship Coordinator gives a final grade of “unsatisfactory” at the end of the externship placement, the student may be required to participate in 1 or more additional placements, irrespective of the number of clinical hours that he or she has earned, this may extend the time that the student is in the program.

7. If students are put on either Academic or Clinic probation for any two semesters, students may be dismissed from CDS graduate programs (M.A., Au.D., or Ph.D).

8. For students on Academic or Clinic Probation-students will be responsible for a regular Clinic schedule during the Probation semester. That is, no reduction in Clinic experiences or load will be done during the semester that the student is attempting to raise their performance academically or clinically.
GRADUATE STUDENT TRAINING REQUIREMENTS

Clinical Practicum Prerequisite Skill Set

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic to maintain the highest level of clinical training and service delivery. In doing so, graduate clinicians providing the services must possess certain prerequisite skills prior to entering clinical practicum. The prerequisite skill set is as follows:

1. Possesses an adequate knowledge base related to typical speech-language and hearing development and speech-language and hearing disorders, commensurate with their undergraduate speech-language and hearing curriculum.
3. Demonstrates critical thinking, problem solving, and reasoning skills commensurate with professionals in the field of communicative disorders in relation to client care and professional decision making needs.
4. Demonstrates the physical ability (visual, auditory, tactile, and motor) to:
   a. Administer, interpret, analyze, and score testing in a timely and efficient manner using standard testing materials.
   b. Utilize instrumentation and materials to provide services in an effective, safe, and productive manner.
   c. Accurately perceive information to effectively track and document client performance.
   d. Fulfill the physical demands needed in order to follow a typical clinical schedule.

Procedure:
1. Prior to entrance into the program, students who feel that they are limited in any of the aforementioned skill areas, should voice their concern to the Coordinator of Speech-Language or Audiology Clinical Services.
2. If limitations in the prerequisite skills are identified by the student or through the assigned supervisor, the student will be counseled accordingly.

Standard American English Proficiency

Policy: (ASHA)
The American Speech-Language-Hearing Association (ASHA) requires that students must be competent in both written and spoken Standard American English (SAE) to facilitate client success and to appropriately model speech and language targets. Given ASHA standards, students pursuing a master's degree (M.A.) in Speech-Language Pathology, a doctoral degree (Ph.D.) in Speech-Language Pathology or Audiology, or the Doctor of
Audiology degree (Au.D.) must adhere to the following prior to initiation of clinical practicum:

**All Incoming Students**

**Policy:**

To assure Standard American English proficiency, every student must be able to demonstrate proficiency with Standard American English. Each student must effectively comprehend, communicate, and demonstrate speech and language production in standard American English. Students will need to demonstrate their ability to understand oral and written instructions and to write clinical reports and outcomes. This includes the ability to demonstrate writing in English that is grammatically correct which includes the use of basic rules of writing, such as punctuation and capitalization. At any time during your clinical practicum, clinical faculty may request students to partake in a screening if there is indication that a student is struggling with speech-language and/or hearing, which is interfering with clinical skill development. If Standard American English proficiency is not demonstrated by the end of the 2nd semester in the program, the student will be dismissed from the clinical program.

**Procedure:**

1. All students will be monitored by their supervisors for proficiency with Standard American English.
2. If areas of difficulty are identified, appropriate recommendations will be made.
3. Initiation of clinical practicum may be delayed until a time at which competent verbal and written communication skills are demonstrated using Standard America English.

**Students Whom Standard American English is a Second Language**

**Policy:**

Along with completing the above mentioned screening, students for whom Standard American English (SAE) is a second language must complete the Speaking Proficiency English Assessment Kit (SPEAK) test. The student must achieve a minimum score of 55 on the SPEAK test to be eligible for clinical practicum. If the student does not achieve a minimum score of 55, clinical practicum will be delayed. A delay in the start of clinical practicum will also delay an individual’s graduation date. The student must discuss an anticipated graduation date with his/her advisor and the. The student will have two semesters to achieve a passing grade on the SPEAK test. After those two semesters, if a passing grade is not obtained, the student will be dismissed from the program unless the Coordinator of Speech-Language or Audiology Clinical Services has determined that SAE abilities are competent. Second language speakers will need to pass both the screening and SPEAK test requirement prior to initiation of clinical practicum.

**Procedure:**

1. The student must notify his/her advisor that Standard American English is a second language upon admission to the program.
2. The student’s advisor will inform the student of the need to register for the SPEAK test. The SPEAK test is administered by the English Language Institute at the University at Buffalo: [http://wings.buffalo.edu/eli/esl_speak.htm](http://wings.buffalo.edu/eli/esl_speak.htm)
3. The student must register for the SPEAK test as soon as possible after admission into the CDS program so that recommendations can be made if necessary.

4. SPEAK test results will be reviewed by the Director of Graduate Studies and the Coordinator of Speech-Language or Audiology Clinical Services.

5. The student will be advised as to how to proceed, depending on the SPEAK test results. The student will be required to take English as Second Language courses if the minimum score of 55 on the SPEAK test is not achieved. In some cases, clinical ESL services may be recommended.

6. Considering SPEAK test scores and speech-language screening results, the Coordinator of Speech-Language or Audiology Clinical Services will determine if the student’s English language skills fulfill the necessary competencies to participate in clinical practicum.

7. Students speaking English as a Second Language or those who anticipate difficulty meeting the ASHA English language competency requirement due to verbal or written concerns may request to be screened at any time so as to appropriately plan and prepare for their practicum experience.
Clinical Training Requirements for
ASHA Certification of Clinical Competence (CCC)
Speech-Language Pathology or Audiology

Policy:
The Department of Communicative Disorders and Sciences (CDS) Clinical Training Program provides its graduate students in Speech-Language Pathology (SLP) and the clinical doctoral students in Audiology (Au.D) the opportunity to fulfill the supervised clinical practicum requirements needed to obtain the ASHA Certificate of Clinical Competence (CCC) in Speech-Language Pathology or Audiology. The ASHA CCC is the nationally recognized standard for the profession and is evidence that a professional has met requirements set by the profession. Applicants for ASHA’s Certificate of Clinical Competence must hold a master’s or doctoral degree. ASHA academic and clinical training requirements for certification are incorporated into both the undergraduate and graduate curricula within the Department of CDS, in addition to departmental course requirements (See Preparation for Licensure Policy and Procedure).

Certificate of Clinical Competence (CCC) in Audiology
Procedure:
Clinical doctoral students in Audiology must complete six semesters of supervised clinical observation and practicum experience. Students must complete at least 25 clock hours of supervised observation prior to beginning the initial clinical practicum. Those 25 clock hours must be in the area of evaluation and treatment of children and adults with disorders of speech, language, or hearing. Students will complete a full time calendar year externship experience in the 4th year of the program.

1. Students will complete clinic contact hours of supervised clinical practicum over four years.
2. Students must complete 25 hours of supervised observation of evaluation and therapy of those with speech-language and or hearing disorders prior to starting clinical practicum. No observation hours will be provided concurrent with clinical practicum unless approved by the Coordinator of Speech-Language or Audiology Clinical Services.
3. Students must reach an acceptable level of competence for all competencies in order to graduate. These skills should be attained over the four years in the University at Buffalo Speech-Language & Hearing Clinic, at local practicum sites, and during the fourth year externship.
4. Students will satisfactorily complete one academic year in the University at Buffalo Speech-Language & Hearing Clinic and pass the required Clinic Gateway Exam before being placed in external sites for practicum.
5. Students must reach the following competencies during their 4 year program. Students complete the procedures and skills on Typhon for each clinic encounter and receive evaluation from each assigned supervisor to record the student’s progress. Overall competencies are recorded at the end of the 4th year on the student’s Department KASA record.
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<td>Close Supervision</td>
<td>2-4</td>
</tr>
<tr>
<td>Aural Rehabilitation</td>
<td>Close Supervision Level</td>
<td>1-12</td>
</tr>
<tr>
<td>Speech/Language</td>
<td>Competencies may be attained any time during the four year program or prior to entering the program.</td>
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</tbody>
</table>

6. Students must obtain the equivalent of 52 weeks (no vacations, holidays), full time experience over the 4-year program in clinic contact hours. Minimum number of clinical hours is 1820. Students must meet all competencies and note there is not a direct correlation between clinical contact hours and competencies. Students will be required to achieve more clinical contact hours when necessary to achieve competency in any given area.

7. At the completion of each semester (academic or summer), the supervisor will complete a Typhon evaluation for each student. These will be shown to and discussed with the student.
Certificate of Clinical Competence (CCC) in Speech-Language Pathology

Procedure:
1. Applicants must complete a minimum of 400 clock hours of supervised clinical observation and practicum experience.
2. Of the 400 clock hours, applicants must complete at least 25 clock hours of supervised observation of evaluation and therapy for those with speech, language or hearing disorders.
   a. The first 25 observation hours need not be acquired at a CAA Accredited Graduate University, but must be supervised by an ASHA or CASLPA Certificate holder affiliated with an undergraduate program in the United States or Canada.
3. Of the 400 required hours, students are required to complete at least 375 direct contact hours of supervised clinical practicum that concern the evaluation and treatment of children and adults with disorders of speech, language and hearing.
4. At least 325 hours of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.
5. Up to 50 direct clinical contact hours acquired at the undergraduate level under the supervision of an appropriately licensed and certified professional may be applied toward certification with approval from the Coordinator of Speech-Language Clinical Services.
   a. The 50 undergraduate direct contact clock hours need not be acquired at a CAA Accredited Graduate University, but must be supervised by an ASHA or CASLPA Certificate holder affiliated with an undergraduate program in the United States or Canada.
6. At least 50 supervised clock hours must be completed, in three separate types of clinical settings (e.g.: school, private outpatient clinic (like the UB Clinic), or hospital).
7. It is UB’s Clinic policy that 10-15 hours be obtained by each student in each of the areas below, dependent on competency evaluations and clinic committee discretion:
   a. Evaluation: Speech disorders in children (e.g. motor speech disorders, articulation, phonology, & fluency).
   b. Evaluation: Speech disorders in adults (e.g. motor speech disorders, articulation, phonology, & fluency).
   c. Evaluation: Language disorders in children (e.g. receptive-expressive language disorders, social/pragmatic language disorders, AAC, APD, & developmental delays, etc.).
   d. Evaluation: Language disorders in adults (e.g. Aphasia, AAC, developmental language delays, social/pragmatic language disorders, TBI, PCC, & other neurogenic conditions).
   e. Treatment: Speech disorders in children (e.g. motor speech disorders, articulation, phonology, & fluency).
   f. Treatment: Speech disorders in adults (e.g. motor speech disorders, articulation, phonology, & fluency).
   g. Treatment: Language disorders in children: (e.g. receptive-expressive language disorders, social/pragmatic language disorders, AAC, APD, & developmental delays, etc.).
   h. Treatment: Language disorders in adult (e.g.: Aphasia, AAC, developmental delays, social/pragmatic language disorders, TBI, PCC, & other neurogenic conditions).
8. For Canadian students, at least 20 hours of the 400 clock hours must be in audiology evaluation and/or treatment (CASLPA regulation). **All students are responsible for double checking the CALSPA and CALSPO requirements and must inform the Clinic Coordinator.**

9. Applicants for the CCC must pass the National Examination in Speech-Language Pathology and satisfactorily complete a post Master’s Clinical Fellowship year under the supervision of a professional who holds the CCC in the professional area in which the applicant is working and seeking certification. For more detailed information on the ASHA requirements for certification and application forms, copies of the “ASHA Membership and Certification Handbook” are available in room 122 Cary Hall.

*Below is a summary of hour requirements given ASHA, NYS, and the UB Clinic guidelines.*

<table>
<thead>
<tr>
<th>CLINICAL HOUR REQUIREMENTS – Speech-Language Pathology</th>
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<tbody>
<tr>
<td><strong>PRACTICUM AREA</strong></td>
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<tr>
<td>Total Observation and Practicum Required</td>
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<tr>
<td>Observation required</td>
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<tr>
<td>Practicum required</td>
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<tr>
<td>Total graduate practicum required</td>
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<tr>
<td>Total hours in major area</td>
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<tr>
<td>Total hours of evaluation Speech</td>
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<tr>
<td>disorders in child speech</td>
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<tr>
<td>disorders in adult language</td>
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<tr>
<td>disorders in child language</td>
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<td>disorders in adult speech</td>
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<tr>
<td>Total hours in Treatment Speech</td>
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<td>disorders in child speech</td>
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<tr>
<td>disorders in adult language</td>
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<tr>
<td>disorders in child language</td>
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<tr>
<td>disorders in adult speech</td>
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<tr>
<td>Total hours permitted in related disorders</td>
</tr>
<tr>
<td>Total hours required Audiology US students</td>
</tr>
<tr>
<td>Canadian students</td>
</tr>
<tr>
<td><em>students check CALSPA, CALSPO</em></td>
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</tbody>
</table>
Meeting ASHA Hour Requirements in Speech-Language Pathology

Policy:
Applicants must complete a minimum of 400 clock hours of supervised clinical observation and practicum comprised of at least 25 clock hours of supervised observation and at least 375 clock hours of supervised clinical practicum related to the evaluation and treatment of children and adults with disorders of speech, language, and hearing. At least 50 supervised clock hours must be completed in each of three types of clinical settings. Please see ASHA website for more information. It is the UB Clinic’s policy to provide students with opportunities to meet the aforementioned requirements.

Procedure:
1. Students are assigned clients at the UB Clinic based on their specific needs, the demands of the caseload, and the availability of supervision.
2. Students are informed that they must accrue at least approximately 215-220 hours prior to being placed on externship, along with receiving “pass” scores on all of their Evaluation of Clinical Practicum reviews via Typhon.
3. Students are encouraged to make clinical practicum their primary responsibility along with their course work. Students are requested to have a schedule clear of obligations, with the exception of attending classes, to maximize their availability to be scheduled with a therapy case or diagnostic team. Students who have other obligations such as a job or personal responsibilities are at risk for not accumulating enough hours to go out on externship on time.
4. Due to scheduling constraints, if a student declines taking a patient or participating on a diagnostic team because of outside commitments, they will be required to sign a waiver stating that they understand that timely externship placement and timely graduation may be at risk.
5. It is the student’s responsibility to inform the Clinic Faculty and/or Coordinator of Speech-Language Clinical Services if they are having difficulty acquiring hours because of cancellations or other unforeseen circumstances.
6. ASHA hours will only be afforded to students when “pass” performance has been demonstrated.

Summer Session Requirements for Speech-Language Pathology

Policy:
To better assure achievement of required clinical competencies within the graduate program for speech-language pathology, all speech-language pathology students are required to complete a summer of clinical practicum. Summer practicum is required between the 1st and 2nd year of graduate work for all students. Students are expected to complete this requirement for 1st and 2nd summer sessions.
Procedure:
The 1st summer session is a continuation of the Spring semester. The 2nd summer session is often a combination of individual and group based programs. This experience provides graduate students with clinical caseloads that broaden clinic competency skills in preparation for externship placement.

1. Students are required to complete the summer program in the summer between their first and second year of practicum experience. Students are required to sign up for both first and second session of the summer semester regardless of the number of clinical hours already attained.

2. The student must not plan vacations during this time. Requests to delay or interrupt summer clinic practicum must be put in writing, to the Coordinator of Speech-Language Clinical Services, no later than February 1st of the Spring Semester.

Summer Session Requirements for Audiology

Policy:
To better assure achievement of required clinical competencies for the Au.D in Audiology, all audiology students are required to complete a summer of clinical practicum. Summer practicum is required between the 1st and 2nd year of graduate work for all students. Students are expected to complete this requirement for 1st and 2nd summer sessions.

Procedure:
The 1st summer session is a continuation of the Spring semester. The 2nd summer session is an optional opportunity to receive speech-language and audiology hours. This experience provides graduate students with clinical caseloads that broaden clinic competency skills in preparation for externship placement. Gateway is given at the end of 1st summer session, dependent on performance, students may be required to stay for 2nd summer session. Participation in a 3rd summer session is optional. Students begin their 4th year full time externship in June at the beginning of their 4th year.

1. The students must not plan vacations during this time. Requests to delay or interrupt summer clinic practicum must be put in writing, to the Coordinator of Audiology Clinical Services, no later than February 1st of the Spring Semester.
Preparation for New York State Licensure
Speech-Language Pathology and Audiology

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic to provide the opportunity for graduate clinicians to meet the clinical requirements necessary to apply for licensure in New York State. Graduate clinicians are informed of the requirements and are encouraged to investigate the requirements of the state in which they plan to practice so that they may acquire experiences accordingly.

Procedure:
1. Audiology and Speech-Language Pathology students are informed of the educational and clinical requirements necessary to apply for licensure in New York State and are encouraged to investigate the requirements in the state in which they would like to practice. The requirements are as follows:
   a. General Requirements: good moral character, at least 21 years of age, meet education, examination, and experience requirements.
   b. The NYS Education Department requires a fee for licensure and first registration.
   c. Education Requirements: Master's degree in Speech-Language Pathology or Audiology from an approved program or its equivalent.
   d. See Website for specific details: [http://www.op.nysed.gov/prof/slpaspeechlic.htm](http://www.op.nysed.gov/prof/slpaspeechlic.htm)
   e. Examination Requirement: You must pass the Specialty Area test of the Praxis Series administered by the Educational Testing Service (ETS) in your licensure area with a score of at least 600.

2. Students are advised to monitor the New York State Education Department Website for changes in licensure requirements ([http://www.op.nysed.gov/speech.htm](http://www.op.nysed.gov/speech.htm)).

New York State Teacher Certification
Teacher of Students with Speech-Language Disabilities

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic to provide the opportunity for graduate clinicians to meet the clinical and academic requirements necessary to apply for NYS Teacher Certification. Graduate clinicians are informed of the NYS requirements and are also encouraged to investigate the requirements of the state in which they plan to practice so that they may acquire experiences accordingly. It is the policy of the clinic to educate graduate students regarding the current requirements for certification as a Teacher of Students with Speech and Language Disabilities (TSLD) in New York State. Teacher certification policies are presented during a yearly in-service by the Coordinator of Speech-Language Clinical Services.

Procedure:
1. A yearly in-service is scheduled to inform incoming students of current teacher certification requirements. A checklist of requirements is available for students to
complete to verify compliance with regulations.

2. All students are provided with clinical opportunities to assure attainment of requirements within the clinic and in appropriate externship placements.

3. It is the responsibility of the student to complete course waiver forms if applicable.

4. Students are responsible for returning all required paperwork to Coordinator of Speech-Language Clinical Services abiding by all designated deadlines.

Speech-Language Graduation Requirements
Related to Clinic Practicum

Procedure:
1. Students are responsible for successfully completing academic requirements as outlined in their orientation packet and on the CDS department website.
2. Students are required to successfully complete approximately 230-250 hours of supervised practicum in the UB Clinic and at least 140 hours at two different externship sites (at least 70 at each site). Please refer to the ASHA Training Requirements Policy and Procedure for more detailed information.
3. In the UB Clinic, students will typically be required to complete Fall Clinical Practicum during their first semester in their first year, Spring Clinical Practicum in their second semester of their first year, a required Summer I & II practicum after their first Spring Practicum, and Fall Clinical Practicum in the fall of their 2nd year. An externship placement will be completed during the spring of the students’ second year, depending on their circumstances.
4. Students are expected to complete the graduate program over a two year time period, meeting the aforementioned requirements.

Audiology Graduation Requirements
Related to Clinic Practicum

Procedure:
1. Students are responsible for successfully completing academic requirements as outlined on the CDS department website.
2. 25 hours of clinical observation are required prior to the Graduate Clinical Practicum.
3. Students are required to successfully complete approximately 150 hours over the first year (fall, spring, and summer) of supervised practicum in the UB Clinic. During four separate externship placements over 4 semesters, 100 hours are earned at each placement. Students are assigned a 4th year externship placement as long as all academic and clinic requirements are completed. Students will go out on their 4th year full time externship starting in June of their 4th year that is continuous through both the fall and spring semesters with a target conferral of graduation in May of their 4th year. Students will go out on their 4th year externship with approximately 550 hours under the guidance of the 4th year Education Externship Coordinator to complete the remaining required
hours and competencies for ASHA certification and New York State Licensure. Please refer to the ASHA website for more detailed information.

**Documentation of Student Plans and Progress**

**Policy:**
It is the policy of the UB Speech-Language and Hearing Clinic and the Department of Communicative Disorders and Sciences to maintain and monitor student curriculum plans and clinical records of throughout each student’s graduate program.

**Procedure:**
1. The Director of Graduate Studies, the Coordinator of Speech-Language or Audiology Clinical Services, and Clinic Faculty meet with all graduate students in Audiology and Speech-Language Pathology on a yearly basis to complete curriculum planning and advising. Advisement may be completed in a group setting for clinical advising and on an individual and group basis for academic advising related to the course curriculum.
2. Progress is verified by reviewing the curriculum plan and the ASHA Hours Logged into Typhon.
3. The Director of Graduate Studies and/or Coordinator of Speech-Language or Audiology Clinical Services contact individual students as necessary should questions arise regarding the progress of the student and any extenuating circumstances. A formal meeting is held with the student and an action plan is developed and the written plan is signed by the student and placed in the student’s permanent file.
4. Any unusual registration patterns are reviewed and the student is contacted by the Director of Graduate Studies and an additional direct meeting is scheduled for advisement.
5. Students are informed on a semester basis if their accumulation of ASHA hours are not progressing satisfactorily and an action plan is developed to remediate the problem. A written form of the action plan is signed by the student and placed in the student’s permanent file.

**HEALTH AND SAFETY**

**Safety and Emergency**

**Policy:**
The policy of the UB Speech-Language & Hearing Clinic is to educate students and staff on the appropriate action to take in case of an emergency situation. The safety of the patients, students and staff is of the utmost importance.

**Procedure:**
1. Students will be notified at orientation of the University emergency procedures to follow. A copy of these procedures will be included in their packet as well as in the Clinic and Student Manuals.
2. Faculty and Staff will review the University’s procedures to be followed in case of an emergency. This will take place annually at the first meeting held at the start of the school year.

3. The following procedures will be utilized:
   a. **WHEN A FIRE IS KNOWN OR SUSPECTED**
      i. The building alarm should be sounded immediately.
      ii. The area monitor should announce that all persons must evacuate the building.
      iii. Use stairs-**DO NOT USE ELEVATORS**.
      iv. Call University Police at 645-2222 to give location of fire and report what is burning.
      v. Do not attempt to extinguish the fire unless you have received specialized training from Occupational and Environmental Safety Services (829-3301).
   b. **FIRE DRILLS**
      i. Occupational and Environmental Safety Services sends advanced notice of drills to department heads.
      ii. Departments should notify floor monitors and all faculty of impending fire drills.
      iii. At the time of drills, Occupational and Environmental Safety Services (829-3301) will sound building alarm.
      iv. Department personnel should take monitoring positions. Monitors will make occupants leave the building, make sure areas are evacuated and will inspect assigned areas to ensure persons are not remaining in concealed spaces.
      v. Every means possible should be used to ensure rapid evacuation of the building. Occupants should not be permitted to “gravitate” toward usual entrances.
      vi. Ground floor exits are to be cleared quickly with all persons moving to the Evacuation Assembly Area outside of the Clinic. When evacuating the building use stairs- **DO NOT USE ELEVATORS**.

   **NOTE**

The Audiology sound booth area has been designated by Occupational and Environmental Safety Services as the Clinic’s Safe Room. Any individual who is physically unable to leave the Clinic using the stairs is to enter the Safe Room and wait for emergency personnel to come and evacuate him/her from the building.

c. **BOMB THREATS**
   i. Notify University Police (Call 645-2222) giving all details of threat.
   ii. University Police will evaluate the threat on the basis of all available details and decide whether or not to evacuate the building.
      1. If University Police recommend evacuation they will notify the department head or building manager of the threatened structure and close the building.
2. The department head or University Police Officer will announce to all persons in the structure that there has been a bomb threat and the structure is to be evacuated. Patrolmen and building evacuation monitors will make certain all persons are warned to leave the building.

3. Staff members should close windows and lock doors when leaving their areas. Building occupants should inform University Police Officer if anything unusual is noticed.

iii. Concurrently with the above activities, University Police will begin procedures to locate any destructive device.

d. MEDICAL EMERGENCIES

i. If an individual experiences a medical emergency, determine problem and gather information about what happened. Check individual immediately for an open airway, then their breathing, then their circulation or any bleeding and consciousness.

ii. Determine the safety of the scene, paying attention to electrical hazards, fire or police-related problems. **DO NOT ENTER SCENE IF IT IS UNSAFE.**

iii. Notify University Police (645-2222) giving them details of the Medical Emergency. University Police will coordinate the emergency response.

iv. After notifying University Police but before help arrives:

1. **DO NOT MOVE THE PERSON** unless the individual's life is in danger due to his or her being in the existing location.

2. Render emergency care to the person to the best of your ability or training.

3. Gain assistance from bystanders if available.

4. Remain on location when University Police and emergency crews arrive to pass on all vital information, such as the individual's location, condition, and surrounding circumstances.

5. Make certain that someone (if available) is present to direct/escort the emergency crews to the individual.

**Inclement Weather and/or Emergency Closing**

**Policy:**
It is the policy of the University at Buffalo Speech-Language & Hearing Clinic to close if there is a threat of inclement weather or emergency conditions that may pose a hazard to clients, students, faculty, or staff.

**Procedure:**
1. The Clinic may close as a result of poor weather or emergency conditions. The Coordinator of Speech-Language or Audiology Clinical Services or Department Chair will make the determination based on weather reports, information from the University, and best judgment.

2. If the University is closed, the Clinic will automatically close.
3. Clients and students are instructed to listen to WBEN, 930 for closings in the event of inclement weather.
4. The University closing may also be listed on Channel 7.
5. If the closing occurs after the workday has started, office staff, supervisors, and student clinicians will attempt to notify clients of the closing if safety permits.
6. Clients are instructed to call the clinic if they have any questions regarding cancellations due to weather.

Student and Employee Health

Policy:
The UB Speech-Language & Hearing Clinic requires health status of students and employees to be examined, prior to client contact and annually thereafter. The physical examination is to ensure that employees are free from conditions that are a potential risk to clients or may interfere with adequate performance of duties.

Procedure:
1. The following will be maintained by each employee:
   a. Immunization to rubella, consistent with good medical practice. Employees or students of childbearing years may be screened with appropriate measures taken as deemed necessary by their physician.
   b. PPD (Mantoux) Skin test for tuberculosis prior to working in the clinic and annually thereafter. Positive findings shall require appropriate medical follow-up but no repeat skin test.
   c. Hepatitis B Vaccination/PPD Waiver form is provided if this vaccination or test is not advisable by employee’s physician.
2. Hepatitis B Vaccination/PPD Waiver form is provided if this vaccination or test is not advisable by employee’s physician.
3. Employee submitted health records are kept in the employee’s file.

Infection Control

Policy:
It is the policy of the University at Buffalo Speech-Language & Hearing Clinic that all staff and students use appropriate infection control procedures as outlined in the infection control manual, in order to ensure the health and safety of our clients. All staff and students will participate in an infection control training offered by the Clinical Faculty at the beginning of their clinical program.

Audiology
Procedure:
1. All students in audiology will participate in an infection control in-service, which will outline the infection control procedures for the clinic, specifically related to audiological procedures.
2. Clinical faculty, whose area of expertise is audiology, will conduct the training. Once the training is completed the students will complete a quiz on infection control which will be verified by the staff person conducting the training session and filed in the student’s permanent file.

3. Each student will be oriented to the infection control policy at the beginning of any audiological assignment, by their direct supervisor, if they have not participated in the general in-service at the beginning of the semester.

**Speech-Language Pathology**

**Procedure:**

1. All students in speech-language pathology will participate in an infection control in-service, which will outline the infection control procedures for the Clinic, specifically related to diagnostic and therapy procedures. This will include an overview of the therapy room disinfection procedure.

2. Clinical faculty, whose area of expertise is speech-language pathology, will conduct the training. Once the training is completed, the students will complete quiz, which will be verified by the staff person conducting the training session and will be filed into the student’s permanent file.

3. Each student will be re-oriented to the infection control policy at the beginning of any diagnostic team or therapy assignment, by their direct supervisor.

**Accident and Incident Reports**

**Policy:**

It is the policy of the UB Speech-Language & Hearing Clinic to maintain a written record of all situations and/or accidents that occur at our Main Street location.

**Procedure:**

It is the responsibility of the UB Speech-Language & Hearing Clinic’s employees to fill out the incident report at the time of the problem. A copy of the report will remain in the client’s file when a client is affected and a copy is to be sent to the Coordinator of Speech-Language or Audiology Clinical Services and Departmental Chairperson (See Incident Report in clinic). When appropriate, an investigation may be conducted. All incident reports are submitted to the Coordinator of Speech-Language or Audiology Clinical Services.

**Incidents to be reported are:**

1. Sudden client or staff illness, seizure, or medical problem
2. Fires in the clinic or other occurrences which disrupt the provision of client care services or cause harm to client or staff
3. Equipment malfunction during treatment or diagnosis of client which adversely affect a client or clinic personnel
4. Clients or staff experiences bodily harm necessitating medical treatment
5. Structural or physical problems or weather related factors, which disrupt the use of clinic facilities.
6. Improper use or malfunction of utilities or equipment that cause harm to client, staff, or to the clinic

Basic Health and Safety

Policy:
The policy of the UB Speech-Language & Hearing Clinic is to educate students on proper health and safety standards. The following are basic procedures to promote the health and safety of clients.

Procedure:
1. Daily Procedure:
   a. Client/Patient should never be left unattended in the Clinic.
   b. Graduate clinicians must not leave the therapy room or clinic with their client without informing their clinical supervisor.
   c. When using food in therapy, clinicians are to confirm with parent/client/spouse that use of food and type of food within the session is allowable (all patients/clients should have an allergy form completed and filed into their clinic chart).
   d. Supervisors will make graduate clinicians aware of safety instructions regarding individual clients.
   e. Cleaning supplies will be kept out of reach of clients/children.
   f. Clinical faculty and graduate clinicians will wear their name tag at all times when working with clients/patients.
   g. Graduate clinicians will immediately report anything/anyone suspicious to a clinical supervisor or office staff.
   h. Authorized persons only are allowed in the Clinic. University Police should be called if concerns arise (645-2222).
   i. Infection control policy and procedures should be followed at all times.
   j. If an emergency occurs, open the door first and yell “911” and your location. Then call public safety (645-2222). Public safety will respond and they will also call 911 to dispatch an ambulance if necessary. **DO NOT CALL 911 DIRECTLY.**

2. Basic Emergency Procedures:
Please refer to the UB Emergency Procedures at the UB website:
http://emergency.buffalo.edu/
CLIENT CARE

Admission to Treatment

Policy:
Prior to admission to the UB Speech-Language & Hearing Clinic therapy program, a diagnosis of speech-language or hearing disorder must be documented. A diagnosis or having a mild or greater impairment in one or more of the following areas would need to be established before initiation of therapy: articulation, language, fluency, voice, hearing impairment, tinnitus, auditory processing, oral-pharyngeal, and/or cognitive-communication. The client must be medically suitable for treatment. Services are provided for all that qualify indiscriminate of ability to pay.

Procedure:
1. The client must have a current speech-language and hearing evaluation or hearing screening completed within a year of the service.
2. Recent speech-language and/or hearing evaluation or screening (within 6 months – 1 year, dependent upon supervisor discretion) must document a disorder in one or more of the following areas: articulation, motor speech, receptive and/or expressive language, fluency, voice, hearing impairment, tinnitus, auditory processing, oral-pharyngeal, and/or cognitive-communication.
3. Cost of treatment must be reviewed with the client/family members. The Clinical Medical Coordinator completes a prior approval the private insurance when expecting to enroll a client into therapy.
4. At the onset of therapy, client goals are generated and reviewed with the client or family. A treatment plan/progress report is written and mailed to the family and other approved recipients.
5. If the initial speech-language or hearing evaluation was completed at this Clinic, the clinical faculty member involved explains the level of clinical services warranted as evidenced by the evaluation. The Clinical Medical Coordinator then discusses method of payment with the client or family.
6. If an evaluation is not completed at this clinic, outside evaluation reports are required.
7. Outside evaluations are reviewed by a clinical faculty member to determine eligibility for services. If further evaluation is necessary following review of reports, then a consultation re-evaluation will be recommended. The Clinical Medical Coordinator contacts the client or family with payment information.

Admission in to Hearing Aid Program

Procedure:
1. The client is advised that medical clearance is recommended prior to hearing aid evaluation. The client has the right to waive medical clearance as per New York State and FDA guidelines. The appropriate documentation must be obtained prior to the hearing aid evaluation.
2. Hearing aid evaluation is performed, test results are reviewed, and the client is counseled as to the appropriate amplification for his/her hearing loss. Cost of hearing aids and treatment must be reviewed with the client/family members.

**Admission into the Tinnitus and Hyperacusis Treatment Program**

**Procedure:**
1. Tinnitus/Hyperacusis evaluation is performed, test results are reviewed, and client is counseled as to the appropriate recommended treatment.
2. Clients are referred for ENT follow-up as needed.

**Discharging Clients**

**Policy:**
It is the policy of the UB Speech-Language & Hearing Clinic that the decision to discharge a client from treatment will be made by the clinic faculty in consultation with the client/family. The discharge plan will be discussed with the client/family by the clinic faculty prior to the scheduled discharge. The client/family must be informed of therapy results, current speech-language and/or hearing status, reason for discharge, and follow-up recommendation.

**Audiology**

**Procedure:**
1. Client files remain open for those admitted to the hearing aid program due to the constant follow-up services necessary for hearing aid maintenance. Clients are discharged upon request to be serviced by another agency, or the file is closed when the client is deceased.
2. Clients admitted to the Tinnitus Management Program typically remain in the program for 6-24 months. Criteria for discharge include:
   a. Tinnitus is no longer an issue
   b. When client is aware of tinnitus, they are not bothered by it
   c. If after 18 months there is no sign of improvement, consideration of other treatment will be discussed.

**Speech-Language Pathology**

**Procedure:**
1. The decision to discharge a client for therapy is made when one or more of the following occurs:
   a. All speech-language long and short term goals have been attained and the necessity for maintenance therapy is not indicated.
   b. Speech-language therapy is contraindicated as stated by the client’s attending physician.
   c. Speech-language progress has been limited over a reasonable period of time.
   d. Client/family requests discharge from treatment.
e. Client displays a lack of cooperation and/or inconsistent participation in therapy program.
f. Poor attendance precludes optimal advancements in therapy (must maintain 80% attendance).
g. Client’s health is not suitable for therapy after being on medical hold for longer than 3-4 weeks.
h. Client/family does not follow the treatment plan and policies/procedures of the Clinic. (Discharge for this reason occurs only after the speech-language pathologist has attempted to resolve the problem with the client or family and attempts to resolve the problem have been documented on the client log or contact sheet.)
i. Client presents behavior management needs beyond the Clinic's resources

2. For questionable situations, the attending supervisor will bring the case to peer review.
3. Clinic faculty and staff will complete the following documentation procedures:
   a. Office staff will be notified of a client’s impending discharge and discharge date.
   b. The client’s discharge date is documented in the client file on the contact sheet.
   c. A discharge report is generated.
   d. Discharge reports are sent to the client and referring physician within 30 days of discharge.
   e. The release of discharge reports is documented in the client’s file on the contact sheet.
   f. Upon completion of steps one through five, the file will be closed and placed in the inactive file cabinets.

**Referrals**

**Policy:**
The UB Speech-Language & Hearing Clinic consistently makes interdisciplinary referrals between speech-language pathology and audiology as necessary. When additional referrals are necessary for services not available at this Clinic an outside referral is made to appropriate professionals in the community.

**Procedure:**
1. A client will be referred back to their primary care physician when a medical specialist is recommended.
2. When the Clinic is unable to meet the treatment needs of a client, the client is referred to an appropriate outside service provider. Needing more than one outside service provider is common.
3. Interdisciplinary referrals between speech-language pathology and audiology are made as deemed necessary by client screening, observation, or client report.
4. All referrals are documented in the client’s clinical record (contact sheet, daily log, or clinical report).
5. The Clinic has a waiting list to ensure timely services to clients referred to this clinic. The Coordinator of Speech-Language or Audiology Services and/or the clinical faculty are responsible for periodic monitoring of waiting lists.

**Follow-up**

**Policy:**
The UB Speech-Language & Hearing Clinic faculty adheres to established procedures to ensure follow-up of all stated recommendations. Appointments for onsite interdisciplinary referrals are discussed and are typically scheduled at the time of the visit. Clients/families are responsible for scheduling all external service recommendations, which are clearly documented in the report to the client. Clinic faculty are available to assist in scheduling services that are recommended to outside agencies.

**Audiology**

**Procedure:**
Interdisciplinary follow-up recommendations are documented in the report and a client is sent a copy of the report. Client is placed on a computer recall list and called by office administrative staff to schedule a follow-up appointment.

**Speech-Language Pathology**

**Procedure:**
Interdisciplinary follow-up recommendations are documented in the report and a client is sent a copy of the report. It is the client/family’s responsibility to schedule the recommended appointment. In some cases, support group opportunities will be available.

**Audiology and Speech-Language Pathology**

**Procedure:**
External recommendations are made at the time of service and documented in the report. Clients/families will receive a copy of the report. Clients/families are advised that they are responsible for scheduling recommended services. Clinic faculty is available to assist clients in obtaining follow-up care.

**Evaluation and Treatment (ASHA Protocols)**

**Policy:**
It is the policy of the UB Speech-Language & Hearing Clinic to maintain the highest level of clinical training and service delivery. It is required that graduate clinicians closely follow the student responsibilities outlined in the clinic manual during evaluation and treatment sessions to assure quality care.
Procedure:
1. Clients receive quality care utilizing current professional standards for all evaluation and treatment sessions.
2. The Clinic provides consistent services, utilizing evaluation and treatment protocols based on ASHA standards. (See ASHA Practice Policy http://www.asha.org/policy/about/)
3. Student clinicians will follow guidelines to provide professional and quality services (See the Student Responsibilities Policy and Procedure).
4. Clinic faculty members are responsible for all aspects of client care and professional services for clients under their supervision.
5. Clinic faculty assumes professional, legal, and ethical responsibility for clients under their supervision.
6. Clinic faculty supervise students in strict adherence with ASHA supervision guidelines.

Therapy Waiting List

Policy:
It is the policy of UB Speech-Language & Hearing Clinic to maintain an accurate client/patient waiting list to facilitate timely services within the constraints of the clinic and in balance with the training requirements of the program.

Procedure:
1. Office staff or clinical faculty shall place clients on the waiting list, filling out all required fields (name, parent name, phone #, DOB, area of need, etc.).
2. The staff member will inform the client that current evaluations are required prior to initiation of any therapy services.
3. Staff members will inform client of the length of the waiting list for therapy. The Clinic may be able to initiate therapy if a supervising clinician has an opening due to discharge of a client. Supervisors contact those on the waiting list based on their specialty area, student training needs, and on a first come first serve basis.
4. All those being placed on the waiting list will be offered a list of other potential service providers in the community.
5. Individuals will remain on the waiting list for a six month period of time. If the individual has not been picked up by this clinic in that amount of time, and, if the individual has not called to indicate that they are still interested in clinical services at UB, it will be assumed that the client has found services elsewhere, and they will be removed from the waiting list. This policy will be explicitly described to each individual on the list when being placed on the list.
6. Faculty and Staff placing individuals on the waiting list will make a check in the appropriate box on the waiting list, indicating that the above protocol was followed and that the individual was informed of the six month waiting list policy.
7. Names of individuals removed from the active therapy waiting list will be moved to the “off-list” portion of the waiting list excel file.
8. If an individual is taken off the waiting list to be seen for services at this clinic, their name will be placed on the “off-list” section of the excel file, with the supervisor name and date of service initiation noted.

The above procedure pertains to the general therapy waiting list. Other similar procedures are followed for the summer programs.

QUALITY ASSURANCE MONITORING

Speech-Language Pathology and Audiology

Policy:
The program shall have established quality assurance goals that are directed towards achieving the maximum communicative competence of individuals with communicative disorders and providing optimal learning opportunities for graduate students. The development, review, revision, and evaluation of program goals shall be the responsibility of administrative personnel, utilizing procedures for recommendations from the speech-language pathology and audiology staff and consumers

Procedure:
1. The Coordinators of Speech-Language Services and Audiology Services will schedule a CDS department annual meeting for the academic and clinic faculty at which time the clinic goals (both service delivery and clinical training) will be reviewed and revised as deemed appropriate.
2. Routine self-assessment procedures will be followed throughout the year during periodic clinic meetings.
   a. Routine review of student performance conducted in clinical meetings at the beginning, middle, and end of each semester to assure supervision needs are known and met.
   b. Peer review meetings in which supervisors provide case reviews and discuss continuation and discharge recommendations for each clients on case by case basis as deemed necessary.
   c. End of the semester reviews of supervisors completed by graduate clinicians.
   d. End of the semester reviews of clinical practicum experience completed by graduate clinicians.
   e. End of the semester student surveys pertaining to speech clinic labs and course reviews pertaining to audiology clinic labs.
   f. Periodic client satisfaction surveys distributed, collected, and reviewed.
   g. Random chart audits completed by office administrative staff.
   h. Documentation of clinician attendance to or participation in mandatory training for HIPAA compliance, infection control, office procedures, and clinic orientation.
CLINICAL RECORDS AND CONFIDENTIALITY

Clinical Records

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic regarding Clinical Records to maintain complete and accurate records for each client for whom services are rendered. Records are kept in a locked filing room that is accessible to appropriate personnel. Files are kept alphabetically for organized retrieval and storage.

Procedure:
1. Established client records are updated as needed at the time of the client's appointment. New client records are prepared the day of their appointment. All authorizations, physician orders, insurance card photocopies, and questionnaires are collected and filed in accordance with the table of contents.
2. The Business Practice Manager is responsible for monitoring the client records to ensure they are in compliance with the clinic’s policy and procedure.
3. Sign-out guides are available and are to be used for any client record being removed from the file cabinet.
4. A sign-out log is located in the main office and monitored by office personnel.
5. Client records are transferred to an inactive file when the client has not been seen for one year.
6. Records are purged in accordance with the retention policy (See Retention and Confidentiality of Case Records Policy and Procedure).

Client Confidentiality

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic that clients will be assured confidential treatment of their personal and clinical records and may approve or refuse the release of such records to any individual outside the Clinic except as required by law or third-party payment contract. Clients are informed prior to and upon initiation of services that records may be used for teaching or clinical training purposes with identifying information removed. Otherwise, records are available to and discussed with only those directly involved in the client’s care. Records will be stored in a locked cabinet in room 52.

The UB Speech-Language and Hearing Clinic will provide the client and/or family with respect and privacy in the following areas:

- Care provided in the treatment rooms of the Clinic
- All communications including conversations and telephone conferences
• All personal, financial, clinical, and educational records
• Client and family civil rights

Procedure:
1. A written release form must be signed by the client or parent/guardian before his/her clinical records can be released to any individual outside the clinic, except as required by law or third-party contract.
2. A professional service permit is signed upon initiation of services, informing clients of student involvement, professional/student observation of therapy, audio taping and videotaping needs, and the use of records, audio tapes, and videotapes for teaching purposes. Use of client information, audio tapes and videotapes and observation is only permitted with the clients signed consent on the professional service permit form. The client may choose to disallow any of the aforementioned privileges.
3. Clinical records of clients will be accessible to only those individuals participating in the care and treatment of the client, to the staff in the business office as appropriate, and to those authorized by a supervisor for clinical training or teaching purposes.
4. Clinical records may be utilized for teaching purposes within a classroom setting when all identifying information has been removed.
5. Client information discussed at any staff meeting or conference will be held in strict confidence. Clients will be identified by their initials in place of their name. Staff and students are to discuss clients in a private area and only with those who are involved with their direct service provision.
6. Any data collected relative to the client is kept in their confidential client file, protected from unauthorized individuals, secured in locked cabinets in the main office, room 52. The above procedure applies to all staff members including supervisors, support staff, graduate students, and volunteers.
7. No client files are allowed out of the clinic. All files should be reviewed in the main office, in a clinic faculty’s office, or in the student prep room, room 62.
8. Students will keep a working file on clients, containing daily plans and this file should be kept confidential in a secured area.
9. Students are not allowed to photocopy any records from the client file. Supervisors may copy information from a file to use for teaching purposes when all identifying information is removed.
10. Review and transcription of audio or DVR is to be done in a private room with no one other than a direct service provider in the room.
11. All report writing and printing must be completed in the clinic, there are no exceptions. All reports must be written on the HIPPA compliant server: cds-srv01.caset.buffalo.edu (Clinic Faculty or UB CIT can help with logging on)
12. No reports can be saved on personal or removable drives
13. As client confidentiality and respect are priorities of this Clinic, if a student violates confidentiality, they will be counseled accordingly and will not be afforded hours for the case.
14. Client information will be used for research purposes in strict adherence to University Institutional Review Board (IRB) practices.

*** Referr to HIPPA Privacy Manual for More Details***
Client Access to Clinical Records

Policy:
The policy of the UB Speech Language & Hearing Clinic is to release clinical records to the client, parent/legal guardian or legal representative as requested. Written authorization from the client or parent/legal guardian must be obtained.

Procedure:
1. Copies of the evaluation report will be sent to the client, parent/legal guardian and the referring physician as authorized by the signature on the Professional Services Permit.
2. A Release of Information form must be completed for any other professional to receive a copy of the written report or any verbal information pertaining to clinical findings and treatment.
3. The client has the right to request contents of the file at any time.

Retention and Confidentiality of Case Records

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic to ensure all client records are adequately retained and protected with respect to confidentiality, destruction, and loss.

Procedure:
1. Access to clinical records is limited to appropriate office staff, graduate clinicians working with the client, professionals providing direct services to the client, persons who are administratively or legally authorized to have access to clinical records, and those authorized by a supervisor to review a file for teaching or training purposes.
2. Clients are assured the confidential treatment of their personal and clinical records. Records may only be released to the client, parent/guardian/legal representatives, to the referring physician, or when under court order subpoena. Records may be released to third parties only upon signed authorization by the client, parent/guardian/legal representatives.
3. Clinical records are stored in a secure area in the main clinic office, room 52 with adequate protection against fire, theft, vandalism, water damage, and other hazards given the limitations of the current physical plant.
4. Clinical records are retained for a period of time in accordance with state and federal statutes. The clinic retains adult records for a period of ten years beyond the date they last visited the clinic (three years beyond state and federal recommendations). The clinic retains children’s records at least ten years from the last contact, making sure not to dispose of records until seven years beyond the age of majority (18 yrs. old) and purges records when the child reaches 25 years of age.
   a. The contact and correspondence sheet is carefully checked prior to purging records to confirm the last date of contact. A list is kept of purged records
   b. Records are destroyed using a paper shredder to assure confidentiality

*** Refer to the HIPPA Manual for More Information ***
Clinic Paperwork
Speech-Language Pathology

Policy:
It is the policy of the UB Speech-Language & Hearing Clinic to maintain appropriate paperwork related to client treatment and assessment to facilitate the highest level of service delivery and student training. All paperwork is to be completed in a timely manner in accordance with clinic policies and deadlines.

Treatment Paperwork
Procedure:
1. It is the responsibility of the clinic faculty to guide student clinicians to follow the appropriate procedures for paperwork.
2. Clinical faculty and student clinicians should note all communication and correspondence with the client or family in the contact sheet section of the client file, including confirmation of scheduling (date therapy is to begin, days scheduled, and times).
3. It is the responsibility of the clinic faculty to check that all necessary paperwork has been completed by the office staff related to release/obtain information, the contract for treatment, and insurance information.
4. It is the responsibility of the student clinician to complete daily logs that are reviewed and approved by the clinic faculty on a weekly basis.
5. It is the responsibility of the clinic faculty to note client attendance and student supervision on the client’s supervision log that will be placed in the client’s file at the end of each semester.
6. It is the responsibility of the student clinician to complete an encounter form for each treatment session.
7. It is the responsibility of the student clinician to complete a Plan of Care that is submitted to the assigned clinic faculty for review and approval.
8. It is the responsibility of the student clinician or clinic faculty to complete recommendations on the contact sheet in the client file related to continuation or discharge from treatment.

Diagnostic Paperwork
Procedure:
1. It is the responsibility of the office staff to check that all necessary paperwork has been completed prior to an appointment, including insurance information, release/obtain information forms, the professional service permit, and the physician referral.
2. It is the responsibility of the clinic faculty to note the diagnosis and recommendations in the client file on the contact sheet and complete the encounter form that should be signed by the client.
3. It is the responsibility of the student clinician to complete a diagnostic report that will be reviewed and approved by clinic faculty.
4. It is the responsibility of the clinic faculty to alert the office staff to place the client on the treatment waiting list when appropriate.

**Summary of Student Paperwork Responsibilities**

**Procedure:**
Students are responsible for specified reports (Evaluation and Plan of Care) and daily documentation of therapy (daily logs or SOAP notes) for each client. Each rotation within the clinic may require some variation in the type, format, and content of the documentation required. Clarification on the expected paperwork required will be discussed during the initial in-service with the assigned clinic faculty prior to the start of each clinical rotation.

**Clinic Paperwork**  
**Audiology**

**Policy:**
It is the policy of the UB Speech-Language & Hearing Clinic to maintain appropriate paperwork related to client treatment and assessment to facilitate the highest level of service delivery and student training. All paperwork is to be completed in a timely manner in accordance with clinic policies and deadlines.

**Treatment Paperwork**

**Procedure:**
1. It is the responsibility of the supervisor to guide student clinicians to follow the appropriate procedures for paperwork.
2. Clinic faculty and student clinicians should note all communication and correspondence with the client or family on the *contact sheet* in the client file.
3. It is the responsibility of the student clinician to complete contact notes, which include procedures, diagnosis and recommendations, for each session that are reviewed and approved by the clinic faculty.
4. It is the responsibility of the student clinician with supervision to complete an encounter form for each treatment session.
5. It is the responsibility of the student clinician to complete a diagnostic report that will be reviewed and approved by the clinic faculty.

**Personal Health Information (PHI) and Confidentiality**

**Policy:**
It is the policy of the UB Speech-Language & Hearing Clinic to train student clinicians in the management of personal health information and foster adherence to the Clinic policies and procedures regarding HIPAA compliance.
Procedure:
Students must be sure no identifying personal health information is on any client documentation if not in client chart. Students use working folders and contents in the folder should have no identifying information.

Definitions:
1. **Personal Health Information (PHI)**: Information related to a person’s health status, including speech-language and audiological information.
2. **Identifying Information**: Information that may identify a client including:
   a. Name, address, email addresses, all phone & fax numbers, all geographic subdivisions small than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available date from the Bureau of the Census.
   b. All elements of dates directly related to the individual such as: Date of Birth, date of admission/discharge, date of death, and all ages over 89 and elements of dates (including year) indicative of such age, except that such ages and elements may be aggregate into a single category of age 90 or older.
   c. Social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers and serial numbers.
   d. Web Universal Resource Locators (URLs), internet protocol (IP) address numbers, Electronic mail addresses
   e. Biometric Identifiers, including Finger and Voice Prints
   f. Full Face Photographic Images and any comparable images and any other unique identifying number, characteristic, or code.
3. **Limited Set Data**: All information as listed above Must Be Removed.
4. **Crossing out with pen or permanent marker does not constitute de-identifying a document**
5. **Retyping without identifying information is the only approved method of de-identifying a document**
6. **All student and faculty mailboxes are considered protected areas for health information as they are locked areas.**
Personal Health Information (PHI) and Confidentiality

Speech-Language Pathology and Audiology Reports

Diagnostic Evaluations: Test forms and Documentation of Evaluations
Procedure:
1. Test forms, when in working file, should only have the client's initials on them (in pencil).
2. Following the evaluation, all forms and notes taken for report writing purposes should only have the client's initials on them written in pencil.
3. Once the rough draft of the report is complete, identifying information should be placed on the original test forms and any other documentation only while in the clinic facility and handed in with the report in a sealed manila envelope to the assigned clinic faculty mailbox in the clinic.
4. Working folders should not leave the clinic if there is PHI in the contents of the folder.
5. No loose hardcopies of patient's audiograms, test findings, reports. All information should be in patient chart in secure location.

Client Working File: Daily Logs, Test Forms, and Documentation Used Daily
Procedure:
1. Each student will have a working file for their client containing pertinent de-identified background information and logs documenting weekly plans and progress.
2. The client daily logs and other documentation in the client's working file should only have the client's initials. Date of birth is considered PHI and should not be in working folder.
3. Identifying information such as the client's name, address, and phone number is not to be on daily logs or documentation taken out of the Clinic for planning.
4. The client's phone number may be kept only in the student mailbox in room 51 in a manila folder with the client's initials so that the student may contact the client in the event of a cancellation. No PHI should leave the clinic.
5. On a weekly basis the working files are to be handed into the supervisor, using the supervisor's mailbox in the main office and daily logs will be returned to students using the mailboxes in room 51.

Computer Based Report Writing
Procedure:
1. All students must log on to the HIPPA compliant server: cds-srv01.caset.buffalo.edu and select their assigned clinic faculty folder on clinic only computers, when writing any, and all reports (see your assigned clinic faculty if you are having trouble).
2. No client reports are to be saved on P-drive, personal computers, laptops, or portable media such as CD-Rs and personal travel drives. If done, this is a HIPPA violation.
3. Personal Health Information (PHI) and identifying information should be added to client reports only upon permission from assigned Clinic Faculty.
   a. Rough copies of reports should not contain identifying information, as the rough copies may have to be transported from the place of printing to the Clinic.
b. There is to be no printing of any reports outside of the clinic even if de-
didentified. Reports can only be printed using printers in the Clinic.
c. There is to be no printing of reports with identifying information on any
shared printer out of the Clinic.
d. Reports with identifying information must be printed in the clinic facility and
immediately taken by the writer of the report and put in a secured manila folder.
e. Revisions of reports may be made by clinic faculty and the report returned to the
student’s mailbox in room 51 for the student to make necessary corrections. If
there is identifying information on that report, it is not allowed out of the
clinic facility.
f. In some cases, clinic faculty may make revisions directly on the secured server
and print out final drafts for the client file.
g. All hardcopy drafts must be shredded after informed that they are no longer
required.
h. All hardcopy reports when transferring back and forth between the student and
clinical faculty must be in secure manila folder and put the appropriate clinic
mailbox.

4. The HIPPA compliant server: cds-srv01.caset.buffalo.edu:
   a. All reports are to be written and stored on the HIPPA compliant and
      protected server. There are NO EXCEPTIONS.
b. Reports cannot be written or saved to personal or clinic hard drives, P-drives,
      and/or jump drives.
c. Access to the HIPPA compliant server will be monitored by Coordinators of
   Speech-Language and Audiology Clinic Services, clinic faculty, and designated
   OMC staff.
d. Failure to comply will result in a HIPPA violation.

5. Final Drafts:
   a. Final drafts should have the appropriate identifying and personal health
      information as directed by your assigned clinic faculty.
   b. Once this information is added, reports are to be placed in a secure manila
      folder and immediately handed in to the supervisor in person or in the
      supervisor's mailbox in the main office.
   c. Final drafts of reports can ONLY be printed from the printer in the Clinic
      computer room, main clinic printer and/or by your assigned clinic faculty.

*Instructional Use of Reports*

Procedure:
1. If the student would like to use the report as an example report for their own
   learning purposes, they must check in the client’s file to make sure that the client or
guardian has signed the Authorization form allowing for their report to be used for
educational purposes. Then the student must remove all identifying information from
the report. The report should only be viewed by the student writing the report. SEE
HIPAA DE-Identification procedure.
2. When clinic faculty edit a report, they may choose to remove identifying information from reports to hand them back to students for instructional purposes when the client has signed the professional service permit.

**Filing Clinic Documentation**

Procedure:
1. The client report, test forms, and appropriate documentation will be placed in a secured area in the main office for filing in the client’s chart. Documents to be filed should contain all identifying information.
2. All documentation that does not need to be filed in client’s chart MUST be shredded.

**Shredding**

All extra copies of test forms, reports, daily logs, SOAP notes, and rough drafts **Must Be Shredded.** All documentation that is not filed will be shredded.

**Changes in Client Reports**

**Policy:**

It is the policy of the UB Speech-Language & Hearing Clinic to maintain complete and accurate clinical records for each client for whom services are rendered. When an error is discovered in a clinical record, clinic faculty and staff will correct the error and send corrected copies of the document to all applicable parties.

**Procedure:**
1. When an error has been identified in a report that has already been sent out, the supervisor responsible for the report will correct the error and write a letter to the applicable parties (client, doctor, etc.) regarding the error and the change. The letter should request that the incorrect copy be discarded.
2. The corrected report and letter will be sent to all applicable parties (those who received the report with the error).
3. The copy with errors should remain in the client file with a clear marking at the top of the report indicating that it contains an error and should not be sent (Error copy, Do not send, Revised copy sent on ...).
4. The revised copy should be filed on top of the erred copy.

**Students Observing Evaluations or Therapy for Educational Purposes**

**Policy:**

It is the policy of the UB Speech-Language and Hearing Clinic to allow the students to observe evaluations or therapy. Written authorization from the client or parent/legal guardian must be obtained.
Procedure:
1. No client is to be observed without the written authorization from the client parent/legal guardian or the clinic faculty supervisor.
2. The student observing must respect the confidentiality of the client and follow the confidentiality policy and procedure.
3. Any client who is a student of the University at Buffalo cannot be observed.
4. The student must sign the confidentiality agreement; otherwise, access to observing will be denied.
5. All student confidentiality agreements will be kept on file in the clinic office.
6. All students observing must report to the clinic office and sign in. If a confidentiality agreement is not on file the student will not be able to observe.

Use of Client Medical Records and Recordings for Research and Teaching

Policy:
It is the policy of the UB Speech-Language and Hearing Clinic to participate and allow use of clinic medical records for data collection for research purposes. The following are procedures that must be followed for obtain access to clinic files for research purposes.

Procedure:
1. Use of client records or data for research purposes will be done so with strict adherence to the Institutional Review Board (IRB) policies and procedures.
2. The principle investigator must submit a copy of the completed and approved proposal by the Human Subjects Review Committee (IRB) to the Business Practice Manager with a letter from the principle investigator requesting access to the medical records.
3. Approval will be given by the Coordinator of Speech-Language and/or Audiology Services. Access and use to the files will be with the supervision of office personnel. No medical record will leave Room 52. The client confidentiality Policy and Procedure must be followed.
4. Access to the medical record file room will be scheduled with office personnel.
5. No medical record can be used for data collection or research purposes without the authorization of the client. Only files with a signed authorization can be used.
6. Clients are given the option to allow the Clinic to audio and video record sessions and the additional option of allowing the Clinic Faculty to utilize such recordings for educational purposes. Clinic Faculty are only allowed to use audio or video recording in lectures or presentations and responsible to inform the students/audience of the confidentiality procedures related to such content.
7. No students are ever to use video or audio recordings in the classroom setting or outside of the clinic.