Illinois State University

Communication Sciences Disorders

Academic and Clinical Education Manual

August 2021

INTRODUCTION TO THE MANUAL

This manual provides a general outline of policies, procedures, expectations, and guidelines for the Department of Communication Sciences and Disorders at Illinois State University. All information is subject to modification during your program. In the event of changes, you will be notified. If you have any questions or concerns about the information pertaining to the academic courses and policies, please see the Department Chairperson or the Director of Advisement. If you have any questions or concerns about the clinical education information presented in this manual, please see the Clinic Director or the relevant Director of Clinical Education.

Table of Contents

Introduction to the Manual

CHAPTER ONE: DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

Introduction to the ISU CSD Department

Mission Statement

Vision Statement

CSD Department Values

CSD Administration and Organizational Structure

Opportunities for Student Input

Student Advisory Board

Student Complaints and Concerns

Procedures for Complaints Against the Graduate Education Programs

CSD Classroom Policies

Attendance

Absences Due to Illness or Bereavement

Missed Exams, Late Papers and Projects

Academic Integrity

Incompletes

Final Exams

Student Evaluations of Instructors

Professional Practice Competencies

Privacy/Confidentiality

Student Access and Accommodation Services

Mental Health

Campus Safety and Security

Graduate Degree Completion Options for SLP students

Comprehensive Examination

Independent Study
Master's Thesis
Capstone Requirements for AUD students
Audiology Comprehensive Exam

CHAPTER TWO: CSD CLINICAL EDUCATION AT ISU
Introduction to the ISU Speech and Hearing Clinic
On-Campus Facilities
Clinic Materials Center
Clinical Administrators and Educators
Clinical Administrators
On-Campus Clinical Educators
Introduction to Clinical Education at ISU
Graduate Plans of Study with Clinical Courses
Progression of Clinical Education in CSD
Calipso
MS in SLP Progression of Clinical Courses Across the Program
AuD Progression of Clinical Courses Across the Program
ASHA Standards
ASHA Standards in SLP
ASHA Standards in AUD
Knowledge and Skills Acquisition (KASA)
Department Policy Statement
Clinical Course Policy
KASA Procedures
Academic Course Overview
Clinical Course Overview

Remediation

Professional Practice Competencies

Professional Practice Competencies Policy

Probation Policies

Clinical Course Grades

Clinical Probation

Involuntary Withdrawal from Clinical Courses

Departmental Academic Probation

Combined Clinical and Departmental Academic Probation

Immediate Dismissal from Program without Possibility of Probation

CHAPTER THREE: REQUISITES FOR CLINICAL EDUCATION

Pre-Requisites

Privacy and Confidentiality Training

Clinical Observation Hours

Immunization and Healthcare Requirements

Cardio-Pulmonary Resuscitation CPR/AED Certification

Mandated Child Abuse Reporting

Criminal Background Check

Process for Documenting CBC Compliance

Concurrent Requisites

Policy for Proficiency in English

Professional Liability

Materials Fee Charges

SimuCase /AuDSim

Communication Competency

Clinical Agreements and Permissions

University Personnel Crime Reporting/Incident Training

Bloodborne Pathogens Exposure Control Plan

Departmental Emergency Response Plan (ERP)

Hazardous Materials

Speech and Hearing Clinic Environmental Health Plan

Hand Hygiene

Personal Protective Equipment

Cleaning and Disinfectant

Biohazardous Waste

Sterilization

Material Safety Data Sheets (MSDS online)

CHAPTER FOUR: CLINICAL GUIDELINES AND EXPECTATIONS OF GRADUATE STUDENT CLINICIANS

Clinical Education Components

Clinic Meeting with DCE

Weekly Conferences with Clinical Educators

Simucase

Clinical Documentation

Grand Rounds/Group Learning Meetings

Reflective Practice Journal

Self-Care

Practice Portal/Evidence Maps

Dress Code and Appearance in the Clinic

Required Identification

Graduate Student Request for Absence from Scheduled Responsibilities

Professionalism and Social Media

Evaluations of Student Clinical Performance

Evaluation of Clinical Educators

CHAPTER FIVE: GUIDELINES AND EXPECTATIONS OF CLINICAL EDUCATORS

Requirements and Trainings for Clinical Educators

ASHA Certification/Illinois Professional License

Privacy and Confidentiality Training

Cardio-Pulmonary Resuscitation CPR/AED Certification

Mandated Child Abuse Reporting

Other Trainings/Protocols

Professional Liability

CAQH ProView

Clinical Education Program Components

Weekly Conferences with Assigned Student Clinicians

Clinical Documentation

Coding of Clinical Experiences

Reflective Practice Journal

Self-Care

Practice Portal/Evidence Maps

Self-Assessment of Supervision

Monthly Team Meeting

Continuing Education

Clinical Educator Competencies

Clinical Educator Evaluation

Appendices

Appendix A: Clinic Materials Center

Appendix B: AuD Plan of Study with all credit hour requirements

Appendix C: MS in SLP Plan of Study with all credit hour requirements

Appendix D: ASHA Code of Ethics

Appendix E: AAA Code of Ethics

Appendix F: Professional Practice Competencies Report

Appendix G Privacy/Confidentiality Policies, Procedures, and Forms

Appendix H: Automated External Defibrillator (AED) Action Plan

Appendix I: Assessment of Legal and Ethical Conduct Form

Appendix J: Clinical Practicum Agreement for Audiology Students

Appendix K: Clinical Practicum Agreement for Speech-Language Pathology Students

Appendix L: Student Recording Permission Form

Appendix M: CSD Emergency Response Plan (ERP)

Appendix N: SLP Simucase

Appendix O: Graduate Student Request for Absence from Scheduled Responsibilities Form

CHAPTER ONE: DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS (CSD)

INTRODUCTION TO THE ISU CSD DEPARTMENT

The overall mission of the Department of Communication Sciences and Disorders is to provide a collaborative community of scholars and practitioners with varied and complementary expertise whose goal is to prepare students to be effective and ethical professionals. To that end, Communication Sciences Disorders offers two-degree programs accredited by the Council on Academic Accreditation (CAA). Graduate students may earn a Master of Science in Speech-Language Pathology (SLP) or a Clinical Doctorate in Audiology (AuD). In addition, undergraduates may earn a Bachelor of Science in Communication Sciences and Disorders.

Communication Sciences Disorders is both an academic department and a professional preparatory program with a dual focus on academic and clinical education. Graduates of CSD graduate level degree programs are qualified for professional positions in private and public clinical settings and in academic settings.

Mission statement
The Department of Communication Sciences and Disorders is a collaborative community of scholars and practitioners with varied and complementary expertise whose goal is to prepare students to be effective and ethical professionals.

Vision statement
Our goal is to reflect the changing demographic of the country and prepare to serve the communication needs of the nation.

We value:
- Collaboration and community
- Dynamic and innovative learning
- Diversity, inclusion, and equity
- Individualized attention
- Scholarship and its dissemination
- Service and community engagement
- Academic and professional integrity
- Interprofessional education

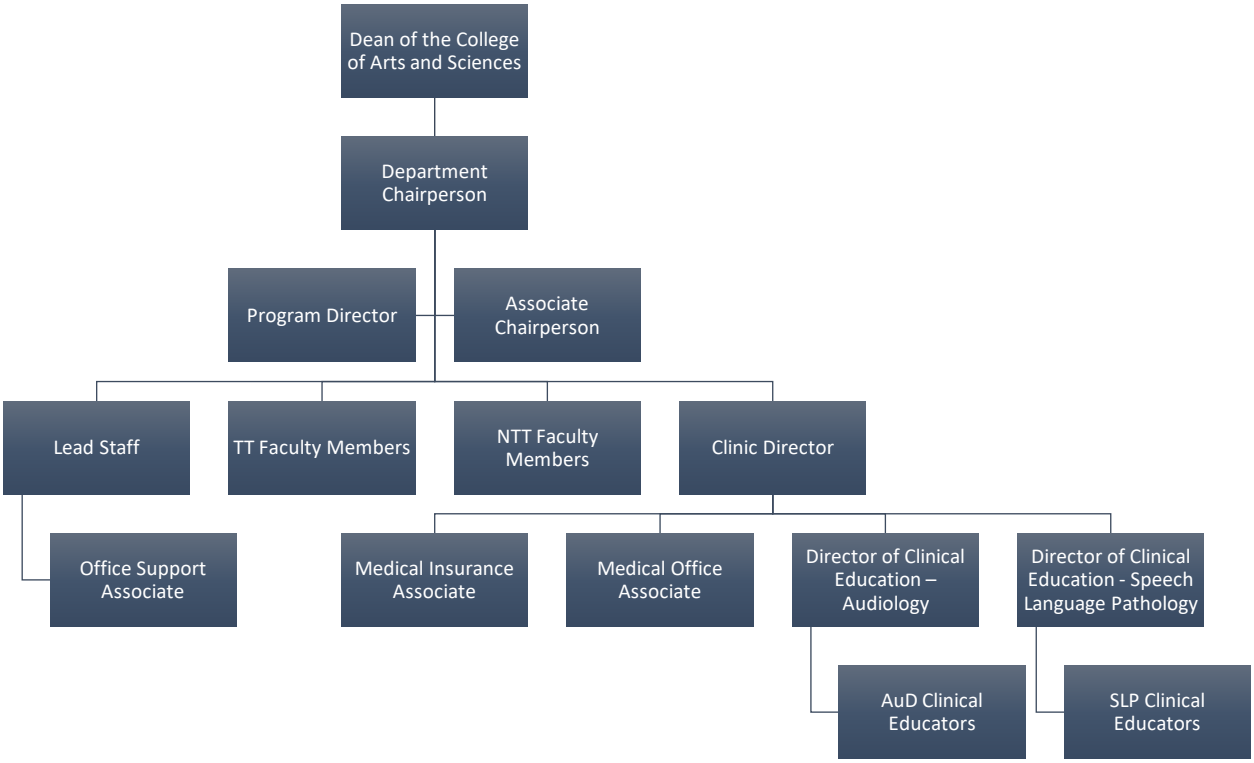
Strategic Goals:
1. Recruit and retain academically talented, diverse, and highly motivated students.
2. Promote learning by creating a robust curriculum that challenges and inspires our students.
3. Develop a diverse, inclusive, and equitable academic community.
4. Provide evidence-based speech, language, and hearing services.
5. Create and sustain opportunities for interprofessional experiences.

6. Develop and expand our academic and clinical spaces.
7. Maintain and grow the use of innovative technology in teaching, research, and clinic settings.
8. Cultivate community and alumni relationships.

CSD ADMINISTRATION AND ORGANIZATIONAL STRUCTURE

The Department of Communication Sciences and Disorders (CSD) is housed within the College of Arts and Sciences. The department offers a Bachelor of Science degree in CSD, a master's degree in speech-language pathology (SLP), and a Doctor of Audiology (AuD) degree. The Chairperson serves as the chief administrative officer of the department and is responsible to the Dean of the College of Arts and Sciences. The department is governed by its own ASPT documents and policies as well as those of the College of Arts and Sciences and the University. See Table 1 for the organizational chart of the CSD Department.

Figure 1: CSD Department Organizational Chart



Department Administration

Jean Sawyer, PhD, SLP Interim Chairperson	309.438.8643	jsawyer@ilstu.edu
Heidi Verticchio, MS, SLP Program Director	309.438.3266	hrfritz@ilstu.edu
Jennine Harvey, PhD, SLP Associate Chairperson	309.438.4408	jmharv2@ilstu.edu

OPPORTUNITIES FOR STUDENT INPUT

Student Advisory Board

The primary purposes of the CSD Student Advisory Board (SAB) shall be:

- To serve as a liaison between students and department faculty members/supervisors
- To facilitate appropriate communication between all CSD student RSO's.

The Board will furthermore assist with the establishment of department policies relating to these purposes.

Student Complaints and Concerns

Students are encouraged to reach out to individual faculty or clinical educators for resolutions to complaints and concerns. If there is not a satisfactory resolution and/or there are still unresolved complaints or concerns, undergraduate students should contact the Department Chairperson and graduate students should contact the Program Director to discuss the process for submitting a Student Concern Form. The Program Director reports to the Department Chairperson, who reports to the Dean of College of Arts and Sciences, who reports to the Provost.

If Department-level resolution is not satisfactory, students may avail themselves of the Conflict Resolution: Student Grievance procedures offered through the Dean of Students: https://deanofstudents.illinoisstate.edu/conflict/resolution/.

Procedures for Complaints Against Graduate Education Programs

A complaint about an accredited graduate program may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public to the CAA.

Complaints about programs must meet the following criteria:

1. Be against an accredited graduate education program or program in candidacy status in audiology and/or speech language pathology

   Relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech Language Pathology in effect at the time that the conduct for the complaint occurred, including the relationship of the complaint to the accreditation standards

2. Be clearly described, including the specific nature of the charge and data to support the charge.

3. Be within the following timelines:

   if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint;

   if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred;

   if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

   *Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded.

Specific procedures for filing a Graduate Education Program Complaint can be found on the Council on Academic Accreditation website.

CSD CLASSROOM POLICIES

Attendance
Students are expected to attend class regularly, whether or not attendance is taken. Classes will begin and terminate at the scheduled time, with students remaining for the entire class unless permission has been obtained before class from the course instructor. Students will be considered absent if they are not present when class begins. Students are responsible for all lecture/discussion material and assignments as outlined in the syllabus and/or presented orally during class whether the student was in attendance or not. Arrangements should be made in advance if a student is participating in a Sanctioned University Activity or to fulfill a religious obligation. If attendance is taken and a student is absent for the equivalent for three weeks of class without explaining his or her absence to the satisfaction of the course instructor, the instructor will assume the student has unofficially dropped the class and will award a final grade of F.

Absences Due to Illness or Bereavement
If you have to miss class due to an extended illness (3 or more consecutive class days) the Dean of Students Office can help. It's located in Room 387, Student Services Building.

Missed Exams, Late Papers and Projects
Missed exams and late assignments are given a grade of F or receive no credit unless the student contacts the instructor before the exam or due date of the assignment AND presents an acceptable reason for missing the exam or failing to submit the assignment on time. An instructor may elect to give partial credit for a late assignment if documentation of an acceptable reason is provided. A makeup exam may be administered by the instructor if the student provides documentation of an acceptable reason for missing a scheduled exam. The instructor will determine the time and place as well as the nature of the substitute exam. The Department expects students to demonstrate writing skill commensurate with their level of education or, if this is not the case, to take advantage of University services to address writing deficiencies. All assignments turned in will be graded as final products unless the instructor specifies that drafts are acceptable.

Academic Integrity
Students are expected to be honest in all academic work, consistent with the academic integrity policy as outlined in the Code of Student Conduct. All work is to be appropriately cited when it is borrowed, directly or indirectly, from another source. Unauthorized and unacknowledged collaboration on any work, or the presentation of someone else's work, is plagiarism. In certain circumstances, instructors may be required to refer violations to the Office of Student Conduct and Conflict Resolution.

The academic integrity policies above apply to ALL course materials. Any materials shared within the course are only for the use of students enrolled in the course. These materials are the intellectual property of the instructor and Illinois State University. Any sharing of these

materials outside of the course participants without the appropriate legal and copyright permissions is strictly prohibited.
Specifically, selling, buying, or distributing course materials is a direct violation of academic dishonesty and plagiarism policies.

These policies include, but are not limited to, participation on study aid websites such as Quizlet, StudyBlue, GradeBuddy, and NoteUtopia. The Communication Sciences and Disorders department is monitoring and working with study aid websites to ensure that there is no misuse of course materials. It is STRONGLY RECOMMENDED that students do not utilize any websites in which course materials are posted.

Any student found in violation of these policies is subject to disciplinary and legal action. Students should be aware that posting copyrighted material online without the instructor's explicit written permission may be a violation of the Digital Millennium Copyright Act, a federal law imposing severe penalties for copyright infringement.

Additionally, both ISU and CSD policy prohibit "engaging in any electronic exploitation of another person, including eavesdropping on, surveillance of, and/or the recording and/or broadcasting non-public actions, in any forum." No recordings of course materials, including lectures, can be collected or distributed without the direct consent of the course instructor.

Incompletes
An incomplete (I) will be assigned to a student who is doing passing work but finds it impossible, because of reasons beyond her or his control (such as illness), to complete the required work by the end of the term. The student must have attended class to within three weeks of the close of the semester or to within one week of the close of the summer session. The instructor may specify the time by which the required work must be completed, which may be no later than the final class day of the corresponding term of the following academic year. For graduating students, an incomplete grade must be removed at least six weeks before December or May commencement or two weeks before August graduation. Students will not be allowed to graduate with an incomplete on their record.

Final Exams
The final exam schedule as determined by the University. Policies regarding final exams are found on the Registrar's website. If a student believes his or her final grade is in error, the course instructor should be contacted immediately.

Student Evaluations of Instructors
At the end of each semester, course/instructor evaluations are distributed to elicit student comments. Students are asked to provide an honest and realistic assessment of the instructors teaching performance. Students may also discuss their concerns with the Department Chairperson at any time during the semester. Generally, the Chairperson will attempt to mediate between students and faculty and can usually protect a student's identity should this be desired.

Professional Practice Competencies

In the classroom and elsewhere, you are expected to conduct yourself in a manner consistent with Illinois State University's Code of Student Conduct. Additionally, CSD is dedicated to training professionals who possess the intelligence, integrity, compassion, communication and personal qualities necessary to practice ethically and effectively. Professional practice competencies have been developed to ensure and document students' acquisition of these competencies. All students are expected to be familiar with the professional practice competencies found in Chapter 2 of this manual.

Privacy/Confidentiality

Because patient privacy is a high priority in CSD, unauthorized release of patient health information (PHI) is taken seriously. Students who may recognize an individual patient's image or voice and who share that information with anyone other than the instructor will be referred to the Sanction Recommendation Committee for further action, as outlined in the CSD's Violation of Privacy/Confidentiality Policies.

Student Access and Accommodation Services

Any student needing to arrange a reasonable accommodation for a documented disability and/or medical/mental health condition should contact Student Access and Accommodation Services at 350 Fell Hall, (309) 438-5853, or visit the StudentAccess.IllinoisState.edu.

Mental Health

Life at college can get complicated. If you're feeling stressed, overwhelmed, lost, anxious, depressed or are struggling with personal issues, do not hesitate to call or visit Student Counseling Services (SCS). These services are free and completely confidential. SCS is located at 320 Student Services Building, 309-438-3655.

Campus Safety and Security

Illinois State University is committed to maintaining a safe environment for the University community. Please take a few moments to (1) make sure you are signed up for emergency alerts and (2) to note the information posted in each classroom about emergency shelters and evacuation assembly areas (both are indicated on stickers inside every classroom). Additional safety information is available on the Campus Safety and Security website.

GRADUATE DEGREE COMPLETION OPTIONS FOR SLP STUDENTS

All graduate students must select one of the three graduate degree options as part of the Master's Degree requirements. Options include comprehensive examinations, independent study, or Master's Thesis. Students must decide on which option to pursue by the beginning of finals week of their first spring semester. Students are required to inform the Director of Advisement of their selected option.

Comprehensive Examination

Students will be given their first opportunity to pass the comprehensive examination during finals week of the second fall term. A 70% pass rate is needed to pass the comprehensive exams. A student who fails the examination must wait until the next academic term before repeating the entire examination unless there are reasons that make an exception advisable. The second offering of these exams will be in mid to late March (during the first external placement). Exceptions must be requested from the Graduate School in writing by the student and advisor/chair/director. Students who have twice failed the examination are not to repeat the exam unless they have completed further study as prescribed by the department chair/school director. After the first and second failure of comprehensive examination, the student can petition the department/school to repeat the comprehensive examination. The third offering will be conducted in late May/early June (during the second external placement). Comprehensive examinations will not be administered more than three times to individual students. At the point of the third failure of comprehensive examination, the department/school will recommend to the Graduate School that the student be dismissed from the degree program.

Independent Study

Independent studies consist of a 2-hour registration of CSD 400, typically in the Fall of the second year of the graduate program. Students must be registered in the semester that the student elects to complete the project with the independent study mentor. Graduate students who select the independent study option must adhere to the following guidelines in order to complete the Independent Study portion of the graduate requirements:

The Timeline:

- Students must generate their own independent study project.
- Students must select their graduation degree option (i.e., thesis, comprehensive exams, independent study by the beginning of finals week of their first Spring semester. Students will communicate their choice by completing the online Graduation Degree Option selection form.
- Students must complete the online Graduate Degree Option selection form. The direct link to form is: **https://forms.illinoisstate.edu/forms/graduate_degree_option_selection.**
- Prior to submitting the above online form, the student must have selected an independent study mentor, topic, and project type. The mentor ***must*** be a member of the graduate faculty of the CSD department. Additional support may include other professionals as appropriate for consultation, collaboration, and/or implementation.
- The student, in agreement with the faculty mentor, should determine a timeline to meet requirements and communicate consistently for feedback. This will include the semester in which the independent study will be undertaken and completed. The independent study cannot be considered complete and a grade will not be assigned unless the student is registered.
- The student must register for CSD 400 and complete their independent study in the elected semester. If a student decides they can no longer complete the independent study option once enrollment has been completed, the student must drop the course before midterm in order to receive a WX.
- After midterm, standard University grading policies will be followed.
- The project to be graded will be submitted to the faculty mentor no later than three weeks before the first day of the final exam week of the elected term.
- The student and the faculty mentor will decide how the project will be disseminated.
- Once the project has been reviewed and graded by the faculty mentor, the project will be returned to the student no later than two weeks before the end of the semester (for needed revisions prior to dissemination).

The Independent Study Project will be considered complete when all required revisions are made and approved by the faculty mentor.

REQUIREMENTS FOR ALL INDEPENDENT STUDIES

1. Summary of relevant literature needs to be evidenced within the project
2. Regularly scheduled meetings with the mentor
3. Written projects will be no more than 25 pages long

4. Needs to be disseminated (see suggestions below). Type of dissemination will be determined by the student and mentor.

Types of projects:

IN-SERVICE PRESENTATION

The written document must include a justification for the in-service and it must include measurable learner outcomes and presentation notes. The student must develop the materials that would be used during an in-service that may include audio-visuals, handouts, and descriptions of interactive learning experiences. The in-service must be an original presentation.

MATERIALS

Materials must be innovative and must be created by the student. A collection of previously developed materials is not acceptable. This project must include a rationale for the project, a detailed description of the materials developed, detailed instructions for how these materials should be used, and a discussion of the potential benefits that might be derived from use of the materials.

MEDIA PROJECT

The project must be original work and include a detailed rationale for its use. A description of the intended audience and a discussion of the potential benefits that might be derived must be included.

RESOURCE MANUAL

The project must include a rationale, description of the intended audience, an explanation of how the manual should be used, and a discussion of the potential benefits that might be derived from use of the manual.

SERVICE LEARNING/CIVIC ENGAGEMENT

The student might explore a project that addresses a specified need in the community. Using this identified need from a community agency, the student, under the direction of the faculty mentor and the community agency, will craft a project that meets this need. Communication with the community agency will be included in the process.

TOPIC EXPLORATION

To further their knowledge base, the student might be interested in pursuing a self-study, under the direction of/in conjunction with their faculty mentor, on a specific topic of

interest. The nature of this experience (responsibility, accountability, process, product) will be determined after a discussion between the student and mentor. This self-study will be a semester-long endeavor with regular meetings (at a minimum two times per month) between the student and mentor.

OTHER

The student might envision a project that does not fit into the categories identified in this document. If the student completes such a project, it must meet the minimal standards for all projects (see above).

Potential dissemination

Dissemination of new learning is a responsibility within our discipline. Options for dissemination may include, but are not limited to:

- Consumer presentation
- Professional presentation
- Academic classroom
- Peer seminar
- Poster display
- Conference presentation
- ISUReD (Research and eData) online repository
    - To submit to ISUReD, the student should email a copy of the final document, a signed cover page, and a signed copy of the ISUReD submission agreement form ((https://ir.library.illinoisstate.edu/) to ISUReD@ilstu.edu. In the email, the student should indicate this is a graduate independent study.

Master's Thesis

Students who chose to complete a Master's Thesis are encouraged to begin the process as early as possible in their educational program. Students are directed to follow the specific guidelines provided by the Graduate School on the Thesis process:
https://grad.illinoisstate.edu/academics/thesis-dissertation/

CAPSTONE REQUIREMENTS FOR AUD STUDENTS

Capstone Project

Every Doctor of Audiology (Au.D.) student will be required to complete a Capstone Project. There are two Capstone options that students can pursue: Capstone Research Program (CRP) or Clinical Case Series (CCS). Both Capstone options are completed during a minimum 12-month period that results in a culminating Capstone document.

Capstone Advisership

Students should meet with Au.D./Ph.D. faculty members to discuss potential CRP and CCS options and mentorship prior to deciding on a capstone project. Mentorship on all projects must be agreed upon by both parties. This agreement will be documented through the Au.D. Capstone Requirement form.

Capstone Timeline

Students are expected to complete the Au.D. Capstone Requirement Form (**https://forms.illinoisstate.edu/forms/aud_capstone_requirement**) by September 1st of the 2nd year. To complete this form, students must select their capstone type – CRP or CCS – and identify their confirmed advisor. Students who do not complete this form by the deadline will automatically be defaulted into the CCS option. Timelines for students who pursue the CRP option will be determined by the advisor and advisee. Students who pursue the CCS option are expected to submit their first case report to their advisor by March 14th of their second year and their second case report by March 14th of their third year. All students are expected to complete all capstone requirements prior to beginning their 4th year externship. For all capstones, the documents must be in their written final form and approved by the end of the student's third year.

Capstone Course Registration

Students will register for two credit hours in each of the following terms: second spring term, the third fall term, and third spring term.

Capstone Research Program (CRP) Requirements

There are three CRP options which students can pursue: Research Project, Literature Review, Clinical Service. CRP type and topic must be confirmed by the advisor prior to starting the project. Advisors will guide students though their program and resulting Capstone. All CRP options are designed to be completed within 24 months.

Students are encouraged to conduct their own independent research; however, no human or patient research may be initiated without approval of the ISU Institutional Review Board and authorization of an Au.D./Ph.D. faculty member.

All CRPs should have a minimum length of 20 pages including title page, table of contents, and references. The body of the text should be approximately 15 pages, not including any figures or

tables. The length of the final document may vary depending on the topic selected. Guidelines regarding the various Capstone types are listed below. Although every Capstone must include the elements listed, the final document format is determined by the advisor.

- **Research Project Capstone**
  - The finished Research Project Capstone should include the following components as part of the formatting guidelines:
    - Title Page
    - Abstract (200 words)
    - Introduction
    - Literature Review (10 pages, minimum)
    - Research Questions & Hypotheses
    - Methods (Methodology)
    - Results
    - Discussion
    - Conclusion (including addressing limitations and future directions)
    - References (minimum 15)
    - Figures/Tables (at least one of each)

- **Literature Review Capstone**
  - The finished Literature Review Capstone should include the following components as part of the formatting guidelines:
    - Title Page
    - Abstract (200 words)
    - Introduction
    - Literature Review (20 pages, minimum)
    - Methods (including search terms, number of articles found, chronology of articles, etc.)
    - Discussion
    - Conclusion
    - References (minimum 30)
    - Figures/Tables (at least one of each)

- **Clinical Service Capstone**
  - The finished Clinical Service Capstone should include the following components as part of the formatting guidelines:
    - Title Page
    - Abstract (200 words)
    - Introduction
    - Literature Review (10 pages, minimum)
    - Research Questions & Hypotheses
    - Methods (Methodology)
    - Results
    - Discussion

        - Conclusion (including addressing limitations and future directions)
        - References (minimum 15)
        - Figures/Tables (at least one of each)

Clinical Case Series (CCS) Requirements
Students who elect to complete a CCS project will create a case series based on 2 cases of individuals they have seen clinically. These cases are not required to be related. All CCSs should have a minimum length of 15 pages. All documents should be double spaced, use 12-point Times New Roman font, and have 1-inch margins. Advisors will guide students through the CCS Capstone and provide feedback on their document.

- **Clinical Case Series Capstone**
    - The finished Clinical Case Series Capstone should include the following components as part of the formatting guidelines:
        - Title Page
        - Table of Contents
        - Case 1
            - Abstract
            - Introduction
            - Case Presentation
            - Discussion
            - Conclusion
        - Case 2
            - Abstract
            - Introduction
            - Case Presentation
            - Discussion
            - Conclusion
        - References
        - Tables/Figures/Images (2 for each case)

Capstone Manuscript Requirements
Formatting Guidelines

All Capstones will require a written component. Research projects involving data collection may be either clinical, empirical, or retrospective (e.g., chart review). Each project will involve formulating a specific research question or questions, developing specific methodology to answer the research question(s), and collecting new data or retrieving existing data for analysis.

Development of competent writing styles is one of the goals of the Capstone Project. The appropriate writing style and format for the Capstone is an APA format. More information on

formatting may be found in online resources maintained by Milner Library: https://guides.library.illinoisstate.edu/apa/usingapa.

All Capstones must be submitted in .pdf form to the ISU ReD (Research and eData) online repository (https://ir.library.illinoisstate.edu/submit_research.html). All submissions should be submitted under the AUD Capstone Projects – Communication Sciences and Disorders.

AUDIOLOGY COMPREHENSIVE EXAM

The Audiology Comprehensive Examination (ACE) is an annual developmental assessment of the materials covered in didactic and practical training for courses each year. The test must be taken by all students at the announced time each year. For Year-1 and Year-2 students, the ACE will be administered in August after summer break during the first week of the Fall semester. For Year-3 students, the ACE will be administered before the last week of the Spring semester, in April. The test time will normally be in the morning. The test location will be a computer laboratory on campus. Exam ground rules include noise, speaking, or distraction, and students may not leave during the test session.

Students are highly encouraged to prepare by studying all-inclusive academic and clinical training materials up to the scheduled ACE test date. Student status for the ACE will be announced within 3 days of the exam date. For students who do not pass the ACE, a Remediation Panel will be scheduled within two weeks of the exam, and the student will be assigned an instructor from the ACE panel who will lead the remediation session. The Remediation Panel will include a combination of oral and written testing, emphasizing ACE test topic areas the reflect lowest performance. Students are permitted a maximum of two (2) Remediation Panels. If the first Remediation Panel is failed, the student will be assigned to a second panel that includes assignment to write a topic paper.

All student ACE documents will be secured locally at the CSD Administrative Front Office.

CHAPTER TWO: CSD CLINICAL EDUCATION AT ISU

INTRODUCTION TO THE ISU SPEECH AND HEARING CLINIC

The Eckelmann-Taylor Speech and Hearing Clinic is the division of the Department of Communication Sciences and Disorders (CSD) at Illinois State University (ISU) that provides clinical education for CSD degree candidates. Clinical education is a required component of accredited graduate programs in CSD.

The Clinic first opened in the mid-1930's to provide clinical experiences for students majoring in speech-language pathology. In 1952, the Clinic named a director and expanded to offer clinical experiences in audiology. As student demand for degree programs in speech-language pathology and audiology has increased, the ISU CSD programs have grown in size. Information on the graduation rates, results of the Praxis Examination and employment rates of graduates is available on the CSD website: https://csd.illinoisstate.edu/about/ccaRequirement/

In addition to providing clinical education for students, the Clinic also provides hearing healthcare and speech and language services to residents of Bloomington/Normal and the surrounding communities. As a designated non-profit, the fees associated with services and products sold support the operation of the Clinic. Services are paid for through public and private insurance policies and private pay.

Clinical speech-language pathology and audiology services are available for patients across the lifespan. All Clinical services in the Clinic are provided by graduate students under the direct supervision of speech-language pathologists and audiologists certified by ASHA and licensed by the State of Illinois. Clinical educators hold appointments as Administrative/Professionals (AP) at Illinois State University.

Evaluation and treatment services to address the wide range of speech and language deficits across the lifespan are offered in the Clinic. The Clinic provides the full array of prevention, consultation, screening, assessment, and treatment services for speech-language. These services focus on a variety of specialty areas.

Speech-Language Evaluation and Therapy Specialty Areas

- Accent Modification
- Augmentative and Alternative Communication
- Aural Rehabilitation
- Central Auditory Processing Disorders
- Adult Language and Cognitive Communication
- Child Language
- Speech Sound and Motor Speech Disorders
- Stuttering (Fluency Disorders)
- Swallowing (Dysphagia)

- Voice and Resonance
    - Gender Affirming Communication Services
    - SPEAK OUT and LOUD CROWD (Parkinson's)

The Clinic provides comprehensive services to diagnose and treat hearing loss and related problems associated with hearing healthcare and provides customized treatment plans for each patient. The Clinic provides the full array of prevention, consultation, screening, assessment, and treatment audiology services.

Audiology Services
- Aural Rehabilitation
- Cerumen Management
- Cochlear Implant Services
- Comprehensive Hearing Examinations
- Electrophysiological Testing (ABR_
- Hearing Aid Services and Products
- Assistive Listening Devices
- Custom hearing protection and ear plugs
- Central Auditory Processing Evaluations
- Tinnitus and Reduced Sound Tolerance

On-Campus Facilities
The on-campus facilities used by the CSD department are housed on the second and third floor of Fairchild Hall (FH) and the second floor of Rachel Cooper (RC). The primary space utilized by the Clinic is on the second floor of FH. The Clinic has a suite of SLP designated rooms that includes 12 single patient therapy rooms, one large group therapy room, an observation room for family members, and a hearing aid repair room. The second floor also houses two single patient therapy rooms, one audiology booth suite, and a Materials Center (FH 201) for CSD students to check out materials for providing clinical services. All clinical educators have offices on the second floor of FH. The second floor of Rachel Cooper (RC) is contiguous to the second floor of FH and houses the business office of the Clinic and the Clinic waiting room. The third floor of FH has a second audiology booth space for the Clinic, a student observation room, and a group therapy room.

The third floor of FH also houses a designated locked computer lab (FH 309E) for Clinic related reporting. The Clinic utilizes an electronic record keeping system, Point and Click (PnC), in which all Clinic records are kept. Students must do all clinical report writing in this computer lab. They can access it with their ISU Redbird ID.

In 2016, CSD acquired a space at the Normal Township Activity and Recreation Center (ARC) to host one audiology booth suite, that is located on the second floor of the ARC. This location serves as a third audiology booth suite for our program. Normal Township also permits the clinic to use their large group space at their main office building when needed.

Clinic Materials Center

The Clinic Materials Center (MC) is located in FH 201. The MC is a resource center for all CSD students. The MC houses audiology equipment, therapy and assessment materials, and electronics (i.e., laptops, digital recorders, iPads) for clinician use. Students are required to use their Redbird ID Card to check out materials using an electronic inventory system. (See Appendix A for Clinic Materials Center protocols.)

CLINICAL ADMINISTRATORS AND EDUCATORS

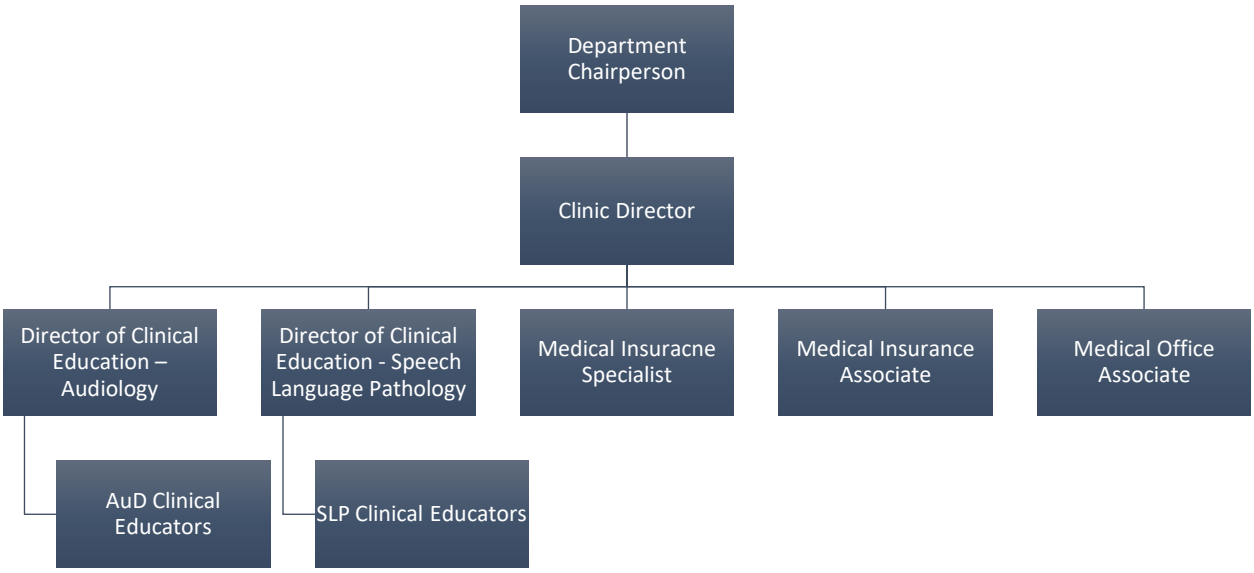
The Chairperson serves as the chief administrative officer and fiscal agent of the department and Clinic. The Chairperson supervises the Clinic Director and collaborates with the Clinic Director on matters of personnel, evaluation, and management of Clinic budgets and facilities. The Chairperson appoints three administrative positions in the Clinic, namely, the Clinic Director, the Director of Clinical Education for SLP (DCE-SLP), and the Director of Clinical Education for Audiology (DCE-AUD).See Table 2 for the organizational chart of the Clinic.

The Clinic Director oversees the operations of the Clinic to ensure Clinic procedures and policies are in compliance with all state, federal and university mandates and that they are being followed appropriately. The Clinic Director is also responsible for coordinating advancement and outreach activities for the Clinic. This person supervises the Medical Office Specialist, the Medical Office Associate, and the DCE-AUD and DCE-SLP to ensure that appropriate business practices are being followed, and that all function as one cohesive, efficient unit.

The DCE-SLP is responsible for scheduling all clinic practica for graduate students and clinical educators in SLP. This person has knowledge of ASHA practicum requirements and creates clinic schedules to ensure that each SLP graduate student attains appropriate types, levels and numbers of clinical hours. This person oversees, coordinates with, and schedules the SLP clinical educators in the Clinic and maintains contacts with persons in community-based settings in order to place CSD students in off-campus practica. This person ensures all appropriate contracts and other paperwork are completed to place students in off-campus practica and to document student progress in clinical courses. This person is also responsible for scheduling and conducting weekly clinic meetings with the graduate students in SLP.

The DCE-AUD is responsible for scheduling all clinic practica for graduate students and clinical educators in audiology. This person has knowledge of ASHA practicum requirements and creates clinical schedules to ensure that each AUD graduate student attains appropriate types, levels and numbers of clinical hours. The DCE-AUD oversees, coordinates with, and schedules the AUD clinical educators in the on-campus Clinic. This person maintains contacts with persons in community-based settings in order to place CSD students in off-campus practica. The DCE-AUD ensures all appropriate contracts and other paperwork is completed to place students in outside internships and to document student progress in the clinical courses. The DCE-AUD also is responsible for scheduling and conducting weekly clinic meetings with the graduate students in AUD.

Figure 2: Clinic Organizational Chart



Clinical Administrators

Heidi Verticchio, MS, SLP 309.438.3266 hrfritz@ilstu.edu
Clinic Director
Specialty areas: Clinical Education, Supervision, Stress-Management

Cara Boester, MA, SLP 309.438.2318 clboest@ilstu.edu
Director of Clinical Education
Speech-language Pathology
Specialty areas: Deaf education, sign language, aural rehabilitation, speech and language services for the deaf/hard of hearing

Candice Osenga, AuD 309.438.5794 cjoseng@ilstu.edu
Director of Clinical Education
Audiology (On-Campus Clinical Experiences)
Specialty areas: Hearing aids, diagnostics, auditory processing

Graduate student clinicians are advised to communicate with their respective Director of Clinical Education frequently throughout their program to discuss individual clinical opportunities and requests.

On-Campus Clinical Educators

Kim Adelman, MS, SLP *Specialty areas: Adults with dysphagia and neurological impairments, voice*	309.438.8838	kladelm@ilstu.edu
Becky Braun, AuD *Specialty areas: Pediatric patients*	309.438.3960	bbraun2@ilstu.edu
Julie Burns, MS, SLP *Specialty areas: Childhood language, autism, speech sound disorders*	309.438.2654	jtburns@ilstu.edu
Lindsay Diekhoff, MS, SLP *Specialty areas: Child speech and language*	309.438.5009	lkurtzd@ilstu.edu
Jaime Ellsworth, MS, SLP *Specialty areas: Child speech and language*	309.438.5206	jmellsw1@ilstu.edu
Tony Joseph, AuD, PhD *Specialty areas: Hearing conservation*	309.438.7061	arjosep@ilstu.edu
Trish Larkin, MS, SLP *Specialty areas: AAC, childhood language, adult neurogenics*	309.438.5090	pllarki1@ilstu.edu
Rene McClure, MS, SLP *Specialty areas: Neurogenic disorders, accent-modification*	309.438.5803	jrbulla@ilstu.edu
Jennifer Ragusa, AuD *Specialty areas: Vestibular testing, hearing aid dispensing/fitting/repair*	309.438.5766	jsragus@ilstu.edu
Alyssa Seeman, AuD *Specialty areas: Tinnitus and hyperacusis treatment and management, pediatric diagnostics and amplification*	309.438.5762	aseeman@ilstu.edu

Rachel Wood, AuD *Specialty areas: Adult and pediatric Diagnostics and amplification, vestibular, Aural rehabilitation and cochlear implants*	309.438.5355	rewood2@ilstu.edu
Amy Yacucci, MS, SLP *Specialty areas: articulation, phonology, autism, developmental delay, behavior, language, literacy, and AAC*	309.438.5547	ayacucc@ilstu.edu

INTRODUCTION TO CLINICAL EDUCATION AT ISU

The overall mission of the Department of Communication Sciences and Disorders is to provide a high-quality, student-focused education that prepares students to be ethical, engaged, compassionate, and accomplished professionals.

Our clinic mirrors our academic programs in terms of excellence and strength and is a vital and critical component of our programs; this is the training ground for our student clinicians. We offer a wide range of speech-language pathology and audiology services to clients of every age and provide our students with an excellent foundation of clinical knowledge and skills.

GRADUATE PLANS OF STUDY WITH CLINICAL COURSES

The plans of study for graduate programs in CSD include academic courses, clinical courses and a degree-specific exit requirement.

The Clinical Doctorate in Audiology (AuD) is a four-year post baccalaureate degree program. This degree consists 54 hours of academic credit hours, 26 clinical credit hours, and 6 hours of Capstone Independent Study. Clinical education courses are bolded in the table below. The detailed AuD plan of study with course titles for all credit hour requirements is in Appendix C.

Table 1: AuD Projected Plan of Study with Clinical Courses*

First-year Fall CSD 520 (3) CSD 509 (3) CSD 401 (3) CSD 530 (3) **CSD 508A10 (1)*: Clinical Observation** Total credit hours = 13	**First-year Spring** CSD 521 (3) CSD 511 (3) CSD 531 (3) **CSD 508A20 (2)*: Clinical Clerkship** Total credit hours = 11	**First-year Summer** CSD 510 (3) **CSD 508A20 (2)*: Clinical Clerkship** Total credit hours = 5
Second-year Fall CSD 451 (2) CSD 523 (3) CSD 526 (2) CSD 533 (2) **CSD 508A30 (3)*: Audiology Internship** Total credit hours = 12	**Second-year Spring** CSD 538 (3) CSD 532 (3) CSD 536 (2) **CSD 508A30 (3)*: Audiology Internship** Total credit hours = 11	**Second-year Summer** CSD 540 (2) **CSD 508A40 (4)*: Audiology Practicum** Total credit hours = 6
Third-year Fall CSD 524 (3) CSD 541 (3) CSD 500 (3) **CSD 508A40 (4)*: Audiology Practicum** Total credit hours = 13	**Third-year Spring** CSD 522 (2) CSD 542 (3) CSD 500 (3) **CSD 508A40 (4)*: Audiology Practicum** Total credit hours = 12	**Third-year Summer** **CSD 598 (1)*: Clinical Residence** Total credit hours = 1
Fourth-year Fall **CSD 598 (1)*: Clinical Residence** Total credit hours = 1	**Fourth-year Spring** **CSD 598 (1)*: Clinical Residence** Total credit hours = 1	

*Clinical education courses

The Master's Degree in Speech-language Pathology (MS in SLP) is a two-year degree program. This degree consists of 40 hours of academic credit hours, 18 clinical credit hours, and a complete of the following degree options: comprehensive exams, Independent Study, or

Master's Thesis. Clinical education courses are bolded in the table below. The detailed MS in SLP plan of study with course titles for all credit hour requirements is in Appendix C.

Table 2: MS in SLP Projected Plan of Study with Clinical Courses*

		First-year Summer CSD 409 (2) CSD 412 (3) CSD 422 (2) Total credit hours = 7
First-year Fall CSD 402 (4) CSD 410 (3) CSD 451 (2) **CSD 408A30 (1)*: Basic Practicum SLP** Total credit hours = 10	**First-year Spring** CSD 403 (3) CSD 404 (3) CSD 414 (2) **CSD 408A40 (2)*: Intermediate Practicum SLP** Total credit hours = 10	**Second-year Summer** CSD 420 (2) CSD 432 (2) CSD 460 (3) **CSD 408A40 (2)*: Intermediate Practicum SLP** Total credit hours = 9
Second-year Fall CSD 406 (3) CSD 413 (3) CSD 418 (3) **CSD 408A50 (3)*: Advanced Practicum SLP** Total credit hours = 12	**Second-year Spring** **CSD 408A60 (5)* External Practicum SLP Educational Placement** **CSD 408A70 (5)* External Practicum SLP Medical Placement** Total credit hours = 10	

*Clinical education courses

Graduates completing the clinical degree programs in SLP and AuD are eligible to apply for the following professional credentials:

- Certificate of Clinical Competence (CCC's) from the American Speech-language Hearing Association (ASHA): http://www.asha.org/certification/
- Illinois Professional License from Illinois Department of Financial & Professional Regulation (IDFPR): http://www.idfpr.com/profs/SpeechLangAudio.asp
- Professional Educator License (PEL) from the Illinois State Board of Education (ISBE): https://www.isbe.net/Pages/PEL-School-Support-Ed-Lic.aspx (SLP only)
- Board Certification in Audiology by the American Board of Audiology (ABA): http://www.boardofaudiology.org/ (AUD only)

PROGRESSION OF CLINICAL EDUCATION IN CSD

The Department of Communication Sciences Disorders is committed to providing quality, accredited clinical education experiences that cover the breadth and depth of the Speech-Language Pathology and Audiology professions.

Clinical education in the CSD professions includes both on-campus and off-campus clinical educational experiences. Student clinicians are expected to move toward independence as they progress through clinical experiences. Anderson's Continuum of Supervision is commonly cited in CSD as the conceptual model of supervision. As student's progress through clinical experiences the amount of independence of the student clinician should increase and the amount of direct supervision required by the clinical educator should decrease (Anderson, 1988).

CSD clinical education follows a four-stage progression from on-campus to Clinical Fellowship for SLP or Clinical Residency for AuD. Graduate student clinicians begin their clinical education in the on-campus Clinic to gain an understanding of the clinical process and to begin work on clinical competencies. As graduate student clinicians become more competent, they become eligible for off-campus clinical experiences and progress toward independent practice at a level required for an entry-level professional position upon graduation as illustrated in Figure 3. below.

Clinical experiences are defined as direct contact time with patients. For SLP, these experiences can include one on one therapy sessions, group sessions with more than one client, and individual diagnostic sessions. For AuD, these experiences are primarily individual sessions with patients.

Calipso

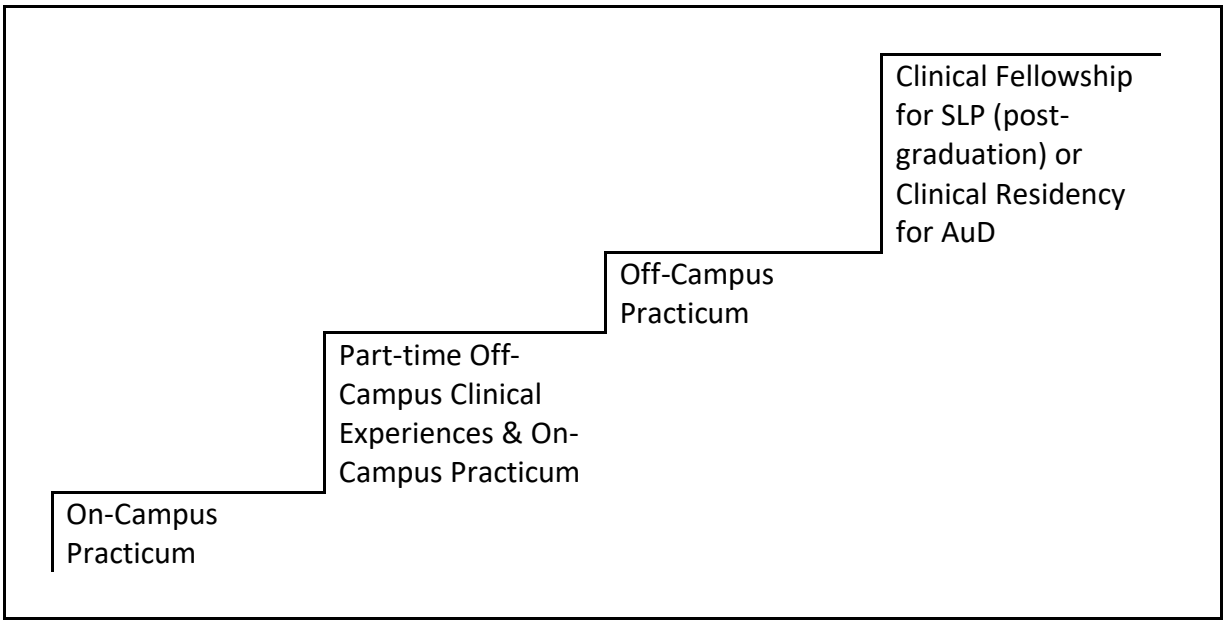
CSD utilizes Calipso, a web-based software program, to track clinical educational data for both the SLP and AuD programs. All clinical education experiences (both on and off campus) in are logged into this program. Calipso is accessed at https://www.calipsoclient.com/. There is a one-time fee for students to access this program. The fee is incorporated into the Clinic Materials Fee associated with the first clinical course registration in each program (i.e. 408A30 for MS in SLP students and 508A10 for AuD students).

It is the graduate student clinician's responsibility to ensure that all clinical hours earned are entered into Calipso within one week of each clinical experience. These hours are reviewed and approved weekly by the assigned clinical educator for each clinical experience. The comprehensive log of the clinical hours maintained in Calipso gives graduate student clinicians the ability to see the diversity of experiences completed. Students should review this log regularly. If students are concerned about the number or type of clinical experiences earned, a meeting with the respective DCE should be scheduled to discuss options.

The graduate program in speech-language pathology utilizes alternative clinical education (ACE) experiences in accordance with ASHA guidelines. These hours are tracked in Calipso and approved by the facilitator of the experience. Up to 75 hours count toward the total direct contact time required by ASHA. A student evaluation form is completed for these experiences to help demonstrated competency met using a pass/fail grade on the Calipso evaluation form.

Calipso is also used to track knowledge and skills acquisition of KASA standards in the academic and clinical courses.

Figure 3: Progression of Clinical Experiences



MS in SLP Progression of Clinical Courses Across the Program

In the SLP program, graduate student clinicians typically participate in four semesters of on-campus Clinic courses. As students proceed through on-campus clinical education experiences and demonstrate proficiency in clinical competencies, they become eligible for part-time off-campus clinical experiences in conjunction with their last three semesters of on-campus practica. The culminating clinical experience for SLP graduate student clinicians is the completion of two, ten-week off-campus practica (one in an educational setting and one in a medical setting) in their final semester. Upon graduation, students should demonstrate mastery of the clinical competencies necessary for practice as an independent beginning professional in the post-graduate Clinical Fellowship.

In speech-language pathology, graduate student clinicians earn 18 credit hours toward their degrees for clinical education across five semesters. Students begin the MS in SLP program in a summer semester, however, clinical courses don't start until the first fall semester. All clinical assignments are made by the DCE-SLP. The typical progression of hours earned is as follows:

- In their first fall semester, graduate student clinicians register for one credit hour of CSD 408A30: Basic Practicum SLP in the on-campus Clinic. Graduate student clinicians are typically assigned to one to two clinical experiences and earn approximately 14- 28 hours of direct patient contact toward the required minimum of 400 clinical hours. This registration also includes the following weekly clinical education requirements: Clinic meeting with the DCE-SLP, individual conferences with assigned on-campus clinical educators, and group workshops including case reviews with application components.

- In their first spring and the second summer semesters, graduate student clinicians register for two credit hours of CSD 408A40: Intermediate Practicum SLP which includes on-campus Clinic and the opportunity to begin off-campus clinical experiences. During their spring registration, graduate student clinicians are typically assigned four to six clinical experiences and earn approximately 70 hours of direct patient contact. During their summer registration, graduate student clinicians are typically assigned three-five clinical experiences and earn approximately 24 hours of direct patient contact. In the spring semester, this registration also includes the following weekly clinical education requirements: Clinic meeting with the DCE-SLP, individual conferences with assigned on-campus clinical educators, and group workshops including case reviews with application components. In the summer semester, this registration includes weekly individual conferences with assigned on-campus clinical educators.

- In their second fall semester, graduate student clinicians register for three credit hours of CSD 408A50: Advanced Practicum SLP which includes on-campus Clinic and the opportunity to continue in part time off-campus clinical experiences. Graduate student clinicians are typically assigned to six to eight clinical experiences and earn approximately 98 hours of direct patient contact. This registration also includes the following weekly clinical education requirements: Clinic meeting with the DCE-SLP, individual conferences with assigned on-campus clinic educators, and group workshops including case reviews with application components.

- In their final spring semester, graduate student clinicians register for five credit hours of CSD 408A60: External Practicum SLP Educational Placement and five credit hours of CSD 408A70: External Practicum SLP Medical Placement. Both of these experiences are entirely off-campus. Graduate student clinicians typically earn 125 hours of direct patient contact in each of these 10-week full-time practica. Graduate student clinicians are not eligible for these external practica until they have obtained a minimum of 200 hours of direct patient contact time.

AuD Progression of Clinical Courses Across the Program

In the AuD program, graduate student clinicians typically participate in four or five semesters of on-campus Clinic. As students proceed through on-campus clinical education experiences and demonstrate proficiency in clinical competencies, they become eligible for mini off-campus clinical experiences in conjunction with their last three semesters of on-campus Clinic. The culminating clinical experience for AuD graduate student clinicians is the completion of a year-long clinical residency that begins in the summer of the third year and ends in the spring of the fourth year. Upon graduation, students should demonstrate mastery of the clinical competencies necessary for practice as an independent beginning professional in the field of audiology.

In audiology, graduate student clinicians earn 26 credit hours toward their degrees for clinical education across eleven semesters. Students begin the AuD program in a fall semester and complete clinical courses each semester through graduation. All clinical assignments are assigned by the DCE-AuD. The typical progression of hours earned is as follows:

- In their first fall semester, graduate student clinicians register for one credit hour of CSD 508A10: Clinical Observation in the on-campus Clinic. Graduate student clinicians are typically assigned to two clinic slots per week, for a total of 3-5 hours per week. This registration also includes the following weekly clinical education requirements: Clinic meeting with the DCE-AuD, individual conferences with assigned on-campus clinic educators, and Grand Rounds which includes case reviews with application components.

- In their first spring and summer semesters, graduate student clinicians register for two credit hours of CSD 508A20: Clinical Clerkship in the on-campus Clinic. During each registration, graduate student clinicians are typically assigned to two-three clinic slots per week, for a total of 6-9 hours per week. In the spring semester, this registration also includes the following weekly clinical education requirements: Clinic meeting with the DCE-AuD, individual conferences with assigned on-campus clinic educators, and Grand Rounds which includes case reviews with application components. In the summer semester, this registration includes weekly individual conferences with assigned on-campus clinical educators.

- In their second fall and spring semesters, graduate student clinicians register for three credit hours of CSD 508A30: Audiology Internship which includes off-campus clinical practica. During each the fall registration, graduate student clinicians are typically assigned to two-three clinic slots per week, for a total of 6-9 hours per week. They are assigned to specialty clinics within these clinic slots. During each the spring registration, graduate student clinicians are typically assigned to one specialty clinic slot and one day in an off-site placement, for a total of 8-11 hours per week. These registrations also include the following weekly clinical education requirements: Clinic meeting with the DCE-AuD, individual conferences with assigned on-campus clinic educators, and Grand Rounds which includes case reviews with application components.

- In their second summer and third fall and spring semesters, graduate student clinicians register for four credit hours of CSD 508A40: Audiology Practicum which includes off-campus clinical practica. During each the summer registration, graduate student clinicians are typically assigned to four days of clinic in an off-site placement, for approximately 32 hours per week. During each fall and spring registration, graduate student clinicians are typically assigned to two days in an off-site placement, for a total of 16 hours per week. In the fall and spring semesters, these registrations also include the following weekly clinical education requirements: Clinic meeting with the DCE-AuD and Grand Rounds which includes case reviews with application components

- In their final year (third summer and fourth fall and spring) graduate student clinicians register for one credit hour of CSD 598: Clinical Residency which is an off-campus clinical practicum. Graduate students are not eligible to begin the Clinical Residency until they have obtained approval from the DCE-AuD.

ASHA STANDARDS

ASHA Standards in SLP

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) of the American Speech-Language-Hearing Association revised the standards for certification in speech-language pathology in 2020. These standards can be found on the ASHA website: https://www.asha.org/certification/2020-slp-certification-standards/. To be certified as a speech-language pathologist, master's students must complete a minimum of 400 clinical contact hours:

- 25 hours of observation must be completed before direct patient contact can begin. These observation hours can be counted toward the minimum 400 clinical contact hours.
- 375 hours of direct patient contact
  - ISU requires the first 25 hours of patient contact must be supervised by ISU on-campus clinical educators.
  - 325 hours must be earned as part of the MS in SLP program.
  - A maximum of 75 hours can be earned through Alternative Clinical Education (ACE) methods including SimuCase.

Graduate student clinicians may exceed the minimum requirement of 400 clinical contact hours in order to successfully demonstrate the required competencies for each developmental stage.

All graduate student clinicians must satisfactorily demonstrate the required Knowledge and Skills Outcomes (KASA) delineated in ASHA's standards for the Certificate of Clinical Competence in SLP (CCC-SLP). It is the graduate student clinician's responsibility to know these standards and monitor individual progress toward meeting them. Graduate student clinicians will work with the DCE-SLP to track their progress toward satisfying these requirements in Calipso. Grading of clinical performance is based on acquisition of these competencies.

ASHA Standards in AuD

The CFCC of ASHA revised the standards for certification in audiology in 2020. These standards can be found on the ASHA website: https://www.asha.org/Certification/2020-Audiology-Certification-Standards/.

To be certified as an audiologist, doctoral students must complete a minimum of 1,820 clinical contact hours:

- ISU requires the first 25 hours of patient contact must be supervised by ISU on-campus clinical educators.

Graduate student clinicians may exceed the minimum requirement of 1,820 clinical contact hours in order to successfully demonstrate the required competencies. Additional hours supervised by non-ASHA certified but licensed audiologists, may be acquired at any time during the students' practica. These additional hours will not count toward the 1,820 hours required for ASHA certification.

Additionally, all graduate student clinicians must satisfactorily complete required Knowledge and Skills Outcomes (KASA) delineated in ASHA's standards for the Certificate of Clinical Competence in AuD (CCC-AUD). It is the graduate student clinician's responsibility to know these standards and monitor individual progress toward meeting them. Graduate student clinicians will work with the DCE-AuD to track their progress toward satisfying this requirement.

CSD addresses competencies using the ASHA KASA standards. These competencies have been aligned to the audiology clinical courses. Graduate students are responsible for tracking progress on clinical competencies using CALIPSO and meet with the audiology clinic director each year to evaluate their progress through these competencies. The level of competencies completed will be used to determine clinical experiences for the next semester. Grading of clinical performance is based on acquisition of these competencies.

KNOWLEDGE AND SKILLS ACQUISTION (KASA)

Departmental Policy Statement

The Department of CSD, in compliance with ASHA's requirements for graduate education, mandates that all students demonstrate acquisition of knowledge and skills across the curriculum. A "pass" will be required in order to demonstrate acquisition of a given standard. Individual academic KASA standards might apply to more than one course in the department, so students might have to demonstrate the acquisition of a given standard in multiple ways across the curriculum. Clinical KASA standards represent clinical skills which are demonstrated during clinical experiences. Because these experiences vary across semesters, clinical educators, and patients, they are assessed across multiple clinical experiences.

Clinical Course Policy

Any clinical KASA standard not earning at least a "met" will require remediation. For Clinic, a met will be defined as a grade of B or above in the clinical experience (i.e., any 408, 508, or 598 practicum). The DCE will inform the student that he or she must repeat the clinical course the following semester. A remediation plan will be developed to address the area(s) of clinical weakness. The student must successfully remediate the noted weakness(es) during the repeated course in order to progress on in the program.

KASA Procedures

Academic course overview

Each graduate course within the Department of CSD has been reviewed to determine where KASA standards can be assessed. As part of this process, assessment of several KASA standards might be assigned to each graduate course. Course instructors may not remove KASA standards assigned to a course without approval of the Curriculum Committee and the Department Chair. All course instructors must assess each standard assigned to their course. Course instructors will determine how each course-specific standard will be assessed (i.e., test, assignment, clinical experience). The method of assessment for each course-specific standard will be included in the course syllabi. The Department Chair will review methods of assessment at the beginning of each semester to ensure diversity of assessments.

Documentation of progress in acquiring proficiency with all academic KASA standards will be maintained by course instructors and will be made available for students to access in Calipso. Course instructors will post met/unmet ratings shortly after each KASA standard is addressed. A "met" designation indicates that a student has demonstrated competency (i.e., has earned a grade of B or better or a grade of pass on a pass/fail option) and an "unmet" indicates that a student has failed to master a standard (i.e., has earned a grade of C or below or a grade of fail on a pass/fail option).

Students earning an "unmet" designation for any academic KASA standard will be given two opportunities to complete a remediation. Students will need to remediate their work to demonstrate competency at a "met" level in order to prevent earning an F in the course (see remediation section below).

Clinical course overview
Each Clinic within CSD has been reviewed to determine where KASA standards can best be assessed. As part of this process, several KASA standards will be assessed in each clinical experience. (See clinical grading forms for information regarding how KASA standards will be assessed.)

Documentation of progress in acquiring proficiency with all KASA standards will be maintained by clinical educators. Calipso will be utilized to track students' performance on clinical KASA standards. Students' performance on clinical KASA standards are assessed throughout the semester.

A student who earns a grade of C or lower in any clinical course will be on Clinic probation the following semester. The student must repeat the clinical course for which he or she received the grade of C or lower. A remediation plan will be developed to address the area(s) of clinical weakness. (see remediation section below).

Remediation
If a student earns an "unmet" rating on a KASA standard, a remediation plan will be created. Students must monitor these standards throughout the graduate program. Students are responsible for initiating the remediation process by contacting the course instructor/clinical educator. Course instructors/clinical educators will develop an appropriate remediation plan for each standard rated as unmet.

The remediation process is delineated in the following sequence:
1. Student earns a rating of "unmet" for a specific standard within a course or earns a grade of C or lower for a clinical course.
2. For Academic KASA standards: Course instructor enters data into Calipso. It is the responsibility of the student~~s~~ to make an appointment with the course instructor(s) to set up a plan to remediate any standards not earning a "met".
   - To remediate unmet KASA standards, a Remediation Plan will be developed that outlines the following: KASA standard to be remediated, course number/instructor, plan for remediation, date remediation due, and results of remediation.
   - At the completion of the Remediation Plan, the course instructor will again assign a met or unmet. Remediated efforts earning an "unmet" will require a second remediation.
   - The student is then responsible for contacting the instructor to initiate a second Remediation Plan. The student and instructor will then collaboratively develop the second Remediation Plan.
   - Students are allowed two opportunities to remediate a given standard. If after the second attempt at remediation, the student has been assigned a rating of "unmet," they earn a failing grade (F) for the course associated with the remediation.
   - If a Remediation Plan cannot be completed during the semester a student is registered for the course associated with the standards being remediated, a student will be assigned an Incomplete (I) grade for the semester.

- Following the successful completion of a Remediation Plan, that student's grade will be formally changed by the course instructor to reflect the grade earned in the class.
- The remediation period for any individual standard may not exceed one full term, defined as summer, fall, or spring following the term in which the standard was unmet.

3. For Clinical KASA standards: Clinical educators meet with students to provide performance feedback on clinical standards through the course of a semester. If the student earns a grade of C or lower for the clinical course, the clinical course must be repeated. A remediation plan will be created.
    - The student will work with his or her clinical educator(s) and the DCE to determine the remediation plan. The student's performance will be evaluated at mid-term to determine if he or she has successfully passed the remediation plan. If the student has not successfully passed the remediation plan at this time, he or she will be given the remainder of the semester to pass.
    - If the remediation plan is not successfully completed by the end of the semester, the student will earn an F in the repeated clinic and be dismissed from the program. If the student has successfully completed the remediation at mid-term, the student must still complete the clinical assignment for that semester.

Illinois State University
Department of Communication Sciences and Disorders
Remediation Plan*
For KASA Learning Indicators

Student Name:	
Course Instructor/Clinical Supervisor:	
Course Number:	
Learning Indicator for which remediation is required:	
Area(s) of Learning Indicator requiring remediation:	
Remediation Plan:	
Due date for remediated work:	
Results of remediation:	Comments: Competency Level following remediation (check one): _____ Satisfactorily Completed _____ Requires Further Remediation _____ 2nd remediation unsatisfactory "F" grade assigned

_____ _____
Instructor/Supervisor Signature/
Date of Completed Remediation

_____
Student Signature/
Date of Completed Remediation

***Remediation Plans must be included in KASA Portfolio per Departmental Policy**

PROFESSIONAL PRACTICE COMPETENCIES

The CSD Department is dedicated to educating professionals who possess the intelligence, integrity, compassion, communication and personal qualities necessary to practice ethically and effectively. The following list of professional practice competencies has been developed to ensure and document graduate students' acquisition of these competencies. Other professional programs at Illinois State University are also dedicated to educating students who demonstrate appropriate professional dispositions. Therefore, CSD developed the professional practice competencies based on information derived from the following sources: Council on Academic Accreditation (CAA) standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, and the dispositional concerns policies of the College of Education and the School of Social Work at Illinois State University.

Decisions related to retention in and graduation from the CSD graduate programs are based not only on satisfactory academic and clinical achievement, but also on the demonstration of the professional practice competencies outlined in this document. CSD also considers students' professional practice competencies for admission to the program. Therefore, students enrolled in the undergraduate program are also expected to demonstrate these competencies.

Professional Practice Competencies

Accountability/Ethics**:**

- Practice in a manner that is consistent with the professional codes of ethics and the scope of practice documents for the professions of audiology and speech-language pathology. (See Appendix F for the ASHA Code of Ethics and Appendix G for the AAA Code of Ethics.)
- Adhere to federal, state, and institutional regulations and policies that are related to care provided by audiologists and speech-language pathologists.
- Understand the professional's fiduciary responsibility for each individual served.
- Understand the various models of delivery of audiologic and speech-language pathology services (e.g., hospital, private practice, education, etc.).
- Understand the health care and education landscapes and how to facilitate access to services.

Integrity/Honesty**:**

- Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers.
- Understand and use best professional practices as they relate to maintenance of confidentiality for all individuals in accordance with requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

Effective Communication Skills:

- Use all forms of expressive communication—including written, spoken, and nonverbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.
- Communicate—with patients, families, communities, interprofessional team colleagues, and other professionals caring for individuals—in a responsive and responsible manner that supports a team approach to maximize care outcomes.

Clinical Reasoning:

- Use valid scientific and clinical evidence in decision making regarding assessment and intervention.
- Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served.
- Use clinical judgment and self-reflection to enhance clinical reasoning.

Evidence-Based Practice:

- Access appropriate sources of information to support clinical decisions regarding assessment and intervention and management.
- Critically evaluate information sources and apply that information to appropriate populations.
- Integrate evidence in the provision of audiologic and speech-language services.

Concern for Individuals Served:

- Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care.
- Encourage active involvement of the individual in his or her own care.

Cultural Competence:

- Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation).
- Understand the impact of the cultural and linguistic variables of the individuals served on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation).
- Understand the interaction of cultural and linguistic variables between the caregivers and the individual served in order to maximize service delivery.
- Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, physical and sensory abilities) and how they relate to clinical services.

- Understand the role of manual and other communication systems and the use of sign and spoken interpreters/transliterators and assistive technology to deliver the highest quality care.

Professional Duty:

- Understand the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic and speech-language services.
- Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel.
- Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.
- Understand and use the knowledge of one's own role and the roles of other professionals to appropriately assess and address the needs of the individuals and populations served.

Collaboration:

- Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values.
- Understand how to apply values and principles of interprofessional team dynamics.
- Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is safe, timely, efficient, effective, and equitable.

Respect:

- Honor, value, and demonstrate consideration and regard for oneself and others.
- Disagree with others when necessary in a respectful manner.
- Accept disagreement and discussion in a non-defensive manner.

Reverence for Learning:

- Demonstrate respect for knowledge and commitment to its acquisition.
- Take responsibility for one's own learning.
- Take initiative to expand knowledge base and learn new skills.
- Prepare appropriately to meet academic and clinical responsibilities.

Emotional Maturity:

- Initiate communication to resolve conflict.
- Identify personal responsibility in conflict/problem situations.
- Use appropriate tone of voice and non-verbal expressions.
- Use self-disclosure appropriately.
- Maintain appropriate boundaries.

- Accept consequences for personal actions or decisions.

Reflection:

- Use self-reflection to understand the effects of his or her actions and make changes accordingly.
- Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services.

Flexibility:

- Adapt to changes and unexpected or new situations, maintains positive attitude.
- Generalize knowledge and skills in a variety of situations.
- Accept less than ideal situations when necessary.

Professional Practice Competencies Policy

Distribution
The *Professional Practice Competencies Policy* is presented to students by the Clinic Director at the beginning of the program. In addition, all department syllabi will describe the importance of professional practice competencies, reference the policy, and indicate that it is contained in the Department Manual. All syllabi will provide a link to the Department Manual.

Implementation
1. Faculty, clinical educators and instructors who identify a concern with a student's professional practice competency must first address the concern directly with the student. The student should be made aware of the concern(s), be advised regarding appropriate ways to remediate the concern(s) and be notified that a written record will be filed with the Department Chairperson. (See attached Appendix H for the *Professional Practice Competencies Report*).
    - For violations of patient privacy, the concern must immediately be reported to the Clinic Director. A copy of the Report must also be given to the Clinic Director, who will then report the violation to the University Privacy Officer for further review.
2. For graduate students, three copies of the Report form should be made: one for the student, one for the appropriate DCE and one for a master file of all professional practice competency concerns and remediations received by students in speech-language pathology or audiology. In cases of privacy violations, an additional copy should be given to the Clinic Director. The original Report is filed in the student's file.
3. For undergraduate students, two copies of the Report form should be made: one for the student, and one for a master file of all professional practice competency concerns and remediations received by students in speech-language pathology or audiology. In cases of privacy violations, an additional copy should be given to the Clinic Director. The original Report is filed in the student's file.
4. In all cases, the Department Chairperson will ensure that Reports are appropriately filed. When a student who has received either a Report form or a remediation plan graduates from the department, his or her Report(s) will be purged from the master file.
5. Reports of concerns will be cumulative for students who attend both the undergraduate and the graduate program in CSD. That is, the record of any concerns at the undergraduate level will follow the student into his or her graduate program and will be considered if any additional concerns are reported at the graduate level.
6. Once a student has accumulated more than two *Professional Practice Competency Reports*, she/he is required to meet with the Department Chairperson for a discussion of the issue(s) of concern. The Chairperson will contact the student to arrange a meeting to discuss concerns outlined in the Professional Practice Competency Policy and discuss possible consequences. The student will be afforded an opportunity to respond to all concerns.
7. Any time a *Professional Practice Competency Report* is written due to a privacy violation, the student will be required to meet with the Clinic Director and/or the Department Chairperson to discuss potential sanctions and further action as described in the

University's Violation of Privacy/Confidentiality Policies Related to Protected Health Information.

Consequences

For undergraduate students, professional practice competency concerns could prevent the student from obtaining positive letters of recommendation for graduate school from faculty, clinical educators and instructors in the Department. Reports related to privacy violations could result in further sanctions, as described in the University's Violation of Privacy/Confidentiality Policies Related to Protected Health Information.

1. In some cases, the Graduate Admissions Committee may recommend to the Department Chair that the student be denied admission into the graduate program on the basis that the student does not demonstrate professional practices or is not capable of performing the necessary professional practice competencies.
2. For graduate students, professional practice competencies concerns could have a negative impact on academic and clinical course grades. They may also be cause for removal from or delayed admission into academic and clinical courses, or further sanctions as described in the University's Violation of Privacy/Confidentiality Policies Related to Protected Health Information.
3. Copies of all *Professional Practice Competency Reports* will be available for review by appropriate instructors, faculty and clinical educators working for or on behalf of the Department of Communication Sciences and Disorders. This includes but is not limited to off-campus clinical educators, the Department's Graduate Admissions Committee, the Clinic Director, the University Privacy Officer, and members of the Sanction Recommendation Committee.
4. Concerns regarding the professional practice competencies of individual students may be discussed with appropriate faculty and/or clinical educators as needed.

PROBATION POLICIES

Clinical Course Grades

If all semester clinical course grades are As or Bs, those grades will be weighted and averaged to determine the final clinical course grade. At the graduate level, a grade of C or below is not considered sufficient. A student who earns a C as a final clinical course grade from even one clinical educator may be assigned a C as the overall course grade. All of the clinical educators grading the student's clinical performance provide input to the DCE. The DCE, in consultation with the Clinic Director and the Department Chair, determines the final grade.

Clinical Probation

Clinical probation is assigned to a student who earns a grade of C or less in a clinical course. A remediation plan to address clinical probation will be determined by the student, the student's clinical educator(s) and the DCE. Procedures to document this remediation plan are outlined in the KASA procedures. Consequences of probation include:

- The DCE and grading clinical educator(s) will determine whether or not the clinical contact hours earned in the course that resulted in probation may be used to meet ASHA certification requirements.
- The student must repeat the clinical course so that the remediation can be affected. The remediation must be successfully met before the student can progress in the clinical sequence. Specifically, the student must sign-up for the same clinical course the following semester and will, therefore, be one semester behind his or her cohort in the clinical practica.
- During the semester of clinical probation, the student must earn a grade of B or better in ALL clinical courses in order to avoid dismissal from the graduate program in CSD.
- Failure to achieve a grade of B or higher in any subsequent CSD 408 (for speech-language pathology students) or CSD 508 (for AuD students), whether during the probationary semester or later, will result in dismissal from the program.

Involuntary Withdrawal from Clinic Courses

Certain breaches of professional conduct or privacy and confidentiality are so serious that there will be no opportunity for probation. If a student commits such breaches, he or she will immediately be withdrawn from the clinical course and no longer allowed to enroll in any further clinical courses. Because successful completion of clinical coursework is necessary to graduate from either of the CSD graduate-programs, withdrawal from a clinical course will effectively end the student's enrollment in a CSD graduate program. Below are some examples of serious breaches that warrant immediate withdrawal:

- Failure to adhere to the specifications and intent of the Code of Ethics for AAA (for AuD students) and ASHA (for both AuD and SLP students), as well as any other pertinent local, state or federal laws or codes.
- Failure to obey licensure laws or licensure restrictions.
- Violation of any and all aspects of patient privacy or confidentiality.
- Placing another individual in a situation that endangers his or her well-being or behaving in a way that may or does harm another individual.

Departmental Academic Probation

A student who earns a grade of C or lower in one academic CSD course (at the graduate level) will be placed on departmental academic probation for the semester following the one in which he or she earned a C or lower. A student may only earn a grade of C or lower once in a graduate academic course (i.e., exclusive of any CSD 408 or CSD 508 clinical practicum and CSD 598) as a graduate student in either speech-language pathology or audiology.

- During a semester of departmental academic probation, a student will not be permitted to participate in any clinical courses (408s, 508s or 598).
- A student will only be permitted to go on departmental probation one time. That is, if a student earns a grade of C or lower in another graduate level academic course in any subsequent semester, he or she will be dismissed from the graduate program in CSD.

Combined Clinical and Departmental Academic Probation

A student who earns a grade of C or lower in ANY CSD academic course taken for graduate credit AND a grade of C or lower in ANY CSD clinical course (408s, 508s, or 598) during any one semester, will be placed on combined clinical and departmental academic probation for one semester. A remediation plan to address clinical probation will be determined by the student, the student's clinical educator(s) and the DCE. Procedures to document this remediation plan are outlined in KASA procedures.

- During the semester of combined probation, the student may not enroll in any clinical courses (i.e., 408, 508, or 598). The DCE may make clinical assignments to the student that do not earn clinical hours or credit hours but that allow the student to continue developing his or her clinical skills.
- The student must repeat, as part of a remediation plan, the clinical course for which he or she received a C or lower the semester following the departmental probation. This will place the student two terms (defined as summer, fall, or spring semester enrollment) behind his or her cohort in clinical practica.
- No further semesters of probation are permitted. A subsequent C in any CSD graduate course, clinical or academic, will result in dismissal from the program.

Immediate Dismissal from Program without Possibility of Probation

A student who earns a grade of C or lower in two or more CSD academic courses taken for graduate credit in one semester will be dismissed from the program immediately following that semester. Serious violations of patient-confidentiality may warrant immediate dismissal from the program without possibility of probation. The Sanction Recommendation Committee will determine whether dismissal is warranted and forward its conclusion to the Department Chairperson for further action, as outlined in the Violation of Privacy/Confidentiality Policies Related to Protected Health Information.

CHAPTER THREE: REQUISITES FOR CLINICAL EDUCATION

All graduate students admitted into the graduate programs in SLP and AuD are required to complete clinical education experiences as part of their degree programs. Students must be in good academic standing during each semester to remain eligible for clinical experiences.

PRE-REQUISITES

Privacy and Confidentiality Training

Prior to beginning clinical observations or clinical experiences, students must complete privacy and confidentiality training. This training is conducted through an online platform. Options will include:

- HIPAA Compliance Training Video and Certification Program offered through Veterans Press, Inc. The web link and access code specific to the Speech and Hearing Clinic will be provided by the Clinic Director to those required to document compliance.
- CITI Health Information Privacy and Security for Clinicians offered through https://about.citiprogram.org/en/homepage/

To document completion, the assigned webinar and quiz must be completed. Upon completion of the Quiz, the user will receive a Certificate of Compliance. Graduate students will upload this certificate into Castlebranch; all others requiring HIPAA certification will provide the Director of Clinical Education with a copy of this certificate.

In addition to the online training, all individuals with duties in the Clinic will complete a Privacy and Confidentiality Training Acknowledgement Form confirming their understanding of the privacy and confidentiality procedures related to personal health information (PHI) specific to the Speech and Hearing Clinic. The complete listing of privacy/confidentiality policies, procedures and forms specific to the Speech and Hearing Clinic are in Appendix I. These will be reviewed by the Clinic Director annually. Graduate student clinicians are expected to know and follow all procedures. It should be noted that some off-campus clinical experiences may require setting-specific training.

Clinical Observation Hours (SLP only)

Prior to beginning on-campus clinical education, students must provide documentation of 25 hours of observation in CSD. Students can earn observe hours in one of three ways:

- Subscribe to the Master Clinician Network to view recorded sessions of speech/language/hearing therapy. There is an annual access fee of $35.00. For more information go to: http://masterclinician.org.
- Initiate observation of ASHA certified professionals outside of Illinois State University. Observation hours should be tracked on the following form: https://csd.illinoisstate.edu/undergrad/observation/

Immunization and Healthcare Requirements

Graduate student clinicians must provide their respective DCE with official documentation that they have met the following healthcare requirements prior to beginning clinical experiences. These requirements are also necessary for admission to off-campus practica. In addition, they are important for disease/infection control in the Speech and Hearing Clinic. Additional site-specific requirements may be necessary for full time and part time internships such as an additional drug test, additional background checks, latex testing, etc.… CastleBranch is utilized to upload and track all healthcare requirements in order to eligible for clinical practicum.

Required:

- **Background Check (see more information below)**
- **Drug Test**
- **COVID Vaccine/Testing per ISU policy**
    - Exceptions to the policy for medical and/or religious accommodations must be requested through Student Access and Accommodations at https://studentaccess.illinoisstate.edu/
- **MMR (Measles, Mumps, and Rubella):** Two doses of MMR separated by more than one month on or after the first birthday.
- **Varicella Zoster (Chicken Pox) immunity testing:** For those without proof of vaccination.
- **Hepatitis B immunization series: 3 dates**
- **Tuberculosis:**
    - 2 step TB skin test (with a 1 step renewal the following year) or
    - QuantiFERON Gold blood test (lab report required) or
    - Clear chest xray (lab report required)
- **Dt Tetanus/Tdap (good for 10 years)**
- **Certificate of Health:** Proof of physical examination within last twelve months.
- **Influenza (Flu):** Submit documentation during current flu season (Aug-May)
    - Exceptions to the policy for medical and/or religious accommodations must be requested through Student Access and Accommodations at https://studentaccess.illinoisstate.edu/
- **Proof of Health Insurance**

Cardio-Pulmonary Resuscitation (CPR/AED Certification)

Prior to beginning clinical education, graduate student clinicians must receive adult and child CPR/AED certification. American Heart Association, Heartsaver or other comparable courses. Online courses are not acceptable. Upon successful completion of the CPR/AED course, participants will receive a certification card that is valid for 2 years. The certification card must be uploaded to Castlebranch.

ISU Environmental Health and Safety offers Heartsaver CPR/AED classes for CSD students. Training opportunities will be announced by the Clinic Director. The cost of this 3-hour training for students is $25.00, which can be paid online at https://secure.touchnet.com/C20868_ustores/web/product_detail.jsp?PRODUCTID=1172&SINGLESTORE=true

Graduate student clinicians also are expected to read and be familiar with the contents of the Automated External Defibrillator (AED) Action Plan for Fairchild Hall/Rachel Cooper found in Appendix J.

Mandated Child Abuse Reporting

All graduate students are required to complete the Illinois Department of Children and Family Services online training course designed to help all Illinois Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse. The training course can be found at:
https://mr.dcfstraining.org/UserAuth/Login!loginPage.action;jsessionid=B5CBDCD691B164F1F87D46A58B2FF39C

Upon completion of training, graduate students must upload the Certificate of Completion into CastleBranch. The signed and dated Acknowledgment of Mandated Reporter form will also be uploaded into CastleBranch. All department members who must complete this training must provide the Clinic Director with these two documents.

Criminal Background Check

The Illinois State Board of Education (ISBE) will not issue a teaching certificate to anyone who has been convicted of first-degree murder, a Class X felony, or certain enumerated narcotics and/or sex offenses. Many other healthcare agencies have similar regulations/policies that prevent individuals convicted of such offenses from practicing in these settings. Individuals who have been convicted of other, lesser offenses, may be able to obtain an Illinois Certificate, but must meet a specific set of rules designed to insure the individual has good character and that rehabilitation has mitigated the offense (see www.ilsbe.org). Off-campus practica sites may not accept students with certain criminal convictions.

The Department of Communication Sciences and Disorders requires a two-step procedure to determine first, if graduate student clinicians are eligible for off-campus practica, and second, if they are eligible to obtain all necessary state and national credentials. Successful completion of this procedure is not a guarantee that a student will be able to participate and/or acquire state and/or national credentials.

Prior to beginning clinical experiences, graduate student clinicians are required to:
Complete an Assessment of Legal and Ethical Conduct form (Appendix K). If a candidate in the graduate program has answered “yes” for any offense listed in 1 through 5C on the assessment form, s/he must contact the DCE to determine eligibility for continuation in the program and for certification.

Prior to beginning clinical experiences, graduate students must purchase the CastleBranch Student Screening Solutions program. Instructions will be sent by the DCE for each program. Students will order the background check package. This package will include a National Record Indicator check with Nationwide Sex Offender Index, a Statewide Criminal Search (Illinois), an All Counties of Residence Criminal Search, a Residency History, and a Social Security Alert.

Students will purchase an Annual Recheck package that includes a check of the National Record Indicator with Nationwide Sex Offender Index, a Statewide Criminal Search and a Residency History for every subsequent year they are in the CSD program. If at any time a criminal background check reveals any offense for which certification will be denied, the student will be barred from completion of the program.

CONCURRENT REQUISITES

Policy for Proficiency in English
All admitted students in the graduate programs must meet the minimal standards for admission outlined in the official University policy pertaining to English Proficiency. This policy can be found at: http://admissions.illinoisstate.edu/international/apply/grad_requirements.php According to this policy, applicants to the University who are not native English speakers may take either the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS).

Following admission to a graduate program, all students complete a speech-language and hearing screening to determine if they possess the verbal and auditory skills necessary to support learning in the classroom and providing professional speech-language pathology or audiology services in the English language. If it is determined that an individual student's English proficiency impairs his or her ability to learn, and/or provide successful diagnostic and therapeutic services to clients, the Clinic Director and the Directors of Clinical Experiences will work with the student to identify remediations and accommodations to support the student in his/her attempt to succeed in the program.

Professional Liability
All graduate student clinicians registered for a clinical course are covered under the ISU Professional Liability Insurance policy. There is no additional fee required of students for this coverage.

Materials Fee Charges
All on-campus clinic courses have a Materials Fee Charge. This fee is added to your University tuition and fees bill. Fees are used to purchase clinical evaluation tools, treatment materials, and clinical equipment. The Calipso student subscription fee is incorporated into the Materials Fee Charge associated with the first clinical course registration in each program (i.e. 408A30 for MS in SLP students and 508A10 for AuD students). If graduate student clinicians have suggestions for new materials, these requests must be submitted in writing to the relevant DCE.

SimuCase (SLP)
SimuCase is a web-based software program used to introduce and provide practice with speech and language assessments. Purchase information for a yearly subscription will be provided in CSD 422: Assessments Across the Lifespan. This program will be used extensively in CSD 422 and can be used as a practice resource for individual education. Students can access SimuCase for practice (learning mode) and for direct clinical contact hours (assessment mode). Students are able to earn direct clinical contact hours for assignments in SimuCase. Specific information on earning direct clinical contact hours through SimuCase will be provided by the instructor of record for your academic courses and the DCE-SLP.

AuDSim (AUD)

AuDSim is a web-based software program used to provide practice with pure tone air and bone conduction testing. Purchase information for a yearly subscription will be provided in the first year. Specific information on earning direct clinical contact hours through AuDSim will be provided by the DCE-AUD.

SimuCase (AUD)

SimuCase is a web-based software program used to introduce and provide practice with audiological assessments in several specialty areas, such as auditory processing, hearing aid fittings and implantables. Purchase information for a yearly subscription will be provided in the second year. This program will be used for clinical simulations and it can be used as a practice resource for individual education. Students can access SimuCase for practice (learning mode) and for direct clinical contact hours (assessment mode). Students can earn direct clinical contact hours for assignments in SimuCase. Specific information on earning direct clinical contact hours through SimuCase will be provided by the DCE-AUD.

Communication Competency

Following admission to a graduate program in the CSD Department, all students complete a speech-language and hearing screening to determine if they possess the verbal and auditory skills necessary to provide speech-language pathology or audiology services in the English language. If it is determined that a student's English proficiency limits his or her ability to learn, and/or provide successful diagnostic and therapeutic services to clients, the relevant DCE will work with the English Language Institute to identify remediations and accommodations to support the student in his/her attempt to succeed in the program.

Clinical Agreements and Permissions

Graduate student clinicians will follow the respective expectations stated in the Clinical Practicum Agreements for audiology students (Appendix L) and speech-language pathology students (Appendix M). The Clinic is an educational environment. Clinical sessions with patients may be recorded, viewed, shared by clinical educators. All graduate student clinicians are required to complete a Student Recording Permission Form (Appendix N) upon entry to the degree program.

University Personnel Crime Reporting/Incident Training

The university requires that all employees complete University Personnel Crime Reporting/Incident Training. While graduate student clinicians in the CSD Department are not required to complete this training, it is highly recommended, as we believe it is in the students' best interest to be aware of the protective systems that are available should they encounter criminal activity in the Clinic or anywhere else on campus. The training document can be found at: http://security.illinoisstate.edu/report/crime_reporting/training.php

Bloodborne Pathogens Exposure Control Plan

The Speech & Hearing Clinic has been identified by the University's Bloodborne Pathogens Exposure Control Plan as an area of campus that must maintain exposure control due to a posed risk of occupational exposure to Bloodborne pathogens (BBP). Therefore, the Speech &

Hearing Clinic adheres to the ISU Bloodborne Pathogens Exposure Control Plan. The full University Plan can be found here:
http://ehs.illinoisstate.edu/services/occupational/BBP%20Exposure%20Control%20Plan%206-29-15.pdf

The plan is designed to protect employees from the harmful effects of bloodborne pathogens and infectious waste. The plan provides guidance, describes specific procedural requirements and delineates work practices designed to ensure that every reasonable effort is made to avoid exposure from any potential source. It also provides protocols to be followed in the event that an exposure to bloodborne pathogens or infectious waste is experienced by any University employee.

Annual training is offered each fall as a part of weekly scheduled clinic meetings and attendance is mandatory.

Departmental Emergency Response Plan (ERP)
The Department of Communication Sciences and Disorders maintains safety guidelines and information regarding what to do in the case of an emergency. Safety information found in this plan is based on information provided by ISU Environmental Health and Safety (EHS), the Illinois Department of Children and Family Services, the Illinois Department on Aging, and the Occupational Safety and Health Administration (OSHA). The full ERP can be found in Appendix N.

Hazardous Materials
ISU's Hazardous Materials Program is designed to prevent exposure to and protect employees from the harmful effects of chemicals used on the ISU campus. The written program provides guidance, describes basic procedural requirements and delineates work practices designed to ensure that every reasonable effort is made to avoid exposure from any potentially hazardous chemical. Details pertaining to this program can be found at the University's Environmental Health and Safety website (http://www.ehs.ilstu.edu/).

Currently there is no reasonable expectation that employees and students employed in the Department of Communication Sciences and Disorders will come in contact with chemicals or hazardous substances.

Speech and Hearing Clinic Environmental Health Plan
The following plan includes practices and procedures that must be implemented in the Speech & Hearing Clinic. All CSD employees and students must be familiar with these protocols.

Hand Hygiene
Hand washing is the most effective way to prevent infection and is often considered the first line of defense against germs. Hands should be washed with antibacterial soap and water immediately before and after each therapy/diagnostic session and following contact with any

contaminated surfaces/items. Hands, wrists, and forearms should be vigorously washed using soap and warm water for at least 20 seconds then dried using single-sheet paper towels. In the absence of access to a sink and running water, antimicrobial 'no rinse' hand sanitizers are effective if used according to manufacturer directions.

Personal Protective Equipment

Gloves should be worn when the risk of exposure to cerumen or other bodily fluids exists. A supply of latex and latex-free gloves is kept in all audiology testing booths (FH 309, FH 213, FH 207) and in the Materials Center. Additionally, face shields, disposable masks, and hand sanitizer are available in the Materials Center.

Cleaning and Disinfecting

Work surfaces in Clinic areas must be cleaned daily, after each patient appointment. Graduate student clinicians must disinfect all work surfaces using the alcohol-based wipes; these are located in each treatment room. Alcohol disposable wipes are also stored in the Materials Center.

To ensure the AUD booths/suites are kept clean and ready, AUD graduate student clinicians are required to sanitize the room/materials after each appointment. Each day, all surfaces that can be touched need wiped down with alcohol-based wipes (found in each room), including the audiometer dials, insert/headphone cords, keyboard, mouse, doorknobs, chairs and tables.

Any overt contamination of carpet (e.g., blood, urine, vomit) should be immediately reported to the student's assigned clinical educator who will make sure the Building Service Worker is notified and a request made to decontaminate the area. Some means of visibly identifying the contaminated area should be used (e.g., placing paper towels or disposable wipes on area, or setting a chair or two around or over the area).

Biohazardous waste

Biohazardous waste containers are located in all audiology test booths, and in the Materials Center. When bags in the audiology test booths need removed the DCE-AUD should be notified. The DCE-SLP oversees the Materials Center and therefore must monitor when the biohazard bags in the Materials Centers should be removed by the Environmental Health and Safety Office.

Sterilization

Cold sterilization with chemicals is necessary for all instruments or other materials that have come into contact with blood, mucus, or cerumen. This includes: curettes used in cerumen removal, impedance probe tips, otoscopic specula, tools used to facilitate strength and movement of the articulators in the oral cavity, tubing used for oral/nasal feedback, etc., and also toys and equipment that have been placed in the mouth, sneezed or coughed on, have been handled by anyone with open cuts/sores on their hands, or under any circumstance where common sense suggests that good hygiene has been violated. If these contaminated

items are returned to the Clinic Materials Center, it is the graduate student clinician's responsibility to inform the Clinic Materials Center staff that the item has been contaminated.

When items remain in the audiology areas (testing suites and hearing aid lab), it is the graduate student clinician's responsibility to remove the item and place it in a "To Be Cleaned Bin". The Audiology Clinic GA will then sterilize anything left in a "To Be Cleaned Bin".

The sterilization process requires cleaning and disinfecting first (see above), then soaking items in Wavicide for at least 8 hours and then air drying. Where soaking is not possible, the items should be sprayed with the sterilization chemical located in the storage cabinet in FH 213, scrubbed with a clean wipe, re-sprayed and then air dried.

Material Safety Data Sheets (MSDS online)
Chemical inventory and safety data sheets for all materials used in the Speech and Hearing Clinic can be found in the MSDS online directory. They are located in the folder titled 'Speech and Hearing Clinic' under the 'Location' dropdown menu from this site: https://illinoisstate.kha.com/ Student clinicians and clinical educators should be familiar with all products in which they are using.

CHAPTER FOUR: CLINICAL EDUCATION GUIDELINES & EXPECTATIONS OF GRADUATE STUDENT CLINICIANS

CLINICAL EDUCATION COMPONENTS

Clinical education in CSD is delivered through several required methods. Graduate student clinicians receive supervision of their clinical hours with patients. Students receive additional clinical education through a.) clinic meetings with the DCE including in-service training b.) required individual conferences with their clinical educators, c.) oral and written formative and summative feedback of clinical skills, including documentation, d.) and grand rounds or group learning meetings, e.) reflective practice journals, and f.) self-care. Failure to attend, participate in, or complete any educational component will affect the final clinical course grade.

Clinic Meeting with DCE
Weekly meetings with the DCE cover clinical processes and procedures. Meetings may include training and review of specific therapy techniques, preparation for off-campus practica, in-service presentations, and clinical educator evaluations. Attendance at these meetings is required and failure to attend will impact the final clinical course grade.

Weekly Conferences with Clinical Educators
Clinical educators meet weekly with their assigned graduate student clinicians in individual face-to-face sessions to provide in-depth, specific guidance and formative and summative evaluation of performance and clinical plans. Clinical educators document the content of these sessions to track progress for each student clinician throughout the semester.

Simucase SLP Simulations
Simucase is software that provides clinical simulations for speech-language pathology, audiology, and occupational therapy. Simucase simulations allow students to “assess, complete diagnostic findings, make recommendations, and provide intervention for virtual patients”. These cases cover disorders involving Articulation/Speech Sounds, Voice & Resonance, Receptive & Expressive Language, Hearing, Swallowing & Feeding, Cognitive Aspects of Communication, Social Aspects of Communication, AAC & Alternate Modalities. These cases are used throughout the SLP curriculum for purposes of formative assessment (Appendix N).

Clinical Documentation
Clinical educators-review and provide oral and written feedback for the documentation produced by each assigned graduate student clinician. This includes reports, plan of care, SOAP notes, treatment notes, and coding/billing worksheets.

Grand Rounds/Group Learning Meetings
Audiology graduate student clinicians engage in weekly Grand Rounds with all audiology faculty and clinical educators. A schedule of topics/case studies will be distributed during the first

week of the semester. Computer-based case studies will be assigned to evaluate critical thinking and integration of academic and clinical knowledge. Oral presentation of case studies may also be assigned. These will be evaluated by the audiology faculty and clinical educators as Pass (P) or Fail (F). A student earning an "F" will be given an additional case remediation opportunity to earn an improved grade. Any student with an "F" on the second case study will have 0.25 deducted from the semester clinic course grade. Failure to attend Grand Rounds will impact the final clinical course grade.

CSD clinical educators recognize the value of group learning. Therefore, speech-language pathology graduate student clinicians engage in Group Learning Meetings facilitated by the clinical educators in the fall and spring semesters. Oral presentation of cases may be assigned. Additional group meetings also can be scheduled as needed.

Reflective Practice Journal

Graduate student clinicians are required to write and submit a Reflective Practice Journal to their assigned clinical educators. Self-reflective entries should be made at least once a week. These entries should focus on the graduate student's clinical experiences, concerns, and questions about the clinical process. Clinical educators will review the student's reflections and provide feedback during their weekly scheduled individual conferences and may assign specific topics for reflection to foster a student's professional development.

Self-Care

In general, college has been identified as a stressful time of life (Hurst, Baranik, & Daniel, 2013). In some instances, stress can be positive and facilitate growth (Beck & Verticchio, 2014). High levels of stress that aren't appropriately managed, however, can result in negative psychological and physical outcomes (McCall, 2007) and can also negatively influence an individual's productivity, ability to learn, and overall attitude (Lincoln, Adamson, & Covic, 2004; Ross, 2011).

For graduate students in clinical programs, such as speech-language pathology (SLP), the stress of college might be exacerbated not only by the increased academic demands of graduate work, but also by the demands of clinical placements (Rizzolo, Zipp, Stiskal, & Simpkins, 2009; Sleight, 1985). Beck and Verticchio (2014a) documented that SLP students in their first semester of graduate school, when they were beginning both clinical experiences and graduate-level academic coursework, demonstrated relatively high levels of perceived stress.

The Live Well with Eight at State program at ISU identifies eight dimensions to be considered for optimal wellness. These dimensions are categorized into emotional, environmental, intellectual, financial, physical, social, spiritual, and vocational. CSD recommends all graduate student clinicians use these assessments prior to the start of the semester, at mid-term, and at the end of the semester. See the wellness site for more information: https://wellness.illinoisstate.edu/live-well/

Practice Portal/Evidence Maps
ASHA developed the Practice Portal to assist professionals in the field "by providing the best available evidence and expertise in patient care, identifying resources vetted for relevance and credibility, and increasing practice efficiency." The Practice Portal is divided into sections of clinical topics and professional issues in the fields of audiology and speech-language pathology. The Practice Portal can be accessed at: http://www.asha.org/practice-portal/

ASHA has also created Evidence Maps. Evidence Maps provide guidance in assessment and treatment of communication disorders based on the three elements of evidence-based practice: clinician expertise, patient values, and scientific research. Evidence Maps are created for clinical topics in audiology and speech-language pathology. Evidence Maps can be accessed at: http://www.asha.org/Evidence-Maps/

Graduate student clinicians are required to use the Practice Portal and Evidence Maps in association with patients as part of the clinical education process. Individuals requests and assignments will be presented by individual clinical educators.

Dress Code and Appearance in the Clinic
The Speech and Hearing Clinic is a professional service unit of the University. As such, all faculty, staff, and students are required to adhere to widely accepted, professional standards of dress when involved in the provision of direct services or observation of patients. The following guidelines should be followed:

- Persons are neat, clean, and well groomed.
- Clothing is in good repair
- Solid red, white or black scrubs (you may mix and match colors)
    - Tennis shoes of solid color and in good repair are permitted to be worn with scrubs
- Clothing is professionally modest
    - No visible undergarments
    - No cleavage of any kind
    - No midriff or back showing
    - No casual shorts, blue jeans, tennis shoes, or flip flops
    - Dresses and skirts should be within four inches of the top of the knee
    - Leggings and skinny pants are permissible if worn with a top that is at least mid-thigh length.
- No visible piercings other than ears (limit of three earrings per ear).
- No gauges or bars
- No visible tattoos or other body art is permitted
    - Exceptions may be made for those who have small, non-offensive tattoos that cannot easily be covered by standard clothing.

Some dress and personal styles may not meet these criteria but be acceptable in other settings. However, they are not considered conducive to the delivery of professional services in the

Speech and Hearing Clinic. Clinical educators will alert graduate student clinicians of concerns and/or violations of these standards. All questions regarding the dress code and its implementation should be referred to the relevant DCE.

Required Identification

In the on-campus Clinic, graduate student clinicians are expected to wear a lanyard displaying their ISU Redbird card to identify them as affiliates of ISU.

GRADUATE STUDENT REQUEST FOR ABSENCE FROM SCHEDULED RESPONSIBILITIES

During a graduate program, students are scheduled for both academic and clinic courses. A limited amount of time is available for successfully acquiring academic and clinical knowledge and skills and clinical clock hours. Additionally, clinical appointments involve patient visits. When students are not able to attend their scheduled responsibilities, faculty, clinical educators, patients and other graduate students are inconvenienced. Therefore, students are encouraged to attend all their scheduled responsibilities. However, there are times when students must miss classes and clinical appointments. It such circumstances students must alert their instructors and clinical educators in a timely and professional manner. Students must complete the "Graduate Student Request for Absence from Scheduled Responsibilities" form (See Appendix S) and obtain signatures of all instructors and clinical educators whose classes and clinical appointments will be missed and from their respective DCE.

PROFESSIONALISM AND SOCIAL MEDIA

As noted by Dr. Michael Chial (1985), "Audiology [and speech-language pathology] is a professional discipline. Professions require certain behaviors of their practitioners." The term 'social' is not synonymous with 'professional'. Therefore, graduate student clinicians are encouraged to be cautious when posting on social media platforms. Patient privacy guidelines must be followed. Patients and patient information should not be referred to or discussed, ever, on these platforms. Furthermore, social media posts reflect the student's professionalism. This in turn reflects on the CSD department and the University.

EVALUATION OF STUDENT CLINICIAN PERFORMANCE

Throughout each semester, clinical educators use the performance evaluation in Calipso to monitor progress and evaluate clinical performance of graduate student clinicians. Formatively, clinical educators provide weekly feedback (oral and written) to graduate student clinicians. In addition, a midterm and final student evaluation form is completed in Calipso. The midterm evaluation provides the student with information about their clinical strengths and areas for improvement. The evaluation form provides graduate student clinicians with specific summative written feedback on their progress toward mastery of clinical competencies.
The Professional Practice Competencies pertain to all clinical experiences completed on and off-campus. Concerns regarding professional practice competencies are addressed directly with the graduate student clinician and documented on a Professional Practice Competency Report Form. Professional practice concerns may have a negative impact on the assigned final clinical course grade.

At the end of each semester, the DCE will assign one final letter grade for each graduate student clinician in each enrolled clinical course. Final letter grades are derived by combining performance evaluations from each clinical educator for each of the students' clinical experiences, both on- and off-campus. These grades are averaged by weighting the total number of direct clinical hours earned for clinical experience grade.

EVALUATION OF CLINICAL EDUCATORS

Graduate student clinicians are encouraged to communicate throughout the semester with their assigned clinical educators. Students are expected to engage in professional conversations with clinical educators about questions they have, clinical strategies and practice, evaluation of their performance, and professional goals. Open dialogues are a crucial part of the clinical education process.

Graduate student clinicians evaluate their assigned clinical educators each semester. These evaluations are completed in Calipso during a DCE clinic meeting within two weeks of the end of the semester. The DCE's and Clinic Director are available to meet with students as needed to discuss clinical education concerns or questions.

CHAPTER FIVE: GUIDELINES AND EXPECTATIONS OF CLINICAL EDUCATORS

At ISU, CSD clinical education is founded on a competency-based, developmental model. Central to this approach are the knowledge, skill, and professional disposition competencies required for advanced practice. Clinical educators have the primary responsibility for mentoring graduate student clinicians in the application of clinical skills based on knowledge gained in the academic CSD courses.

ISU CSD clinical education also is in compliance with the ASHA certification standards that require graduate student clinicians to complete clinical experiences under the direct supervision of ASHA certified speech-language pathologists and audiologists. Clinical educators are, therefore, essential to the preparation of graduate students in the fields of SLP and AUD. ISU's CSD-clinical educators provide all on-campus educational/supervisory functions for CSD graduate student clinicians.

ISU CSD clinical education exceeds the ASHA requirements in supervision. Standard V-E of the 2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology (2020) states, "the amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services." In the on-campus Clinic, CSD strives to meet a higher standard of supervision than the minimum requirement. For the Masters of Science in Speech Language Pathology program, on-campus clients are scheduled so 100% of supervision by the clinical educator can occur. Due to Medicare and other insurance regulations, 100% in-room supervision is required for some clients. The nature of audiology services, including coding and billing, dictates that all on-campus audiology graduate students receive 100% in-room supervision of their contact with patients.

REQUIREMENTS AND TRAININGS FOR CLINICAL EDUCATORS

Successful completion of a number of trainings and protocols-is required of all ISU CSD clinical educators.

ASHA Certification/Illinois Professional License
All clinical educators are required to maintain ASHA certification and hold the Illinois Professional License specific to their profession. All clinical education experiences must be supervised by ASHA certified professionals for graduate student clinicians to 'count' these hours. All clinical educators must provide the Clinic copies of current certification and licensure.

Privacy and Confidentiality Training
Prior to beginning clinical observations or clinical experiences, students must complete privacy and confidentiality training. This training is conducted through an online platform. Options will include:

- HIPAA Compliance Training Video and Certification Program offered through Veterans Press, Inc. The web link and access code specific to the Speech and Hearing Clinic will be provided by the Clinic Director to those required to document compliance.
- CITI Health Information Privacy and Security for Clinicians offered through https://about.citiprogram.org/en/homepage/

To document completion, the assigned webinar and quiz must be completed. Upon completion of the Quiz, the user will receive a Certificate of Compliance. A copy of this Certificate must be submitted to the Clinic Director to document compliance.

In addition to the online training, all individuals with duties in the Clinic will complete a Privacy and Confidentiality Training Acknowledgement confirming their understanding of the privacy and confidentiality procedures related to personal health information (PHI) specific to the Speech and Hearing Clinic. The complete listing of privacy/confidentiality policies and procedures specific to the Speech and Hearing Clinic are in Appendix I. These will be reviewed by the Clinic Director annually.

Cardio-Pulmonary Resuscitation (CPR/AED Certification)
All clinical educators working in the on-campus Clinic must receive CPR/AED certification. ISU Environmental Health and Safety offers Heartsaver CPR/AED classes for employees.
Upon successful completion of the Heartsaver CPR/AED training, participants will receive an American Heart Association (AHA) certification card that is valid for 2 years. Once completed, a copy of this card must be submitted to the Clinic Director.

Clinical educators are expected to read and be familiar with the contents of the Automated External Defibrillator (AED) Action Plan for Fairchild Hall/Rachel Cooper found in Appendix J.

Mandated Child Abuse Reporting

All on-campus clinical educators are required to complete the Illinois Department of Children and Family Services online training course designed to help all Illinois Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse. https://mr.dcfstraining.org/UserAuth/Login!loginPage.action;jsessionid=B5CBDCD691B164F1F87D46A58B2FF39C

Upon completion of this training, clinical educators will give the Certificate of Completion and the signed and dated Acknowledgment of Mandated Reporter to the Clinic Director to document compliance.

Other Trainings/Protocols

Clinical educators are also required to complete **University personnel crime reporting/incident training** and **bloodborne pathogens training**. It is also required for clinical educators to be understand and know the procedures outlined in the **Department Emergency Response Plan (ERP)** and **Speech and Hearing Clinic Environmental Health Plan**. Information about these trainings and plans can be found in Chapter Three of this manual.

Professional Liability

The University provides professional liability insurance for Clinic employees including clinical educators and graduate student clinicians. Documentation of liability insurance is provided by the University Risk Management office at the beginning of each fiscal year. The coverage permits $1,000,000 per occurrence and with a $5,000,000 aggregate.

CAQH ProView

CAQH ProView is an online provider data-collection service. It streamlines provider data collection for health plans and other healthcare organizations. Healthcare organizations are able to access provider information. All clinical educators must create and maintain an account in CAQH ProView. Specific data to be included will be provided by the Clinic Director.

CLINICAL EDUCATION PROGRAM COMPONENTS

The primary role of clinical educators in CSD is to provide clinical education to graduate students in the CSD program. The DCE-SLP and DCE-AUD will determine clinical load decisions for each clinical educator. A full-time SLP clinical education position consists 20 hours of patient contact time. A full-time AUD clinical education position consists of 20 hours of patient contact time. It should be noted that these numbers are used as scheduling *guidelines* to quantify a full-time load. These numbers may increase or decrease as the demands for clinical services change.

In addition to the weekly assigned patient contact hours, clinical educators are expected meet with graduate students and facilitate learning through other clinical education methods.

Weekly Conferences with Assigned Student Clinicians
Clinical Educators are expected to meet with assigned student clinicians weekly in individual face-to-face sessions to provide in-depth, specific guidance and formative and summative evaluation of performance and clinical plans. Group meetings also can be scheduled as needed. In addition to these meetings, clinical educators will review written documentation produced by the graduate student clinician, for example, reports, plans of care, goals to provide feedback. Clinical educators document the content of these sessions to track progress for each student clinician throughout the semester.

Clinical Documentation
Clinical educators-review and provide oral and written feedback for the documentation produced by each assigned graduate student clinician. This includes reports, plan of care, SOAP notes, treatment notes, and coding/billing worksheets. Ultimately, it is the responsibility of the clinical educator to ensure accurate and timely documentation for each patient.

Coding of Clinical Experiences
Graduate student clinicians will be required to submit a 'draft superbill' for every on-campus clinical experience to their assigned clinical educator. This will be used a clinical teaching method since graduate student clinicians do not have this level of access in PnC. Clinical educators will be ultimately responsible for accurate coding of services for proper billing.

Reflective Practice Journal
Graduate student clinicians are required to write and submit to their assigned clinical educators a Reflective Practice Journal. Self-reflective entries should be made at least once a week. These entries should focus on the graduate student's clinical experiences, concerns, and questions about the clinical process. Clinical educators will review the student's reflections and provide feedback during their weekly scheduled individual conferences and may assign specific topics for reflection to foster a student's professional development.

Self-Care

The Live Well with Eight at State program at ISU identifies eight dimensions to be considered for optimal wellness. These dimensions are categorized into emotional, environmental, intellectual, financial, physical, social, spiritual, and vocational. CSD recommends all graduate student clinicians use these assessments prior to the start of the semester, at mid-term, and at the end of the semester. See the wellness site for more information: https://wellness.illinoisstate.edu/live-well/

Practice Portal/Evidence Maps

ASHA developed the Practice Portal to assist professionals in the field "by providing the best available evidence and expertise in patient care, identifying resources vetted for relevance and credibility, and increasing practice efficiency." The Practice Portal is divided into sections of clinical topics and professional issues in the fields of audiology and speech-language pathology. The Practice Portal can be accessed at: http://www.asha.org/practice-portal/

ASHA has also created Evidence Maps. Evidence Maps provide guidance in assessment and treatment of communication disorders based on the three elements of evidence-based practice: clinician expertise, patient values, and scientific research. Evidence Maps are created for clinical topics in audiology and speech-language pathology. Evidence Maps can be accessed at: http://www.asha.org/Evidence-Maps/

Graduate student clinicians are required to use the Practice Portal and Evidence Maps in association with patients as part of the clinical education process. Individuals requests and assignments will be presented by individual clinical educators.

Self-Assessment of Supervision

ASHA developed the Self-Assessment of Competence in Supervision. As indicated in this document, "Self-assessment enhances professional growth and development and provides an opportunity for each person to identify goals and determine whether these goals are being met." All clinical educators will complete this self-assessment annually at minimum. Direct responses will not be reported to the DCE or Clinic Director. This assessment will be used to guide one's professional supervision practice. A narrative summary will be required as part of the annual summary of accomplishments.

Monthly Team Meetings

Clinical educators are encouraged to communicate regularly with their respective DCE and Clinic Director. Open dialogues are a crucial part of the clinical education process.
Each DCE will hold a monthly meeting with their respective team of clinical educators. These meetings will include administrative discussions as well as opportunities for in-service. Clinical educators will have an individual meeting with their respective DCE at mid-term every fall and spring semester. Additionally, all clinical educators will meet individually with the Clinic Director at the end of the fall and spring semester. These meetings provide an opportunity to have individualized discussions about the clinical education process, suggestions for improvement, and plans for future projects.

Continuing Education

Clinic income permits the annual allotment of funds for professional development/continuing education. This amount is set at the beginning of each year by the Department Chairperson and Clinic Director. While these funds can be used for state license renewal or ASHA dues, it is expected that clinical educators will use these monies for professional development and to meet the ASHA continuing education requirements. In 2016, the ASHA Ad-Hoc Committee on supervision has issued a report to phase-in a continuing education requirement for supervisors. Clinical educators are expected to earn a minimum of two clock hours every three years in supervision training.

CLINICAL EDUCATOR COMPETENCIES

ASHA's Ad Hoc Committee on Supervision (2013) identified knowledge and skill sets that are necessary for effective supervision to occur. CSD has adapted and expanded these supervisory knowledge and skills sets into competencies.

Competency 1. Supervisory Process and Clinical Education

- Employs a collaborative model of supervision.
- Applies adult learning styles.
- Adapts supervisory interventions to supervisee's developmental stages.
- Uses a variety of teaching techniques (e.g., reflective practice, solution focused questioning).
- Defines supervisor/supervisee roles and responsibilities appropriate to the setting.
- Provides accommodations for documented supervisee disabilities.
- Sets personal goals to enhance supervisory competence.
- Establishes and maintains working relationships with referral networks.

Competency 2. Relationship Development

- Develops and maintains supportive and trusting relationships with supervisee.
- Creates an environment that fosters learning and exploration of personal strengths and needs.
- Works within the supervisory relationship to transfer decision-making and social power to the supervisee, as developmentally appropriate.
- Defines roles and expectations of supervisors and supervisees.
- Educates supervisees about the supervisory process.

Competency 3. Communication Skills

- Defines expectations for interpersonal and modes of communication, including written/oral messages with supervisor, families, clients, referral sources, and/or colleagues.
- Demonstrates culturally sensitive responses to differences in communication styles.
- Engages in difficult conversations regarding problematic supervisee performance.
- Uses reflective and solution focused questioning to facilitate supervisee development.
- Adjusts supervisory styles to developmental level of supervisees.

Competency 4. Learning Goals

- Determines developmental level of supervisee through observations and discussions.
- Creates learning goals—collaboratively with the supervisee—that allow for the supervisee's clinical and professional growth.

Competency 5. Performance Evaluation

- Directly observes the supervisee's clinical performance associated with KASA competencies.
- Reviews the documentation provided by the supervisee for thoroughness and accuracy.

- Analyzes the effectiveness of clinical performance of the supervisee within and across sessions.
- Guides supervisee in using reflective practice techniques to modify his/her own performance.
- Gives oral and written formative and summative feedback to motivate and improve supervisee performance.
- Identifies issues of concern in regard to supervisee performances.
- Determines if progress is being made toward the supervisee's goals.
- Modifies learning goals or establish new goals as needed.

Competency 6. Evidence-Based Practice

- Adheres to principles of evidence-based practice.
- Refers to current research and outcomes data and their application in clinical practice.
- Encourages the supervisee to seek applicable research and outcomes data.

Competency 7. Ethics and Legal Risk

- Guides supervisee in ethical practice.
- Applies regulatory guidance in service delivery.
- Educates the supervisee on payment/reimbursement for services rendered.
- Interprets ISU and CSD rules and regulations (as needed) for supervisee.
- Model professional behaviors associated with Professional Practice Competencies

CLINICAL EDUCATOR EVALUATION

Clinical educators are evaluated annually by their respective DCE, the Clinic Director and the Department Chair.

Evaluations will include a review of the following materials:

- **A curriculum vitae** (See the ISU Career Center site for *possible components* at https://careercenter.illinoisstate.edu/student/resume/resumes.shtml)

- Completion of the Self-Assessment of supervision competencies (supervisory process and clinical education, relationship development and communication skills, establishment/implementation of goals, analysis and evaluation, clinical and performance decisions, and specific competencies for clinical educators of graduate students) http://www.asha.org/uploadedFiles/Self-Assessment-of-Competencies-in-Supervision.pdf

  After completing the self-assessment, *only a summary will be submitted*. This summary will include areas of strength, areas in need of improvement, and an action plan. It will be included in the annual summary of accomplishments. (See next bullet.)

- **An Annual Summary of Accomplishments.** The following components should be addressed in the Summary:
  - Teaching
    - Clinical Teaching (direct supervision numbers and other clinical teaching)
    - Academic Courses Taught
    - Honors Projects/Independent Studies
  - Service to the Clinic, Department, and University
  - Research/Presentations
  - Awards/Recognitions
  - Professional Memberships and Affiliations
  - Continuing Education Completion
  - Review of student feedback on supervision
  - Summary from Self-Assessment
    - Areas of strength
    - Areas of improvement
    - Goals/plan for development/continuing education

Appendix A

Clinic Materials Center

Graduate student clinician enrolled in clinic courses are expected to know the proper way to check materials in and out of the Materials Center. Each student must understand and practice the following policies and procedures.

Staffing

The Materials Center is staffed by undergraduate student volunteers, a NSSLHA executive member, graduate assistants, and one paid graduate student. If you are unable to work as scheduled, you should notify the paid graduate student first. If you cannot fulfill your obligation on a particular day, you are responsible for finding a substitute and notifying the paid graduate student of the substitution.

Policies

1. Please honor the reserve list for all materials.
2. All students and faculty members must have their University ID card in order to check out materials.
3. Items should not be checked out until you are ready to use them and returned as soon as you are finished with them. For example, 10 minutes before and after scheduled session is reasonable.
4. Items may be checked out for a reasonable amount of time. All items must be returned on the day they are borrowed. Exceptions are students who have been **approved** for overnight check out as indicated in the WASP checkout system.
5. To check out items for off-campus practicum, please have a clinical educator initial orange check out card. No one may check out or transfer items for anyone else. Even if someone else needs the item, the responsibility for that item is yours, until it is returned, and the other person checks it out.
6. If an item is not returned in 24 hours, a late notice will be filled out and sent to the Clinician and clinical educator. The Clinician is responsible for paying for replacing the item. Your clinical educator will be informed, which may impact your Clinic grade, and you may lose the right to borrow items from the Materials Center.
7. PLEASE notify a staff member, of equipment or materials found to be damaged, do not work properly, or have parts missing, so items can be repaired or replaced.
8. Items will not be checked out to persons outside the department unless prior approval and arrangements are made with the Clinic Director.
9. If you need access to the Materials Center when it is locked, you should see your clinical educator. Items need to be checked out using the electronic check out system.
10. Faculty will follow all policies for the borrowing of materials from the Materials Center.
11. Requests by faculty or students for exceptions to these policies should be written and given to Mrs. Boester.

Reserving Materials

To reserve iPads and assessments, be sure to complete the information on the Reserve List located on the clipboard on the checkout counter. You must check to be sure no one else has requested it for the same time period, and you must note whether it needs to be returned by a certain time, for another Clinician. The Reserve List is reproduced below.

TIME	ITEM	CLINICIAN	ROOM NO.

Check-Out and Return Procedures

Every Clinician and faculty member must have their University ID card in order to check out using the scanning system. The scanning system keeps track of who is checking out, what items they are checking out, and when they are due back. It also produces an overdue report for items that are not returned on time.

Reminder: To be sure a material is not already reserved; check the Reserve List before checking out materials.

To check out items:

CLINICIAN	STAFF
1. Take out your University ID card.	1. Make sure the "Check Out" tab is clicked on the Scanning System.
2. Place all objects that you are checking out on the counter.	2. Scan the University ID card.
3. If checking out overnight, fill out the appropriate check out cards and obtain a signature from a clinical educator. Clinical educator's signature must be obtained prior to check out.	3. Scan each item individually and enter the date that the item is expected to be returned.

Returning items:

CLINICIAN
1. Place item(s) on counter & give staff University ID card.
2. Return all items to their appropriate location.

STAFF
1. Make sure the "Check In" tab is clicked on the Scanning System.
2. Scan the University ID card.

3. Scan each item individually until all items are checked in. Please double check the item is removed from the list after each scan.

Tests and Equipment---Check out and return procedure:

CLINICIAN	STAFF
1. Request desired item(s) from staff.	1. Pull requested item(s), while Clinician is completing the large/white generic check-out card.
2. Complete the large/white generic check- out card---including: name, date and description of item(s). See example on the bulletin board. NOTE: If you do not wish to take the whole test—list each component that you will check out.	2. Place this card in the bin/area from which the test was removed.
3. Take out your University ID card. Please do not leave until after the Materials Center staff member scans your ID and the test items/equipment.	3. Scan the Clinician's/faculty's University ID and the test items/equipment. Enter in the date the item is expected to be returned.

Faculty Only

Occasionally academic and clinical course instructors have instructional items (books, printed material, etc.) that need to be checked out by class members. A special area is set aside to house such items. Please follow these guidelines:

1. When possible, such items should be placed in a container so that only one unit needs to be handled by the staff member. The container should be labeled by course instructor, course number and description of materials. Individual items (books, printed materials etc.) should be placed in a single container also and each item should be labeled for efficient filing back into the container.
2. Provide a class list so that the staff member can verify who is allowed to have the materials.
3. Explain procedures to class members, including the overdue policy.
4. No items will be available for classroom use after the close of the Clinic each semester. This time is needed for inventory and update of materials.

Closing the Materials Center

1. Staff member will determine if all items have been returned by checking the Materials Monitor.

2. Staff member will place a past-due notice in the student's Clinic mailbox for any items that have not been returned.

Check Out Policy for Professionals Not Employed by CSD Department

We are happy to allow professionals who are not members of the ISU Speech and Hearing Clinic faculty/staff to check out evaluation materials from the Materials Center. The policy for doing so is as follows:

1. Please initiate the process by contacting the Director of Clinical Education-SLP of the ISU Speech and Hearing Clinic faculty/staff to inquire as to the possibility of checking out specific evaluation materials.
2. A reservation book is maintained in the Materials Center. Be sure that the material requested has not been previously reserved for the time desired. If all copies of the material have been reserved for any period within the time for which you are requesting the material, it may not be checked out. If the material is not reserved, then it may be checked out.
3. To check a material out, please complete the check-out card using the example on the bulletin board as a sample. In addition, complete "Materials Check-Out Form". These forms can be found in the back of the reservation book in the Materials Center.
4. Two lists are found in the front of the reservation book as well as on the wall behind the counter in the Materials Center. One list contains those items for which we have duplicates. The other list contains items for which we have only one copy. Those items for which we have duplicates may be checked out for one week. Those items for which we only have one copy may be checked out for 48 hours.

Property Control Equipment Loan Request – The Process

In the RARE event that an iPad or other device with an ISU Tag needs to be checked out overnight, a "Property Control Equipment Loan Request" form MUST accompany the item.

1. Please obtain a Property Control Loan Request form from the Clinic office or the materials center. The form may also be obtained from the department office.
2. The ISU Tag# needs to be on the form.
    a. For iPads, obtain the tag # from an MC worker or Clinic office staff (found on the iPad inventory sheet).
3. Complete the form.
4. Form signed by Mrs. Boester
5. Copy the form.

6. Keep a copy with the equipment. The original will remain as indicated below:
    a. If it is an item from the MC – leave the form with the MC worker.
    b. If the item is directly from a clinical educator's office – leave it with the clinical educator.
7. Return the item by the agreed upon deadline with the form.
8. The MC worker or clinical educator will then collect both forms and discard once the item is returned.

**Equipment such as iPads and laptops should only leave Fairchild when absolutely necessary.

Appendix B

AuD Projected Plan of Study with all credit hour requirements

First-year Fall CSD 520: Essential Techniques in Audiology (3) CSD 509: Anatomy and Physiology of the Auditory Vestibular System (3) CSD 401: Methods of Research for Speech Pathology and Audiology (3) CSD 530: Acoustics and Amplification Technology (3) CSD 508A10: Clinical Observation (1)* Total credit hours = 13	**First-year Spring** CSD 521: Differential Diagnosis in Audiology (3) CSD 511: Electrophysiologic Techniques in Audiology I (3) CSD 531: Amplification Selection and Fitting (3) CSD 508A20: Clinical Clerkship (2)* Total credit hours = 11	**First-year Summer** CSD 510: Psychoacoustics (3) CSD 540: Professional Issues in Audiology (2) CSD 508A20: Clinical Clerkship (2)* Total hours = 7
Second-year Fall CSD 451: Counseling for Communication Disorders (2) CSD 523: Pediatric Audiology (3) CSD 526: Auditory Processing and Disorders (2) CSD 533: Advanced Aural Rehabilitation: Adult/Geriatric (2) CSD 508A30: Audiology Internship (3)* Total credit hours = 12	**Second-year Spring** CSD 538: Vestibular Evaluation and Rehabilitation (3) CSD 532: Advanced Advanced Pediatric Audiology (3) CSD 536: Implantable Auditory Prostheses (2) CSD 508A30: Audiology Internship (3)* Total credit hours = 11	**Second-year Summer** CSD 508A40: Audiology Practicum (4)* Total credit hours = 4
Third-year Fall CSD 524: Medical Audiology (3) CSD 541: Occupational and Environmental Audiology (3) CSD 500: Independent Study (3) CSD 508A40: Audiology Practicum (4) * Total credit hours = 13	**Third-year Spring** CSD 522: Electrophysiological Techniques in Audiology II (2) CSD 542: Business and Practice Management in Audiology (3) CSD 500: Independent Study (3) CSD 508A40: Audiology Practicum (4) Total credit hours = 12	**Third-year Summer** CSD 598: Clinical Residency (1)* Total credit hours = 1
Fourth-year Fall CSD 598: Clinical Residency (1)* Total credit hours = 9	**Fourth-year Spring** CSD 598: Clinical Residency (1)* Total credit hours = 1	

*Clinical education courses

Appendix C

MS in SLP Plan of Study with all credit hour requirements

		First-year Summer CSD 409: Introduction to Research (2) CSD 412: Speech Sound Disorders (3) CSD 422: Assessments across the Lifespan (2) Total credit hours = 7
First-year Fall CSD 402: Cognition and Language Across the Lifespan 1: Foundations (4) CSD 410: Neurobasis of Communication Disorders (3) CSD 451: Counseling for Communication Disorders (2) CSD 408A30*: Basic Practicum SLP (1) Total credit hours = 10	**First-year Spring** CSD 403: Cognition and Language Across the Lifespan 2: Differential diagnosis (3) CSD 404: Cognition and Language Across the Lifespan 3: Intervention (3) CSD 414: Dysphasia (2) CSD 408A40*: Intermediate Practicum SLP (2) Total credit hours = 10	**Second-year Summer** CSD 420: Feeding and Swallowing Disorders in Infants and Children (2) CSD 432: Professional Issues (2) CSD 460: Augmentative and Alternative Communication (3) CSD 408A40*: Intermediate Practicum SLP (2) Total credit hours = 9
Second-year Fall CSD 406: Language for learning and literacy (3) CSD 413: Assessment and Management of Voice and Resonance Disorders (3) CSD 418: Assessment and Treatment of Stuttering (3) CSD 408A50*: Advanced Practicum SLP (3) Total credit hours = 12	**Second-year Spring** CSD 408A60*: External Practicum Educational (5) CSD 408A70*: External Practicum Medical (5) Total credit hours = 10	

*Clinical education courses

Appendix D

ASHA CODE OF ETHICS

Preamble

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

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide Clinical services and who also desire membership in the Association must hold the CCC.

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

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

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

A. Individuals shall provide all Clinical services and scientific activities competently.

B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of Clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of Clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following Clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for Clinical practice and the responsible conduct of research.

K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based Clinical judgment, keeping paramount the best interests of those being served.

N. Individuals who hold the Certificate of Clinical Competence shall not provide Clinical services solely by correspondence but may provide services via telepractice consistent with professional standards and state and federal regulations.

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

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

Rules of Ethics

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of Clinical services; however, individuals who are in the certification application process may engage in the provision of Clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct Clinical activities that compromise the staff member's independent and objective professional judgment.

G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.

C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

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

Rules of Ethics

A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.

B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

The full text of the American Speech-Language-Hearing Association. (2016). Code of ethics [Ethics] is available from www.asha.org/policy.

Appendix E

American Academy of Audiology Code of Ethics

Preamble

The Code of Ethics of the American Academy of Audiology specifies professional standards that allow for the proper discharge of audiologists' responsibilities to those served, and that protect the integrity of the profession. The Code of Ethics consists of two parts. The first part, the Statement of Principles and Rules, presents precepts that members (all categories of members, including Student Members) of the Academy agree to uphold. The second part, the Procedures, provides the process that enables enforcement of the Principles and Rules.

PART I. Statement of Principles and Rules

PRINCIPLE 1: Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.
Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.
Rule 1b: Individuals shall not provide services except in a professional relationship, and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.

PRINCIPLE 2: Members shall maintain high standards of professional competence in rendering services.
Rule 2a: Members shall provide only those professional services for which they are qualified by education and experience.
Rule 2b: Individuals shall use available resources, including referrals to other specialists, and shall not give or accept benefits or items of value for receiving or making referrals.
Rule 2c: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research.
Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.
Rule 2e: Individuals shall not knowingly permit personnel under their direct or indirect supervision to engage in any practice that is a violation of the Code of Ethics.
Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Members shall maintain the confidentiality of the information and records of those receiving services or involved in research.
Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Members shall provide only services and products that are in the best interest of those served.

Rule 4a: Individuals shall not exploit persons in the delivery of professional services.
Rule 4b: Individuals shall not charge for services not rendered.
Rule 4c: Individuals shall not participate in activities that constitute a conflict of professional interest.
Rule 4d: Individuals using investigational procedures with human participants or prospectively collecting research data from human participants shall obtain full informed consent from the participants or legal representatives. Members conducting research with human participants or animals shall follow accepted standards, such as those promulgated in the current Responsible Conduct of Research (current edition, 2009) by the U.S. Office of Research Integrity.

PRINCIPLE 5: Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.
Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided or research being conducted.
Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served or studied.
Rule 5c: Individuals shall conduct and report product-related research only according to accepted standards of research practice.
Rule 5d: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.
Rule 5e: Individuals shall maintain accurate documentation of services rendered according to accepted medical, legal, and professional standards and requirements.

PRINCIPLE 6: Members shall comply with the ethical standards of the Academy with regard to public statements or publication.
Rule 6a: Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services.
Rule 6b: Individuals' public statements about professional services, products, or research results shall not contain representations or claims that are false, misleading, or deceptive.

PRINCIPLE 7: Members shall honor their responsibilities to the public and to professional colleagues.
Rule 7a: Individuals shall not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.
Rule 7b: Individuals shall inform colleagues and the public in an objective manner consistent with professional standards about products and services they have developed or research them have conducted.

PRINCIPLE 8: Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.
Rule 8a: Individuals shall not violate these Principles and Rules, nor attempt to circumvent them.
Rule 8b: Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.
Rule 8c: Individuals shall inform the Ethical Practices Committee when there are reasons to believe that a member of the Academy may have violated the Code of Ethics.
Rule 8d: Individuals shall fully cooperate with reviews being conducted by the Ethical Practices Committee in any matter related to the Code of Ethics.

The full text of the American Academy of Audiology. (2011). Code of Ethics is available from: http://www.audiology.org/resources/documentlibrary/Pages/codeofethics.aspx**Professional**

Appendix F

Professional Practice Competencies Report

Student Name:	UID:

Faculty/Staff Initiating Report: _____

Date of Report: _____

Area of Concern: _____

Is this considered to be a breach of patient privacy? **YES** **NO**

Meeting with Student:

Date: _____ Time: _____

Faculty/Staff Member: _____

Explanation of Concerning Behavior:

_____

_____

_____

_____

Appropriate Methods for Improving Concerning Behavior:

_____

_____

_____

_____

This concern regarding Professional Dispositions and Essential Functions has been discussed with the student. My signature verifies that I am aware of the document's contents and existence and I understand that a copy of this report will be filed with the following persons:

_____ Department Chairperson

_____ Clinic Director

_____ Director of Clinical Education ____AuD _____SLP

Signature of Student: _____ Date: _____

Signature of CSD Clinical Educator/Faculty _____ Date: _____

Appendix G

PRIVACY/CONFIDENTIALITY POLICIES

Health Insurance Portability and Accountability Act (HIPAA)

Any healthcare provider that electronically stores, processes or transmits medical records, medical claims, remittances, or certifications must comply with Health Insurance Portability and Accountability Act (HIPAA) regulations. The Eckelmann-Taylor Speech and Hearing Clinic takes seriously its obligation to keep information about patients' health confidential. The following policies and practices outline the ways in which the Clinic creates, stores, and uses Protected Health Information (PHI).

Protected Heath Information (PHI) as defined under HIPAA includes individually identifiable health information including demographic information collected from an individual, which is created or received by a health care provider, health plan, employer, or health care clearinghouse; and which relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. It pertains to information that identifies the individual or could be used to identify the individual, including:

1. Name and address;
2. Date of birth;
3. Social security number;
4. Payment history;
5. Account number; and
6. Name and address of the health care provider and/or health plan;
7. Any combination of information about a patient that could identify them.

This section reviews processes and procedures that have been put in place to protect the privacy and confidentiality of patient records in the Clinic. These procedures are to be practiced at all times by all faculty, staff and students directly or indirectly involved in the Clinic and with access to PHI.

Electronic Health Record (System Access Policy)

Policy
Providers of speech, language, and hearing services in the Eckelmann-Taylor Speech and Hearing Clinic use an electronic health record developed by Point and Click Solutions to create and store all patient health information. The software is designed to be HIPAA compliant, as are the policies and practices put into place for its use.

Access
Access to Point and Click (PnC) patient-relationship management software is limited to clinical educators, Clinicians, office staff members, and technical support. Each of these persons is assigned a role in the Clinic and assigned security clearance appropriate to that role. There are different levels of access to electronic Protected Heath Information (ePHI) for different roles, based on their need for access. This limits each person's access to ePHI to the *minimum necessary* to perform their responsibilities. Access also is granted to technical support personnel from Point and Click Solutions, CAS-IT and Administrative Technologies as needed to support the systems and software.

Student clinicians access the PnC software *only* on designated computers found in Room 309E Fairchild Hall and in audiology treatment booths located in Rooms 208F, 213, and 309 Fairchild Hall. Fairchild Hall Room 309E and the Clinic Office are protected by an electronic keypad, which reads and recognizes the University Identification Number (UID) found on each student's University Identification Card (Redbird ID). At the beginning of each term, a University designated security officer grants access to only those students who are active student clinicians. Students must swipe their Redbird ID cards to gain access to the room. On all PnC designated computers, students are required to enter their ULID and associated password both to log-on to the computer and to use the PnC software to access the health record for their patients.

Office staff members access the PnC software on their office computers located in their workspace, the Clinic office, Room 211 Rachel Cooper. They must enter their ULID and associated password into the PnC software to gain access to the health records for all patients.

Clinical educators access the PnC software on their office computers located in their private offices on the second and third floors of Fairchild Hall. In addition, each clinical educator may access the software from home by remoting into their office computers from a designated personal computer. Clinical educators must enter their ULID and associated password into the PnC software to gain access to the health records for all patients.

Access to PnC will be permitted only after the initial privacy/confidentiality training has been completed and documented. A request for access to PnC is submitted by a CAS-IT ticket and approved by the Clinic Director.
NOAH software provides the Clinic with a unified system for performing patient-related hearing-aid adjustments and hearing loss measurement. The system is comprised of a server

located in the CAS-IT server room and seven patient workstations, all located in the Clinic. NOAH is also installed in the student clinician computer lab in Fairchild Hall room 309E to allow for practice and research. Only audiology clinicians utilize NOAH. The system supports two role types; administrator and user. Clinical educators and CAS-IT personnel are provided with "administrative" access while student clinicians have "user" level access. NOAH software can only be accessed by individuals who have a valid ULID to log onto the Clinic exam room computer(s). User access is requested by the Director of Clinical Education for audiology by way of a CAS-IT ticket with the ULID's. Account creation is the responsibility of the CAS-IT security officer for the Clinic and access must be approved by the Clinic Director.

Minimal Necessary Access

Clinicians and clinical educators may access ePHI for only those patients that are assigned to their caseload in any given semester. There is an electronic trail created each time a patient record is accessed, and random audits are used to ensure that users are not accessing records they have no need or authority to access.

Use

Clinical educators, student clinicians, and staff are trained in the use of PnC and confidentiality practices before being granted access to the software. Protected health information and sensitive information are *not to be sent through e-mail or other software outside of Point and Click*. When using PnC to view patient records, authorized users should take care to make sure that sensitive information on display screens is not visible to unauthorized people or left unattended in publicly accessible areas. Areas that are subject to high foot-traffic must use a privacy screen on the monitor. After signing onto PnC with their ULID and associated passwords, students may navigate and use the patient record as needed; sending and receiving records and messages from their clinical educators and office staff.

Observation Policy

There are two Observation Centers (OCs) located in the Eckelmann-Taylor Speech and Hearing Clinic. One is the Parent OC located in Fairchild Hall, 211-C, and the other is the Student OC located in Fairchild Hall, 309-A. The Student OC contains four computers, and the Parent OC contains six computers. Each station consists of a monitor, computer, and a headphone. The purpose of the OCs is to provide controlled audio and video observation of both live and previously recorded therapy sessions. The Parent OC is to be used by clinical educators and family members only. The Student OC is to be used by clinical educators, student clinicians, and student observers who are enrolled in designated courses.

Each observation station has the Milestone observation system installed on it and can view any treatment room. The Parent OC has six computers with privacy screens installed and headphones for audio. Since parent/guardians are not affiliated with ISU, each computer is logged-in with a generic account. These computers do not have Internet browsers installed and access to functional parts of the computer are severely restricted. The student OC has four computers with headphones and students use their ULID credentials to both log onto the computers and the Milestone software.

General Policies for Students:

1. All observations, regardless of the observer, must be approved and coordinated by the clinical educator responsible for the patient's care.
2. Observations are restricted to patient(s) designated by the clinical educator in order to maintain confidentiality.
3. Generally, the observer will be expected to observe the full session to make sure that maximum understanding of the session is achieved.
4. During times when multiple observers are present, all audio transmissions should be via headphones (not computer speakers).
5. If more than one observer is present in the observation center, no verbal discussion between observer and clinical educator/student clinician should be conducted. Move to a private area if discussion is necessary.

General Policies for Family members:

1. The family observation center is available to parents and family members of our clients with permission from the clinical educator.
2. Family members must be listed on the consent form in order to observe in the observation room.
3. The clinical educator and/or student clinician will identify the correct room number for your family member's services. All observations are restricted to this room.
4. No food or drinks are allowed in the observation area.
5. Cell phones may not be used in the clinic – this includes the observation area.
6. In order to maintain an appropriate clinical and educational environment, family members will be asked to make arrangements for the care of sibling children during scheduled observations. If this is not possible, family members are encouraged to remain in the waiting room. Children should only be in the observation center if their observation of the sessions will enhance goals and objectives of therapy at home.

Observations by Students Enrolled in CSD Courses

1. Course instructors may arrange observations by first contacting the appropriate Director of Clinical Education to ensure the observations are timely and that appropriate patients are selected. Arrangements and/or notification of individual clinical educators will be made by the Director of Clinical Education.
2. Course instructors are responsible for ensuring that observers have been properly trained in confidentiality requirements and operation of the equipment. Privacy and confidentiality training can be arranged through the Clinic Director.
3. All students observing must have a signed confidentiality agreement on file with the Clinic Director.

Passwords

Passwords are to remain confidential and must not be shared with anyone, even IT support personnel. Do not write down or attempt to hide a password in any location. All ISU employees and/or students are expected to follow the Information Technology Appropriate Use Policy accessible here: http://policy.illinoisstate.edu/technology/9-2-2.shtml . Clinical

educators are required to notify CAS-IT of new and exiting employees. Users of PnC and NOAH software are subject to a 180-day password-change policy.

Automatic Lock

When authorized individuals have finished their work in the PnC system, and/or must step away from the computer for any reason, they must either LOCK or EXIT PnC to protect ePHI. Workstation screens are set to automatically lock after five minutes for the lab and fifteen minutes for faculty/staff workstations. Password-secured applications include (but are not limited to) PnC, NOAH, Exchange E-mail, campus E-mail (Webmail), Outlook Web Access and ISU Mainframe/NVAS.

To be considered secured, the PnC system must display the user ID/password screen, the ISU Mainframe /NVAS window must display the VTAM screen/NVAS sign-on screen, Outlook must be closed, and other software must either be closed or at the login window. No unattended computer should be left with any confidential applications/information.

Automatic Logoff

Automatic logoff is not instituted as the workstations are used for other Clinic business not involving PHI. Therefore, it is the responsibility of each user to properly secure each workstation after use.

Paper Health Record (Media Handling and Disposal Policy)

Patient Paper Folders
Paper folders for patients are used to store paper documents generated during the course of treatment. Patient folders are stored in a locking file cabinet in the Clinic office. This cabinet is unlocked, and folders are available to authorized users during regular Clinic business hours. At the close of each business day, all files are to be returned to the file cabinet and it will be locked until the start of business the following day. Clinical educators, student clinicians, observers, and staff members may only access folders for patients assigned to them or for whom they are directly responsible for treatment, payment, or operations. Neither an entire folder nor any part of a folder can be taken from the Clinic area at any time. The Clinic area includes the second floor of Fairchild & Rachel Cooper Halls, the PnC computer lab (FH 309E), the Student Work Room (FH 313), and all clinical educator offices. Folders may not be kept in lockers, briefcases, backpacks, etc., nor left on tables in work areas. They should be in the user's possession or properly filed at all times.

Documents found in patient folders are private and should be treated as such. They may not be removed, copied or shared with others without the patient's written permission. Misplacing, losing, or failing to return a folder to the proper location is a violation of our privacy and confidentiality policies and is therefore a sanctionable act.

Temporary Folders
A temporary folder is created for each new patient seen in the Clinic. Red folders are used to designate speech-language therapy patients, orange folders designate speech-language diagnostic patients, green folders designate auditory processing and MDC patients, and yellow folders designate audiology patients. All temporary folders are stored in a file cabinet in the Clinic Office and must be checked out using a paper check-out card. When checking out a temporary folder (even for a few minutes), place username, current date, and the patient's name on the check-out card, and file the card in the place where the folder should be.

The file room, containing patient folders, is always locked, even during normal business hours. Access to the file room requires student clinicians, clinical educators, and staff to swipe their Redbird ID card through a magnetic swipe lock. UIDs for authorized users are added each semester by the designated University security officer. The file cabinet is left unlocked during normal business hours. All temporary folders must be returned to the file cabinet before the close of business each day. When the Clinic is closed, the file cabinet is locked.

Working Folders
Clinical educators may choose to create working folders for the patients assigned to their caseload each semester. Any PHI they create or print from PnC for that patient must be kept in the working folder. The working folders must be stored in a file cabinet in the clinical educator's office, which must be locked at the end of business each day.

Printing of Records
Student clinicians are allowed to print copies of patient records as needed to provide evaluation and treatment services to their patients. Because all records printed from PnC contain PHI, they must be stored in the temporary patient folders at all times (see policies pertaining to temporary folders above). Clinical educators may print and store patient records in working files in their offices (see policies pertaining to working folders above).

The printer in the PnC lab (FH 309E) is only to be used to print a treatment plan for CSD 332 observations. Any other information from PnC that must be printed needs to be sent to the PAY printer in FH 315. Documents sent to this computer will NOT print until the student clinician swipes their Redbird card to retrieve the documents. This process ensures that documents printed are for the correct recipient. Any printed information must be placed in the patient's temporary file that is stored in the Clinic Office.

CSD 332 Observation Folders
Students enrolled in CSD 332: Clinical Processes are assigned to observe graduate student clinicians and patients in the Clinic each semester. These students are given folders by their instructor to use during the observation process for storage of observational notes and related assignments. These students are also given access to the file room by the designated University security officer. Before they observe their patients, these students must a) access the temporary folder for their assigned patient, b) remove the patient's treatment plan from the folder, and c) place the treatment plan in their CSD 332 folder to take to the Clinic observation room. When they are finished observing, they must return the lesson plan and observational notes in the CSD 332 folders to the file cabinet and place it in their instructor's holding area. These folders must be returned to the file cabinet by the end of each working day to be locked up with the temporary folders.

Protection and Destruction of Paper Records
In the course of providing services to patients, a variety of original paper documents may be generated. These may include, but are not necessarily limited to: test protocols, speech and language sample transcriptions, patient surveys, case history information, parent or patient generated notes, etc. Any such documents containing sensitive information and/or PHI must be scanned into PnC as a permanent part of the patient record and then validated, authenticated and destroyed according to policy. Documents that can be viewed as raw data, contain no PHI, and are no longer needed must be destroyed according to policy.

Authentication and Validation
After paper documents, generated during the course of providing services to patients, are scanned into PnC, they will be placed in a locked cupboard to be held for validation and authentication. One hundred percent of such documents will be validated and authenticated. This process will be completed by a minimum of two persons. The first person scans the document into PnC. The second person completes the process as follows:

1) Authentication –opens scanned document in PnC and confirms that the original document matches the document scanned.
2) Validation –confirms that the document has been scanned into the correct patient's chart, in the correct category, and that it is complete and legible.

When authentication and verification are complete, the second person clicks on the "Acknowledged" button in the scanned documents section for the patient in PnC. By clicking on this button, the date, time, and person's name is recorded as the one authenticating that particular document. The document is then placed immediately into a locked, recycle bin for destruction by COPS, a secure paper-shredding firm hired by the University for this purpose.

Certain patient documents must be sent home with the patient at the time-of-service delivery. These include documents that are generated during the clinical process, such as the *Quality-of-Service Guarantee, Quality Assurance Checklist, Hearing Aid Purchase Agreemen*t, or brought to the Clinic by the patient at the time of service (e.g., Public Aid Card, records from outside sources). Since these documents cannot be retained for later authentication and validation, they must be scanned and then immediately authenticated and validated by another qualified third party in the Clinic Office before being returned to the patient.

Retention and Destruction of Paper Records

1) For all patients predating June, 2013 (pre-PnC), keep paper file in archives (in Fairchild Hall or elsewhere on campus) until such time as they can be disposed of according to state, federal, and university policy. Scan original diagnostic and therapeutic reports and all documents from the past year into the electronic record for everyday use.
2) For all new patients, keep originals in working file until report is ready to be finalized. Scan all original documents, authenticate, validate, and destroy paper records.
3) Destruction of paper records containing PHI will be completed by COPS. Locked, confidential recycle bins will be kept in the Clinic Office and in the PnC Lab. When they are ready to be destroyed, all paper records containing PHI that have been properly scanned, authenticated and validated, and those which are printed from patient records for use in the Clinical process should be placed in a locked, confidential recycle bin. When full, office staff will contact Facilities staff to request that the bins be emptied according to COPS protocol. There is no other approved method of disposing of paper records.

Close Out Policy
At the end of every term, student clinicians make appointments with their clinical educators to close out therapy patient records. The close out process is also used to finalize work on all diagnostic sessions. Using the close-out form found in the patient's temporary folder, clinical educators:

- remove flow sheets, review and sign all open encounters in PnC;
- affix patient label and initial all documents in the temporary folder that are to be scanned into the patient record;
- fold in half vertically and initial all documents in the paper record that are to be shredded;
- review and approve clinic clock hours in Calipso;
- review with each student their performance eval completed in Calipso
- place temporary folder in "To Be Scanned" area of file cabinet of Clinic Office for processing.

Office staff will destroy all documents according to the policy above that are not part of the patient record. Documents that are scanned into the patient record will be validated, authenticated, and destroyed per policy.

Closed-Circuit Monitoring Video & Audio Recording of Patients

Training and Observation Form
All new patients are asked to sign a Training/Observation Permission Form. The form is scanned into the patient record and compliance with this policy is noted in the Registration section of PnC by office staff.

A patient/parent/guardian signature on this form indicates that the patient/parent/guardian is aware of and understands the training and educational nature of the Clinic. The patient/parent/guardian either authorizes or does not authorize:

1. audio/video recording for observational purposes within the Clinic;
2. audio/video recording for educational purposes within CSD;

If a patient/parent/guardian <u>declines to grant authorization</u> for audio/video recording of his or her evaluation and therapy, the clinical educator should discuss the need for such actions with the patient. Depending on the outcome of the discussion, the clinical educator will use his/her discretion to evaluate/treat the patient under this restriction or to refer the patient to alternative service providers.

If a patient/parent/guardian <u>grants authorization</u> for audio/video recording of evaluation and therapy but <u>declines to allow playback of recordings</u> beyond their clinical purposes, the recordings will not be archived.

Patients receiving diagnostic services are asked to sign this document prior to the start of the diagnostic. Patients receiving ongoing therapy are asked to review and sign the Training/Observation Permission form annually.

Monitoring, Recording, and Photographing Patients

With the patient's permission, clinical educators and student clinicians may use the Milestone observation system, CSD Department-owned flip cameras, digital voice recorders, iPads, and/or laptop computers, to make audio or video recordings of diagnostic or therapy sessions. Such devices are stored in the Materials Center in a locked cabinet and may be checked out following the regular check-out procedures. Student clinicians may *not* use personal recording devices such as smart phones or iPads, nor may they use personal CDs or DVDs *to record a patient for any purpose.*

Video and audio recordings of patients are considered confidential information and must be handled with the same level of care as other confidential information and PHI. Immediately after making a recording, it should be uploaded to the CSD share-drive in the appropriate clinical educator's Report Folder. The original recording should then be immediately and completely erased and rendered unreadable before returning the device or disposing of the disk.

If for some reason a recording must be kept in/on a media storage device such as those described above for a short period of time, the device must be placed in a locked cabinet or drawer in the s clinical educator's office when not in use. As soon as it is feasible to do so, the original recording should be completely erased and rendered unreadable before returning the device or disposing of the disk.

Whether recorded information is to be preserved for educational purposes is up to the discretion of the clinical educator who must respect the patients' wishes as specified on the signed *Training/Observation Permission Form*.

If the information is to be preserved, it may be uploaded to the CSD share-drive by any clinical educator, using an ISU computer. In order to allow students in the CSD program to view these recordings, they may be saved to the PHI drive.

No photography, audio recording or video recording is allowed in patient waiting areas or in other, non-private areas where other patients or persons are present.

Media Disposal Procedure

Any electronic storage device being reused both within or outside of the CSD department will be subject to the Media Handling and Disposal Policy. Any storage device that leaves the department permanently will be physically destroyed according to that policy.

Faxing of Patient Information

Receiving a Fax:
All facsimiles with patient information are received on the fax machine located in the Clinic Office (RC211) on the desk of the OSS. Office staff will:

1. Handle all incoming faxes as confidential information.
2. Remove all incoming faxes from the machine promptly.
3. Ensure all pages are present and legible. If any are missing or cannot be read, the sender will be notified so the information may be clarified by phone and/or re-fax the information.
4. Place all incoming faxes in the patient's temporary folder for scanning later, or scan immediately into the patient record and authenticate, validate, and destroy according to policy.
5. In case of receipt of a misdirected fax, notify the sender immediately and place the information received in the locked, confidential recycle bin for proper destruction.

Sending a Fax:
Only members of the Clinic Office Staff can send patient information by facsimile; this is done upon request, at no charge, and only with proper authorization to release information on file. Requests to fax information made to student clinicians, clinical educators, or any other department or Clinic personnel should be forwarded to the Clinic Office staff for explanation of the fax policy and processing.
Clinic Office staff will send all faxes with patient information from the fax machine located in the Clinic office (RC211) on the desk of the OSS. Office staff:

1. Use a *Confidential Fax Cover Sheet* with every outgoing fax, with the following confidentiality statement:
    a. "The information contained herein is confidential and is being provided in response to a written authorization, subpoena, court order, or statue. Further disclosure by the receiving party is prohibited. The recipient is required to destroy the information after the stated need has been fulfilled."
2. Remain with the documents until the facsimile report indicates the document has been successfully faxed.
3. Document the sent fax in the patient's record by:
    a. Completing a miscellaneous note in PnC,
    b. Including a scanned copy of the *Confidential Fax Cover Sheet* and the *Fax Confirmation Checklist* in the miscellaneous note.
4. Complete the verification and authorization process for the original faxed document, cover sheet, and checklist and place them in the locked, confidential recycle bins for proper destruction.

Telephone Calls to Patients/Parents/Guardians

It is often necessary to contact a patient, parent, or guardian by telephone for scheduling, billing, or Clinical purposes. When new patients are registered, they are asked to provide a number at which they can be reached and where a message can safely be left for them. These numbers can be found in the Registration section of PnC. Before placing a phone call to a patient:

- Check the patient's registration information for the phone number;
- Note in PnC if the patient has indicated restrictions regarding how and to whom information about him/her may be relayed. Always follow the patients expressed wishes;
- Move to a private space where the conversation cannot be overheard by others.

Whenever possible, phone calls should be made in a private office using an ISU phone. If it is not possible to do so, individuals may use a personal phone, following the guidelines above. When using a personal phone, it is recommended that the caller ID function be disabled, by adding the prefix *67 to the number, to protect the caller's personal contact information.

When calling a parent/guardian of a minor child or an adult patient to confirm a scheduled appointment:

1. Ask to speak to patient/parent/guardian.
2. If patient/parent/guardian is not available, leave your name, indicate that you are calling from the Eckelmann-Taylor Speech and Hearing Clinic, and leave the days/date and time of the scheduled appointment (Example: "Please let Mrs. Smith know that Jenny Jones called from the Eckelmann-Taylor Speech and Hearing Clinic to confirm her appointment on Mondays from 3 -4 pm beginning on August 21st".).
3. Leave the phone number to the Clinic Office (309/438-8641).
4. Ask the patient to call the Clinic Office to confirm the appointment.
5. If client calls back to the Clinic Office to confirm they received your message, the office will show confirm on your client schedule. It will be blue on the right side of the FIRST appointment. You can then finish your phone note and send to your clinical educator. (You will not receive an IM that your client called.)

NO ADDITIONAL INFORMATION CONCERNING THE NATURE OF THE CALL IS TO BE SHARED WITH ANYONE OTHER THAN THE PATIENT/PARENT/GUARDIAN.

After completing a call, regardless of whether or not you spoke to the intended party, record the details of the call in a miscellaneous phone note in PnC.

Authorization to Release Records (Data Management)

Policy
Patient data will only be available to authorized individuals when it can be viewed and/or altered in a manner that does not disclose its contents to unintended access. If a patient or any other person requests a treatment record, the Clinic Office will process the request in conjunction with the ISU Office of General Counsel.

Patients/parents/guardians who wish to have their patient records released to or sent from a third party should be directed to the Clinic Office to complete the Authorization to Release Records form. Office staff will verify the identity of the person completing the Authorization to Release Records by first requesting and then viewing a valid driver's license, state ID, or University ID.

Patient information *in any form* must never be released to or requested from anyone other than the patient/parent/guardian themselves without their express written consent. *Verbal consent to release information is not an acceptable form of consent.*

With proper, signed consent, clinical educators and staff in the Clinic are authorized to release only those records that have been generated by clinical educators, faculty and staff in the Clinic. *The Clinic will not release any patient information that has been sent to the Clinic by a third party.*

Patient Record Availability
Clinicians may not initiate a request for patient information, nor respond to a request for information. Student clinicians should notify their clinical educator if patient records have been or will be requested. If a patient requests their treatment record, the Clinic Office will fulfill this request by submitting the record in the chosen format, provided this format is a reasonable request. Patient information is accessed for authorized release in PnC and NOAH in the following manner:

Point and Click:
In PnC, the "PnCPDF printer" must be the default printer on the computer where the print request is made. The print request is made by clicking "Select All" in the "All documents" view and clicking the print button.

NOAH:
In NOAH, click on "file," then "print," then choose either "patient report" or "patient data" -- whichever option provides the patient with the desired information.

Once a request to send records is signed and validated and patient information has been sent, a miscellaneous note should be made in the patient's record in PnC.

When patient information is received from a third party with appropriate authorization, it is date stamped and scanned into the patient record. The original document is then validated, authenticated and shredded according to policy.

Multidisciplinary Conference team (MDC)

Speech-Language Pathology and Audiology clinical educators and graduate student clinicians are members of the Multidisciplinary Conference (MDC) team affiliated with the Psychological Services Center (PSC). The PSC receives patient referrals for clinical assessments. The PSC obtains a *Consent to Release Information* form at the initial parent interview. This consent allows anyone on the team to discuss the patient's record.

Team meetings are held each week to share and review information that has been collected by the team. All MDC meetings are held in a secure area in the Speech and Hearing Clinic. If it is determined that speech, language, or hearing services are required, the patient will be contacted by the Speech and Hearing Clinic Office staff to complete the typical intake process for all patients.

At subsequent MDC meetings, clinical educators and graduate student clinicians from the Clinic will verbally present their assessment results and recommendations for treatment. Any printed materials are subject to the approved paper handling process. The final report addressing speech, language, and hearing results will be completed in PnC and a printed copy sent only to those persons for whom written consent has been obtained.

Federal Educational Rights and Privacy Act (FERPA)

The Clinic maintains non-student records under HIPAA and applicable State of Illinois and federal laws. Student records are maintained in accord with the Family Educational Rights and Privacy Act (FERPA) and applicable State of Illinois and federal laws. HIPAA, FERPA, and State of Illinois policies are all addressed in this manual.

Records that are subject to FERPA are not subject to the HIPAA Privacy rule (see page 82483, Federal Register, December, 28, 2000). However, the Clinic is considered a "covered entity" under the HIPAA Privacy Rule, so other HIPAA rules may apply.

Student medical treatment records at post-secondary institutions are exempt from the definition of education records as long as they are:

- Made and maintained by a medical professional;
- Used only in connection with the treatment of the student and;
- Disclosed only to individuals providing treatment.

FERPA does not prevent the sharing of these records with other school officials but doing so could make them education records.

Students are given three primary rights under FERPA. They have the right to:

- Inspect and review their education records;
- Have some control over the disclosure of information from their educational records;
- Seek to amend incorrect education records. All such amendment requests are made to the University Registrar.

The Office of the Registrar at Illinois State University publishes the Annual Notice of FERPA Rights in both the Undergraduate and Graduate Catalogs. In addition, an email is sent to all students covering these rights in the fall semester.

<u>Information Guide on FERPA</u>
The Office of the Registrar at Illinois State University provides information on FERPA online at http://www.registrar.ilstu.edu/ferpa/

<u>Disclosure Exceptions Examples</u>
Exceptions to the disclosure restrictions are allowed in but are not limited to the following circumstances: to comply with a judicial order or subpoena, in a health or safety emergency, for release of directory information, to accrediting organizations.

Emergency Contingency Plan

Policy

In the event that the Speech and Hearing Clinic is inaccessible due to any natural or manmade disaster, Schroeder Hall Room 235, can be used as a temporary office location. Patient records in PnC can be accessed from this location, or by establishing a remote connection to the CSD share-drive using a laptop and a secure internet connection.

Privacy and Confidentiality Training

Policy
CSD is dedicated to maintaining the confidentiality, integrity, and availability of ePHI and protecting against any reasonably anticipated threats, hazards, and/or inappropriate uses or disclosure. To this end, the following items are part of the Clinic's security policy.

Security Awareness and Training
Annual training is required for CSD faculty, clinical educators, all CSD graduate students, and undergraduate senior clinicians who are enrolled in CSD 308 prior to accessing any patient information or work in the Clinic. Additionally, all other undergraduate CSD students who will be completing observations in the Clinic (e.g. students in CSD 332) must complete HIPAA training prior to any observations. HIPAA training is conducted through an online HIPAA Compliance Training Video and Certification Program offered through Veterans Press, Inc. The web link and access code specific to the Clinic is provided by the Clinic Director to all those who are required to document compliance. Documenting compliance requires completing the one-hour long webinar and the Basic HIPAA Training Video Securities Quiz. Upon completion of the quiz, the user will receive a Certificate of Compliance.

In addition to the online training, all CSD faculty, clinical educators, all CSD graduate students, and students enrolled in 308 will be required to sign a Privacy and Confidentiality Training Acknowledgement confirming their understanding of the privacy and confidentiality procedures related to PHI specific to the Speech and Hearing Clinic. These procedures are outlined in the Department Manual and will be reviewed by the Clinic Director every fall and spring term.

Violations of Privacy/Confidentiality Violations Related to PHI

Rationale
Patient privacy is a high priority at Illinois State University and unauthorized release of patient protected health information is taken seriously. If any member of the Illinois State University health care component workforce observes or has knowledge of an unauthorized release of protected health information, violation of patient privacy/confidentiality, and/or privacy/confidentiality policies, they must immediately report this violation to the Privacy Officer of the Unit. Failure to do so may result in discipline for failure to report the violation.

Procedure
Members of the health care component workforce (e.g. employees, students, faculty, and volunteers) with access to protected health information are subject to this procedure. If it is determined that an individual released protected health information without authorization or an acceptable exception, violated privacy and confidentiality policies/procedures including, but not limited to, the requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), or any applicable regulations/laws, they may be subject to discipline, up to and including discharge.

The Unit Privacy Officer is responsible for identifying and investigating reported incidents where a healthcare provider or member of the Illinois State University workforce has released protected health information without authorization or an acceptable exception, and/or violated applicable policies/procedures for maintaining the privacy and confidentiality of protected health information. After completion of the investigation, the Privacy Officer/Unit Director will report the incident to the Privacy Committee, consisting of each Unit Director's supervisor and the Unit Director of the other Unit in the healthcare component.

The Privacy Committee will review the alleged violation and determine if a violation occurred. If a violation occurred, the Privacy Committee will determine the level of violation using the categories 1 through 4 outlined below and identify any mitigating or extenuating circumstances. If no violation occurred, the Privacy Committee will outline the circumstances upon which that determination was made. In either case, this determination will be forwarded to the appropriate body for further action using the attached template. (i.e. for Civil Service, Administrative Professional and Extra Help, employees and Non-Tenure Track Faculty, the determination will be forwarded to Human Resources; for students, volunteers, and TT faculty the determination will be forwarded to the Department Head or Chairperson of the academic department).

Level of Violation

- Category 1: Accidental or inadvertent violation**.** This is an unintentional violation of privacy or security that may be caused by carelessness, lack of knowledge, lack of training, or other human error. Examples of this type of incident include but are not limited to directing PHI via mail, e-mail, or fax to a wrong party or incorrectly identifying a patient record.

- Category 2: Failure to follow established privacy and security policies and procedures. This is a violation due to poor job performance or lack of performance improvement. Examples of this type of incident include but are not limited to release of PHI without proper patient authorization; leaving detailed PHI on an answering machine; failure to report privacy and security violations; improper disposal of PHI; failure to properly sign off from or lock computer when leaving a workstation; failure to properly safeguard password; failure to safeguard portable device from loss or theft; or transmission of PHI using an unsecured method.
- Category 3: Deliberate or purposeful violation without harmful intent. This is an intentional violation due to curiosity or desire to gain information for personal use. Examples of this type of incident include but are not limited to accessing the information of high-profile people or celebrities or accessing or using PHI without a legitimate need to do so, such as checking the results of a coworker's pregnancy test.
- Category 4: Willful and malicious violation with harmful intent. This is an intentional violation causing patient or organizational harm. Examples of this type of incident include but are not limited to disclosing PHI to an unauthorized individual or entity for illegal purposes (e.g., identity theft); posting PHI to social media Web sites; or disclosing a celebrity's PHI to the media.

Additional Factors

The Privacy Committee shall also identify factors that could increase or mitigate any potential action. These factors may reflect greater damage caused by the violation and thus work against the violator, ultimately increasing further action. Examples include but are not limited to:

- Violation of specially protected information such as HIV-related, psychiatric, substance abuse, and genetic data
- High volume of people or data affected
- High exposure for the organization
- Large organizational expense incurred, such as breach notifications
- Hampering the investigation, lack of truthfulness
- Negative influence on others

Additional factors that could mitigate further action include but are not limited to:

- Violator's knowledge of privacy and security practices (e.g., inadequate training, training barriers, or limited English proficiency)
- Culture of surrounding environment (e.g., investigation determines inappropriate practices in business unit)
- Violation occurred as a result of attempting to help a patient
- Victim(s) suffered no financial, reputational, or other personal harm
- Violator voluntarily admitted the violation in a timely manner and cooperated with the investigation
- Violator showed remorse
- Action was taken under pressure from an individual in a position of authority

FORMS 1. Notice of Privacy Practices --Uses and Disclosures of Medical Information

Illinois State University, Eckelmann-Taylor Speech and Hearing Clinic

PRIVACY PRACTICES NOTICE, OMNIBUS RULE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Students (Patients who are not students should skip to section II)
We will use and protect your medical information in compliance with the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g ("FERPA"). FERPA gives you certain rights to inspect your medical information, with certain limitations. FERPA also gives you the right to control our release of your medical information in most circumstances. We will obtain your consent before we release medical information about you, except where FERPA allows release without your consent. The complete student notification of rights under FERPA sent to Illinois State University students can be found at www.registrar.ilstu.edu/ferpa.
In addition to FERPA, we also follow relevant State and Federal law including, but not limited to, the Illinois Nursing Home Care Act; Illinois Medical Practice Act; Illinois Mental Health and Developmental Disabilities Code; Illinois AIDS Confidentiality Act; Genetic Information Privacy Act; Illinois Mental Health and Developmental Disabilities Confidentiality Act; and the Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

Non-Students
The federal Health Insurance Portability and Accountability Act of 2013, HIPAA Omnibus Rule (formerly HIPAA 1996 & HITECH 2004) controls the use and disclosure of health information about non-students.

Our Legal Duty
We are required by applicable Federal and State law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 07/01/14 and will remain in effect until we replace it.
We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

Treatment: We may use or disclose your medical information to a physician or other health care provider in order to provide treatment to you. This may include but is not limited to consulting with other doctors about your care, delegating tasks to ancillary staff, calling in prescriptions to your pharmacy.

Payment: We may use and disclose your medical information to obtain payment for services we provide to you. We may disclose your medical information to another health care provider or entity subject to the Federal Privacy Rules so they can obtain payment. You can restrict disclosure to your insurance company for any services you pay for "out of pocket" under the 2013 Omnibus Rule.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include:

- quality assessment and improvement activities;
- reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;
- medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- business planning and development; and
- business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

We may disclose your medical information to another entity which has a relationship with you and is subject to the Federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.

Minimum Necessary Rule: Our staff will not use or access your PHI unless it is needed to do their jobs. All of our team members are trained in HIPAA Privacy Rules and sign a strict confidentiality contract with regards to keeping your PHI private. So do our Business Associates and subcontractors. We only disclose to outside entities, as much of your PHI as is needed to accomplish the recipients' lawful purposes. Still in certain cases, we may use and disclose the entire contents of your medical record: to you (or legal representatives) and anyone else you provide permission for disclosure; to healthcare providers for treatment purposes; to the

United States Department of Health and Human Services; to others as required under state and federal law.

Genetic Information: Under the new Omnibus Rule, health insurance plans cannot use or disclose your genetic information for underwriting purposes (excluding long-term care plans).

On Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

To Your Family and Friends: We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your medical information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest.
We will also use our professional judgment and our experience with common practice to allow a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health Related Services: We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities. We may use or disclose your medical information to encourage you to purchase or use a product or service by face-to-face communication or to provide you with promotional gifts.

Research: We may seek authorizations from you for the use of your PHI in CSD current and future research. However, we would make clear the research it is being used for.

Fundraising: We do not generally participate in fundraising with our patient information. If we choose to in the future, we will provide you with any fundraising materials and a description of how you may opt out of receiving future fundraising communications.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to organ procurement organizations;
- to avert a serious threat to health or safety;
- in connection with certain research activities;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by State worker's compensation laws.

Other Legal Restrictions: We will not use or disclose your medical information if it is prohibited or materially limited by other applicable law including, but not limited to, the Illinois Nursing Home Care Act; Illinois Medical Practice Act; Illinois Mental Health and Developmental Disabilities Code; Illinois AIDS Confidentiality Act; Genetic Information Privacy Act; Illinois Mental Health and Developmental Disabilities Confidentiality Act; and the Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

Individual Rights

Access: You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies, including an electronic format. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we may charge you up to $0.50 for each page.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to who we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a

reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by the Privacy Officer who is authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your medical information. The request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Breach Notification: We will take reasonable administrative, technical, and security safeguards to ensure the privacy of your PHI when we use or disclose it. In the event that there is a breach in protecting your PHI, we will follow Federal Guidelines to the HIPAA Omnibus Rule Standard to first evaluate the breach situations using the four-factor formula. Then we will document the situation, retain copies of the situation on file, and report all breaches as required by law.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us

using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: Department Privacy Officer, Illinois State University, Rachel Cooper, Room 211 Telephone: (309) 438-8641 Fax: (309) 438-0575 E-mail: speechhearingclinic@illinoisstate.edu Address: Illinois State University, Campus Box 4720, Normal, IL 61790-4725

FORMS 2. Notice of Privacy Practice Acknowledgement

SECTION A: Acknowledgment of receipt of Privacy Practices Notice

I, _____, acknowledge that I have had the opportunity to review the Privacy/ Practices Notice from the Eckelmann-Taylor Speech and Hearing Clinic at ISU.

SIGNATURE: _____ DATE: _____

If this authorization is signed by a personal representative on behalf of the individual, complete the following:

PERSONAL REPRESENTATIVE'S NAME: _____

RELATIONSHIP TO INDIVIDUAL: _____

NAME OF INDIVIDUAL RECEIVING SERVICES: _____

SECTION B: Good faith effort to obtain acknowledgement of receipt

Describe your good faith effort to obtain the individual's signature on this form:
_____
_____
_____

Describe the Reason why the individual would not sign this form:
_____
_____
_____

____ I attest that the above information is correct.

Print name & title of person completing Section B: _____

SIGNATURE: _____ DATE: _____

FORMS 3. Consent for Treatment

I acknowledge that I have read, understand, and consent to the following:
I hereby consent to receive speech, language, or hearing healthcare from the Eckelmann-Taylor Speech and Hearing Clinic (ETSHC) at Illinois State University (ISU). I also authorize evaluation using formal and informal test measures, and speech, language and/or hearing habilitation or rehabilitation which, in the judgment of the supervising speech-language pathologist or audiologist, may reasonably be necessary to preserve and protect my speech, language, or hearing health.

I further authorize the Eckelmann-Taylor Speech and Hearing Clinic at ISU to use or disclose any information in my patient record, for the purpose of carrying out treatment (including but not limited to information regarding prescriptions and referrals), payment (including but not limited to internal and external billing for payment of services and insurance purposes), or health care operations. I understand that some products and services may be covered by insurance, Medicaid, or Medicare, and that I may be billed directly for some of these services. I authorize those charges that are not covered by a third-party payer to be billed to me for purposes of payment.

I understand that if I am unable to keep my appointment, a missed appointment fee will be charged to my account. I understand that I will be assessed charges for services or missed appointments and that I will be obligated make payment for such services or appointments.

Any information disclosed during my contacts with the ETSHC, or records maintained in written and/or electronic form, will be kept strictly confidential as required by state and federal law, and by applicable ethical standards. In most instances, my written permission is required before information about my contacts with the ETSHC is released; however, according to state and federal law, there are exceptions to the above rules of confidentiality and disclosure. Some of these exceptions include but are not limited to the following. Healthcare providers are required by state law to report any instance of suspected child abuse to appropriate agencies. Healthcare providers have a legal duty to take action if they conclude that I intend to harm myself or another person. If I put my speech, language, or hearing health at issue in any lawsuit, ETSHC may be required to release information from my records.

My signature below indicates that I have read and fully understand and agree to all the information above.

Name_____

Signature _____Date: _____

Contact Information: Clinic Director, Rachel Cooper Room 211 Telephone: (309) 438-8641

FORMS 4. Training/Observation Permission Form

I am requesting that _____ , who is my _____ receive evaluation, habilitation/rehabilitation or other services at the Eckelmann-Taylor Speech and Hearing Clinic at Illinois State University due to suspected speech, language, and/or hearing impairment.

I understand that:

- The Clinic is a teaching, research, and service center.
- *The Clinic serves the training needs of college students preparing for careers in speech pathology and audiology.*
- *Services are often provided by students who are supervised by professional staff who hold the Illinois License and a Certificate of Clinical Competence in Speech-Language Pathology and/or Audiology.*
- *A closed-circuit monitoring system consisting of a video camera installed in each Clinic room and monitors in all clinical educators offices is used to allow observations by students and clinical educators for learning purposes.*
- *There are two observation rooms in the Clinic; one for observation by family members, and one for student viewing. While measures are taken to ensure the confidentiality of all diagnostic and intervention sessions conducted in the Clinic, it is possible that someone not known to me may observe portions of my, or my child's, therapy or audiological appointment.*
- *The supervision and training needs of the Clinic also make use of audio and video tape recordings.*
- *Use of any audio or video recordings is restricted to faculty, staff, and student Clinicians of the Illinois State University Department of Communications Sciences and Disorders. Additionally, faculty members might play portions of audio or videotapes of Clinical sessions during classroom sessions for educational purposes such as demonstrating certain speech patterns or Clinical techniques to students.*
- *No information will be given to other persons or agencies unless the Clinic obtains a signed release of information form from me, or unless a lawfully issued subpoena or court order is received for any such information.*

NOTE: Authorization may be necessary in order to receive services at this Clinic.

_____ Authorization <u>is granted</u> to the Eckelmann-Taylor Speech and Hearing Clinic for **audio/video recording** of my, or my child's, audiological, diagnostic and/or therapy sessions by faculty, staff, and students in the professional training program of the Eckelmann-Taylor Speech and Hearing Clinic.

_____ Authorization <u>is granted</u> to the Eckelmann-Taylor Speech and Hearing Clinic for **audio/video recording** of my, or my child's, audiological, diagnostic and/or therapy sessions

and for use of these audio/video recording for educational purposes within the Department of Communications Sciences and Disorders only.

_____ I do NOT grant authorization for **audio/video recording**.
I will discuss this further with my or my child's, audiologist or speech language pathologist.

_____
_____
Patient's name – please print **Patient or Parent/Guardian signature**

_____
_____
Date **Relationship to patient if other than patient**

All patients of the Eckelmann-Taylor Speech and Hearing Clinic are treated equitably without regard to gender, sexual orientation, age, race, creed, national origin, or disability. The Department of Communications Sciences and Disorders and Eckelmann-Taylor Speech & Hearing Clinic comply with all applicable laws, regulations, and executive orders pertaining thereto.

FORMS 5. Authorization Form

Illinois State University, Eckelmann-Taylor Speech and Hearing Clinic

AUTHORIZATION

(Illinois Provider)

Purpose: This form is used to authorize us to use or disclose protected health information or another person to disclose protected health information to us for the purpose stated.

SECTION A: Individual authorizing use and/or disclosure.

Name:_____E-mail:_____

Street Address: _____City, State, Zip:

SECTION B: The use and/or disclosure being authorized.

Protected Health Information to Be Used and/or Disclosed: Specifically and meaningfully describe the protected health information you are authorizing be used and/or disclosed. Check and initial if applicable:

q Speech Pathology Initial: _____
q Audiology Initial: _____
q Billing Records Initial: _____
q Other (please specify): _____

Entities Authorized to Use or Disclose: Name or specifically describe the persons and/or organizations (or the classes of persons and/or organizations), including us, who you are authorizing to make use of and/or to disclose the protected health information described above:

Eckelmann-Taylor Speech and Hearing Clinic _____ _____

Campus Box 4720, Normal, IL 61790-4720 _____ _____

Entities Authorized to Receive: Name or specifically identify the persons and/or organizations (or the classes of persons and/or organizations), including us, to whom you are authorizing the disclosure and subsequent use of the protected health information described above:

_____ _____

_____ _____

Purpose of this Authorization:

q At request of individual.

q For the following purposes (please be specific):_____

No Conditions: This authorization is voluntary. We will not condition your treatment on this authorization. If you are temporarily prohibited from completing and signing this authorization for religious reasons, you will not have to do so at this time but will complete it as soon as you are able to do so.

Effect of Granting this Authorization: The protected health information described below may be disclosed to and/or received by persons or organizations that are not health plans, covered health care providers or health care clearinghouses subject to federal health information and confidentiality laws. They may further disclose the protected health information, and it may no longer be protected by federal health information privacy and confidentiality laws. However, any mental health, substance abuse, genetic testing, or HIV/AIDS information disclosed pursuant to this authorization may not be further disclosed except pursuant to your authorization.

If you are authorizing the disclosure of psychological tests, such tests may only be disclosed to a psychologist that you have designated.

SECTION C: Expiration and revocation.

Expiration: This authorization will expire (complete one):

q On _____/_____/_____

q On occurrence of the following event (which must relate to the individual or to the purpose of the use and/or disclosure being authorized):

_____

_____

Right to Revoke: I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Contact Office listed below. I understand that revocation of this authorization will not affect any action you took in reliance on this authorization before you received my written notice of revocation.

Contact Office: Eckelmann-Taylor Speech and Hearing Clinic

Telephone: (309) 438- 0020 Fax: (309) 438-0575

E-mail: speechhearingclinic@ illinoisstate.edu

Address: Campus Box 4720, 211 Rachel Cooper, Normal IL 61790-4740

INDIVIDUAL'S SIGNATURE.

I, _____, have had full opportunity to read and consider the contents of this authorization, and I understand that, by signing this form, I am confirming my authorization of the use and/or disclosure of my protected health information, as described in this form.

Signature: _____ Date: _____

If this authorization is signed by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

If this authorization is for mental health records, this authorization must be witnessed below.

Witness: _____

Signature: _____

Name: _____

Date: _____

Mail or Fax completed form to:
Eckelmann-Taylor Speech and Hearing Clinic
Campus Box 4720
Normal, IL 61790-4720
Phone: (309) 438-8641

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT.

Include this authorization in the individual's records.

For Office Use ONLY:

Signature verified by: q Witness q Comparison

Recipient ID verified by: q Driver's License # _____ q ISU ID

Date released: Released by: _____

FORMS 6. Observation Policy for Family Members

It is the goal of the Eckelmann-Taylor Speech and Hearing Clinic to provide the best services to clients while maintaining an excellent educational experience for graduate and undergraduate students in Speech-Language Pathology and Audiology. It is also important that we maintain a professional environment that protects the privacy of our clients. In order to achieve these goals, we ask all individuals who observe in our clinic to respect the following policies:

- The family observation center is available to parents and family members of our clients with permission from the clinical educator.
    - Family members must be listed on the consent form in order to observe in the observation room.
- The clinical educator and/or student clinician will identify the correct room number for your family member's services. All observations are restricted to this room.
- No food or drinks are allowed in the observation area.
- Cell phones may not be used in the clinic – this includes the observation area.
- In order to maintain an appropriate clinical and educational environment, family members will be asked to make arrangements for the care of sibling children during scheduled observations. If this is not possible, family members are encouraged to remain in the waiting room. Children should only be in the observation center if their observation of the sessions will enhance goals and objectives of therapy at home.

Thank you for your cooperation. If you have any questions regarding this information, or would like to express a concern relative to the environment we have provided, please contact your clinical educator or the Clinic Director:

Heidi Verticchio, MS, CCC-SLP
Room 207, Rachel Cooper
Illinois State University
309/438-3266
hrfritz@ilstu.edu

FORMS 7. Privacy and Confidentiality Training Acknowledgement

---

Purpose: This form is used to certify completion of privacy and confidentiality training by a workforce member.

SECTION A—Workforce member trained.

Name: _____ Department: _____

Job Title**:** _____ Work Address: _____

Date privacy and confidentiality training completed**:** _____ Training hours**:** _____

Reason for privacy and confidentiality training: As a member of the Illinois State University, Health Component Workforce HIPAA training and annual retraining is required.

SECTION B—Workforce member's training acknowledgement.

I have completed the Department's privacy and confidentiality training and understand that information concerning patients and/or staff is confidential and is not to be disclosed to any person or entity without appropriate authorization, subpoena or court order. As a condition of my enrollment as a student in the Department of Communication Sciences and Disorders, I agree not to directly or indirectly disclose said information without proper authority and specifically agree with the following requirements:

1. I will avoid any action that will provide confidential information to any unauthorized individual or agency.
2. I will not review Clinic records or information for which I have no authorization.
3. I will not make copies of any Clinic records or information except as specifically authorized.
4. I will not remove Clinic records or confidential information from the facility except as authorized in the performance of my duties.
5. I will not discuss in any manner, with any unauthorized person, information that would lead to identification of individuals described in the Clinic record or confidential material.
6. When authorized to dispose of Clinic records or confidential information, I will do so according to the policies contained in Section 4 of this manual.
7. If I observe unauthorized access or divulgement of confidential records or information to other persons, I will report it immediately to my clinical educator who will report it to the Clinic Director. I understand that failure to report violations of confidentiality by others is just as serious as my own violation.

I understand that Protected Heath Information (PHI) as defined under HIPAA includes individually identifiable health information including demographic information collected from an individual, which is created or received by a health care provider, health plan, employer, or health care clearinghouse; and which relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. It pertains to information that identifies the individual or could be used to identify the individual, including: 1) name and address, 2) date of birth, 3) social security number, 4) payment history, 5) account number, 6) name and address of the health care provider and/or health plan, and 7) any combination of information about a patient that could identify them.
As an employee, breach of confidentiality may be cause for sanctions, including possible immediate suspension without pay pending investigation of incident. As a student, breach of confidentiality may be cause for sanctions including termination from the program or University.

I have read this agreement and the confidentiality policies of this facility and will demonstrate my understanding and willingness to abide by these policies and procedures by affixing my signature and the date below.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

SECTION C — SIGNATURE OF PRIVACY INSTRUCTOR.

I attest that the above information is correct.

Signature: _____ Date: _____

Print name: **Heidi Verticchio, MS, CCC-SLP** Title: **Department**

FORMS 8. NON-EMPLOYEE CONFIDENTIALITY ACKNOWLEDGMENT

Illinois State University Speech & Hearing Clinic

I have generally been informed and understand that information, medical records and Protected Health Information concerning patients and/or staff is confidential and *is* not to be disclosed to any person or entity without appropriate authorization, subpoena or court order. I agree not to directly or indirectly disclose said information without proper authority and specifically agree with the following requirements:

1. I will avoid any action that will provide confidential information to any unauthorized individual or agency.

2. I will not review medical records, protected health information or information for which I have no authorization.

3. I will not make copies of any medical records, protected health information or information except as specifically authorized.

4. I will not remove medical records, protected health information or confidential information from the facility except as authorized in the performance of my duties.

5. I will not discuss in any manner, with any unauthorized person, information that would lead to identification of individuals described in the medical record or confidential material.

I understand that confidential information is defined as any information where the individual, Clinic(s), hospital(s) or physician(s) is named or otherwise identifiable. A breach of confidentiality may be cause for immediate termination of my relationship with Illinois State University, Speech & Hearing Clinic.

I have read this agreement and agree to abide by these terms by affixing my signature and the date below.

Printed Name: _____

Signature: _____

Date: _____

Supervisor of Visit: _____

_____ _____

Heidi Verticchio, Privacy Officer Date

Appendix H

Automated External Defibrillator (AED) Action Plan
for
Fairchild Hall/Rachel Cooper

Scope
The plan serves as a guide for handling medical emergencies involving cardiac arrest through the proper placement and the effective use of trained personnel and emergency medical resources.

Purpose
An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. The AED is only for use on victims that are unconscious, have no pulse or any signs of circulation and do not have normal breathing. The AED will analyze the heart rhythm and advise the operator if a shock able rhythm is detected. Rapid treatment of ventricular fibrillation, through the application of a controlled electrical shock, is essential to the victim's survival. Defibrillation is an electric "shock" delivered to the heart to correct certain life-threatening heart rhythms.

AED Owner Responsibilities

1. Selection of employees for AED training.
2. Provide necessary training and updates, as necessary.
3. Coordinating equipment and accessory maintenance.
4. Maintain on file specifications/ technical information sheet for each unit.
5. Revision of procedures as required.
6. Communication with Environmental Health & Safety office on any issues or concerns that may present.

Location of Public Access AED's
These locations shall be specific to each department but allow the device to be easily identified. The locations also enable staff members to retrieve the AED unit outside regular business hours.

2nd Floor Hallway Across from Restrooms

Location of Non-Public Access AED's
This section should list all units that are for private use, and/ or are used for traveling purposes and are kept for specific groups.

N/A

Training Requirements
Employees designated to provide emergency assistance shall be trained in CPR AED. This training must comply with the requirements from the American Heart Association (AHA) or the American Red Cross for Heart Saver CPR AED standards.

AED Trained Employee Responsibilities

1. Activating internal emergency response system and providing prompt basic life support including CPR AED and First Aid according to level of training and experience.
2. Understanding and complying with requirements of this plan.
3. Assigning someone to meet responding Emergency Services and direct them to the victim.

Designated First Responders

A list of employees trained in CPR AED should be attached to this plan. Trained first responders: Adelman, Kim; Beck, Ann; Boester, Cara; Burns, Julie; Larkin, Patricia; McClure, Rene; Osenga, Candice; Ragusa, Jennifer, Seeman, Alyssa; Tyra, Teri; Verticchio, Heidi; Yacucci, Amy.

Equipment Maintenance

All equipment and accessories necessary for an emergency response shall be maintained in a state of readiness. **Follow manufacturer's guidelines for proper maintenance of the equipment**.

1. The Clinic Director shall be responsible for conducting regular equipment inspections and having required maintenance performed and documented.
2. Following use of emergency response equipment, each unit shall be cleaned and/ or decontaminated as required.
3. Each AED unit is located in protective boxes with local alarms. When the door is opened an alarm sounds, this alarm does not alert anyone outside the local vicinity of the AED box.
4. Cardiac Science AED units perform a self-test every 24 hours. If the automatic self-test detects a low battery condition or a condition that requires service, the AED activates an alarm. The AED must be placed where the alarm is likely to be heard and where it is easier to inspect the unit.

Emergency Medical Response Activation

Internal Notification: If a person goes unresponsive, is not breathing and does not have a pulse, immediately activate Emergency Response by using the following procedures:

1. **Call ISU PD from campus phone dialing 911 or via cell phone by dialing (309) 438-8631.**
2. Initiate CPR.
3. Send for AED unit, if available bystanders are present.
4. **The following information should be given to ISU PD Dispatch:**
    - Type of emergency.
    - Exact location, building address, room number, if possible.
    - Phone number you are calling from.
    - Further information requested by 911 Operator.

Post Incident Procedures

The following steps should be completed as soon as possible and forwarded to **Environmental Health & Safety.**

1. Fill out AED Utilization Form, and forward to Environmental Health & Safety.
2. Retrieve rescue data and forward to Environmental Health & Safety.
3. Replace pads.
4. Replace any other items used (pocket mask, razors, towels, etc.)
5. Check battery life as per manufacturer standards.
6. Ensure AED is ready for use.

Quality Assurance

Departments will be reviewed by the Environmental Health & Safety AED Coordinator following any deployment of an AED, and at random times throughout the year.

An AED Utilization form and Incident Reporting Form must be completed after any AED deployment or potential for deployment.

Annual System Assessment

Each calendar year, Environmental Health and Safety shall conduct and document a system readiness review.

The following items must be available for review:

1. Departmental AED Plan, defining the standards of patient care and use of the AED.
2. Documentation for all uses of the AED.
3. AED training documentation

Appendix I

Assessment of Legal and Ethical Conduct Form

Illinois State University
Department of Communication Sciences and Disorders
Assessment of Legal and Ethical Conduct

_____ _____ _____
Name (Print: last – first – middle) **UID Number** **Major**

Are you a U.S. Citizen _____Yes _____ No

(If no, special certification requirements may apply. Please refer to the following website: www.coe.ilstu.edu/cecp/certification 04.htm)

If you answer "yes" for any offense listed in 1 through 5C on the assessment form, you must contact the Clinic Coordinator to determine eligibility for continuation in the program and for teacher certification/licensure status.

		Yes	**No**
1.	Have you ever had a teaching certificate or professional license denied, suspended or revoked in any state or country?	___	___
2.	Have you failed to file a tax return with the Illinois Department of Revenue, or failed to pay any tax, penalty, or interest owed or any final assessment of same for any tax as required by law administered by that Department that was not subsequently resolved to the Department's satisfaction?	___	___
3.	Have you ever been named by a state agency responsible for Child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?	___	___
4.	Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?	___	___
5.	Have you ever been convicted of any of the following:		
	a. felony	___	___
	b. sex offense	___	___
	c. drug or narcotic offense	___	___
	d. any other criminal offense in any state or in federal court (other than minor traffic violations). If yes, attach a statement concerning the date and nature of offense(s).	___	___

I have answered these questions to the best of my ability and understand that I am required to submit to a criminal background check during my final on-campus semester, and prior to the initiation of my full-time internship Education.

I understand that if I have answered "yes" for any offense listed in 1 through 5C on the assessment form, I must contact the Director of Clinical Experiences to determine eligibility for continuation in the program and for certification/licensure.

Signed: _____ Date: _____

Appendix J

Clinical Practicum Agreement for Audiology Students

As a graduate student in the Audiology program, I understand that clinical practicum is required and is essential to developing the skills needed to become a competent professional. I have committed to the following:

____ I must be *available* as required for practicum assignments.

- Fall, Spring, Summer (Year 1)=5 days/week
- Fall, Spring (Year 2, 3)=5 days/week; attend clinical off-site at minimum 2 days/week
- Summer 2 (typically off-site)=must attend clinic at minimum, 4 days/week
- 4th year externship=full-time placement (minimum 32 hours/week)

____ I acknowledge that my preferences may not be able to be accommodated.

____ I acknowledge that some travel will be required to provide adequate hours and Education.

____ I acknowledge that I am responsible for my own transportation.

____ I acknowledge that all clinical assignments will be made and approved by Director of Clinical Education.

____ Once a clinical assignment is made, I acknowledge that I will attend this assignment, as arranged.

____ I understand that vacation days are not permitted. I must report for practicum on the days and dates delineated at the beginning of the practicum period unless the site clinical educators requests that I not attend. Absences due to extenuating circumstances must be cleared with a practicum administrator and the Director of Clinical Education to be excused. Absences for any reason, including illness, must be recorded and approved on the Graduate Student Request for Absence form. Any unexcused absence will result in a professional disposition and may negatively impact my clinic grade.

____ I understand that applying for 4th year internships outside a 60-mile radius from ISU's campus will be expected. This allows students who are in the AuD program to obtain clinical experiences from local sites, while concurrently enrolled in class on campus. Any exceptions to this must be discussed with and approved by the Director of Clinical Education-Audiology.

____ I have read and understand the contents of the department manual.

_____ _____

Student Signature Date

Appendix K

Clinical Practicum Agreement for Speech-Language Pathology Students

As a graduate student in the Speech-Language Pathology program, I understand that clinical practicum is required and is essential to developing the skills needed to become a competent professional. I have committed to the following:

____ I must be available as required for practicum assignments.

- Fall/Spring/Fall = 5 days/week
- Summer = one of the following timeframes:
  - 4 days/week for 6 weeks (first week of June – second week of July)
  - 1-2 days/week for 6 weeks (middle of May - end of June
  - 1-2 days/week for 6 weeks (first of July - middle of August)
- Last Semester internships = 2, 10-week full time placement (minimum 32 hours/week)

____ I acknowledge that my preferences may not be able to be accommodated.

____ I acknowledge that some travel will be required to provide adequate hours and experiences.

____ I acknowledge that I am responsible for my own transportation.

____ I acknowledge that all clinical assignments will be made and approved by Director of Clinical Education.

____ Once a clinical assignment is made, I acknowledge that I will attend this assignment, as arranged.

____ I understand that vacation days are not permitted. I must report for practicum on the days and dates delineated at the beginning of the practicum period unless the site clinical educator requests that I not attend. Absences due to extenuating circumstances must be cleared with a practicum administrator and the Director of Clinical Education to be excused. Absences for any reason, including illness, must be recorded and approved on the Graduate Student Request for Absence form. Any unexcused absence will result in a professional disposition and may negatively impact my clinic grade.

____ I have read and understand the contents of the department manual._____ _____

Student Signature Date

Appendix L

Student Recording Permission Form

The clinical educators and training needs of the clinic make use of audio and video recordings. For example, a clinical educator and a graduate clinician might want to review a clinical session for the purpose of critiquing the graduate student's performance or to double check the written recording of certain speech patterns. Additionally, faculty members might play portions of audio or videotapes of clinical sessions during classroom sessions for educational purposes such as demonstrating certain speech patterns or clinical techniques to students. Use of any audio or video recordings is restricted to faculty, staff, and student clinicians of the Illinois State University Department of Communication Sciences and Disorders. Beyond this restriction, no information will be given to other persons or agencies unless the clinic obtains a signed release of information form from you, or unless a lawfully issued subpoena or court order is received for any such information.

Authorization is granted ____/ not granted ____ to the Eckelmann-Taylor Speech and Hearing Clinic for audio and/or videotaping of the diagnostic and/or therapy sessions in which I participate and for use of these audio and/or videotapes for educational purposes within the Department of Communication Sciences and Disorders only.

Name – _____

please print Signature

Date -- _____

Appendix M

Department Emergency Response Plan

The Department of Communication Sciences and Disorders maintains safety guidelines and information regarding what to do in the case of an emergency. Safety information and emergency action plans found in this section are based on information provided by the ISU Environmental Health and Safety (EHS), Illinois Department of Family Services, the Illinois Department on Aging, and the Occupational Safety and Health Administration (OSHA).

Departmental Emergency Response Plan

Department:

Communication Sciences and Disorders/Eckelmann-Taylor Speech and Hearing Clinic

Building Name: Fairchild Hall/Rachel Cooper Building

Department Emergency Coordinator:
Rocio Rivadeneyra

Evacuation Coordinator:
Primary: *Rocio Rivadeneyra, Interim Chairperson*
1st back-up: *Lisa Vinney, Associate Chairperson*
2nd back-up: *Heidi Verticchio, Clinic Director*

Evacuation Assembly Areas:
Primary: *West side of DeGarmo Hall on University Street.*

Secondary: *West side of Fairchild Hall in the Clinic/Metcalf parking lot.*

Department Emergency Contacts
Rocio Rivadeneyra 309-438-8619
Heidi Verticchio 309-438-3266
Cara Boester 309-438-2318
Candice Osenga 309-438-5794

Other Building & Key Contacts:
Diane Leonard 309-438-8643
Amy Heermance 309- 438- 5764

Unique Hazards/Threats
Speech and Hearing Clinic hosts campus ar members for services Monday-Friday 8:00a

AED Location:
2nd floor of Fairchild Hall

For additional information regarding emergencies on campus, go to
http://security.illinoisstate.edu/

Reporting Emergencies

Campus emergencies are to be reported by calling 911. All 911 calls are answered by METCOM, the county's emergency dispatch center; therefore the caller should indicate to the dispatcher that the emergency is being reported on the ISU campus.

The emergency blue light kiosk and the elevator emergency phones are activated with a one touch push button operation which places the user of these phones in immediate contact with ISUPD. The emergency blue light kiosks have a blue strobe and will begin flashing once the button is activated.

When reporting an emergency situation, provide the dispatcher with the following information:

- Your name
- The location of the emergency
- The nature of the emergency - a brief description
- Any additional information they request

Note: **Do not hang up.** Stay on the phone until the dispatcher advises it is okay to end the call.

Campus Emergency Notification

ISU Emergency Alert

The ISU Emergency Alert will be used by the University to notify members of the campus community of an emergency which threatens life or safety on campus.
If you receive an ISU Emergency Alert:

- Immediately respond in accordance with directions provided via the alert, and/or use best judgment on how to respond, based on your specific set of circumstances.
- Communicate by word-of-mouth to others who may have not yet received the alert.
- If possible, check the Illinois State University website at IllinoisState.edu for detailed information and updates.
- Remain calm and make wise decisions relative to your personal safety.

All active ULID Account holders will automatically receive alerts to their university email address (**ULID@ilstu.edu**). Those that have registered a text enabled mobile phone in ISU Emergency Alert will also have text alerts sent to their mobile phone.
All faculty, staff and students are encouraged to register for ISU Emergency Alerts through the ISU Emergency Alert web portal at IllinoisState.edu/Emergency Alert.

Interdepartmental Communication

A message should be sent to all CSD faculty/staff through the department list-serv.
A message should be sent to all CSD students through the department student list-servs by either Heidi Verticchio or Mary Brelsfoard.
As appropriate, messaging can be posted on Facebook on the department and clinic sites.

Emergency Actions

Evacuation

When an evacuation has been ordered or initiated due to a fire alarm, all building occupants are to immediately evacuate.

If you see smoke or fire, immediately evacuate by following the nearest Exit signs:

- If the alarm is not already sounding, pull the nearest fire alarm pull station to alert other building occupants of the fire.
- If nearby, take your cell phone with you.
- Be alert for smoke as you exit the building.
- Before exiting through a door, check the door and handle. If the door or handle are hot to the touch or smoke is present, do not open the door.
- DO NOT use elevators if evacuating due to a fire or fire alarm.
- Evacuate to the designated Evacuation Assembly Area. If you have knowledge of the specific location of the fire, its source or other pertinent information, call 911 once safely out of the building. Assist anyone needing help while not compromising your own safety.
- Advise Emergency Personnel if you are aware of any person taking refuge in an Area of Rescue Assistance.
- After reporting to the designated Evacuation Assembly Area, be prepared to begin the accountability process. If there is any question about an individual's safe evacuation from the building, the accountability process will need to be initiated.
- Advise the Evacuation Coordinator if you believe someone is missing or trapped inside and/or is in need of assistance. The Evacuation Coordinator will, in turn, inform the police or fire department.
- Stay out of the way of emergency personnel and equipment.
- Do not re-enter the building until you are approved to do so by the University Police, Fire Department or Environmental Health and Safety.

If trapped in the building:

- Try to get as far away from the fire/smoke as you can and take refuge in a room, preferably one with an outside wall and window.
- Attempt to seal the base of your door (wet towel or cloth if possible) to prevent smoke from entering.
- Call 911 and let them know your situation and location.
- If possible, move to a window and signal for help.

Evacuation Assembly Area

The primary Evacuation Assembly Area for *Communication Sciences and Disorders in Fairchild Hall and Rachel Cooper Building* is located *on the west side of DeGarmo Hall, across University Street.* In the event the primary site is unsuitable based upon the circumstances of the emergency

situation, the Evacuation Coordinator may instruct individuals to move to the secondary Evacuation Assembly Area located *in the west side of Fairchild Hall, in the Clinic/Metcalf parking lot*.

Accountability

- The Evacuation Coordinator will conduct the accountability process. Unit leads will determine who is not accounted for and may still be in the building and provide those names to the Evacuation Coordinator. The names of departmental employees who work in that building are to be compiled on a list that is to be attached to the Response Plan. The Evacuation Coordinator will use the list to verify that departmental employees have been accounted for.
- The Evacuation Coordinator is to report to Illinois State University Police, Normal Fire Department, or other emergency personnel on the scene, anyone who has not been accounted for and is believed to be inside the building.
- Employees may leave the Evacuation Assembly Area when released by the Evacuation Coordinator. It is extremely important that all personnel known to have been in the building have evacuated and are accounted for and that all known information on the emergency has been shared with emergency personnel.

Medical Emergencies

- Call 911.
- Provide assistance consistent with your level of knowledge/training.
- Do not attempt to move a person with a suspected head or neck injury unless imminent danger is present.
- Remain with the individual until emergency medical personnel arrive. Be prepared to share pertinent information with Emergency Responders.
- If blood is involved in the incident and you believe you had contact with it, wash the affected area thoroughly. Ask University Police Department for directions regarding whom to contact for blood borne exposure management.
- Automated External Defibrillators (AEDs) should be used in the event of a sudden cardiac arrest emergency. Cardiopulmonary Resuscitation (CPR) can be performed by anyone trained in CPR. (*Note: While the use of an AED by the lay public is typically encouraged, departments who have an AED or are interested in CPR/ AED training should contact Environmental Health and Safety.*)

Tornado Warnings

Tornado Warnings will be issued for the ISU campus when a funnel cloud or tornado has been spotted or RADAR has indicated a tornado threatening the ISU campus. The University Police Department will initiate an ISU Emergency Alert instructing persons to seek shelter. Typically, the Bloomington/Normal Outdoor Warning Sirens will also be activated. In either case, the campus community will need to take cover immediately. In the event of a tornado warning, the campus community should:

- **Collect Emergency Equipment**
  Keep a cell phone with you in order to receive additional emergency information, and to receive the ISU Emergency Alert "All Clear" message. Keep a flashlight and a portable battery-operated radio in a common area, if possible.

- **Take shelter**
  Immediately move to a pre-designated tornado shelter area for the building *which is the restrooms on the first floor of Fairchild Hall.* If you are unsure of the pre-designated shelter locations, move to inner hallways, stairwells, underground tunnels, rest rooms, or other areas, on the lowest level of the building, which are directly supported and relatively free from exterior windows and glass. If you are outside during a tornado warning and do not have time to move inside for shelter, move to a ditch or other low spot below grade level where you can lie (flying debris causes most deaths and injuries during a tornado).

- **Avoid Dangerous Areas**
  Always avoid the upper floors of a building and areas such as elevators, lobbies, gyms, atriums, auditoriums, any area with windows, or dining centers.

- **Wait for All Clear Before Exiting a Shelter Area**
  Following receipt of an "All Clear message" via ISU Emergency Alert, use caution when exiting your shelter area, as storm damage could have caused downed power lines, damaged buildings, fallen tree limbs, etc.

Acts of Violence

This category includes several acts of violence situations:

- Armed robbery
- Person with weapon
- Shots fired
- Active shooter
- Hostage situation

When any of the acts of violence listed above have occurred on or near campus, ISUPD will issue an ISU Emergency Alert. All personnel will need to assess their particular situation to determine the appropriate course of action. Depending on your situation, you may have to Run, Hide or Fight.

When an ISU Emergency Alert has been issued for an act of violence, you should:

- Remain calm.
- Assess your situation.
- Consider:
    - Your location as compared to the intruder's location.
    - Whether you have a better chance at getting to a safe location by running to another building, other location, or to stay put and take shelter.
- If the decision is to take shelter inside a building:
    - Close and lock windows and doors leading to adjacent areas.
    - Barricade doors if possible.
    - Lower and close window blinds.
    - Turn off room lights.
    - Keep quiet and silence cell phones.
    - Remain out of view from any interior windows or block the view through the window.
- If confronted by the intruder, a decision to overpower him/her may be your only option for survival.

Other Response Actions

Bomb Threats

If you receive a bomb threat by phone you should:

- Keep calm.
- Keep the caller on the phone as long as possible.
- If your phone has caller ID ascertain the caller's phone number.
- Secure as much information as possible.
- Do not hang up the phone the call was received on.
- Call or have someone call the University Police Department (UPD) via 911 immediately from another campus phone.
- Meet with UPD officers when they arrive to the scene and provide them with detailed information regarding the call.

Chemical Spills / Hazardous Material Incident

An ISU Emergency Alert will be sent depending on the significance of the spill or release and the location. A significant spill or release is one that by volume and/or because of its characteristics cannot be cleaned up safely with supplies and equipment immediately available.

- If safe to do so, isolate the area by closing doors to prevent others from entering.
- Notify others in the area/building of the need to evacuate.
- Report to the designated Evacuation Assembly Area.
- Call 911. Identify this as an ISU campus emergency. If known, state the type and amount of chemical spilled.
- Do not attempt to clean up any chemical spill without the proper training or without consulting Environmental Health and Safety at (309) 438-8325.
- Isolate any potentially contaminated person until first responders arrive.

Explosion

- Immediately take cover.
- Remain inside the building until it is considered safe to exit.
- Follow the Evacuation Procedure above once determined it is safe to evacuate.

Earthquake

- Remain calm.
- Seek refuge under a desk, table, or stable item. Face away from windows and glass.
- Cover the back of your neck and head. If outside, get to the nearest open space. Stay away from buildings, overhangs, utility poles, trees and power lines.

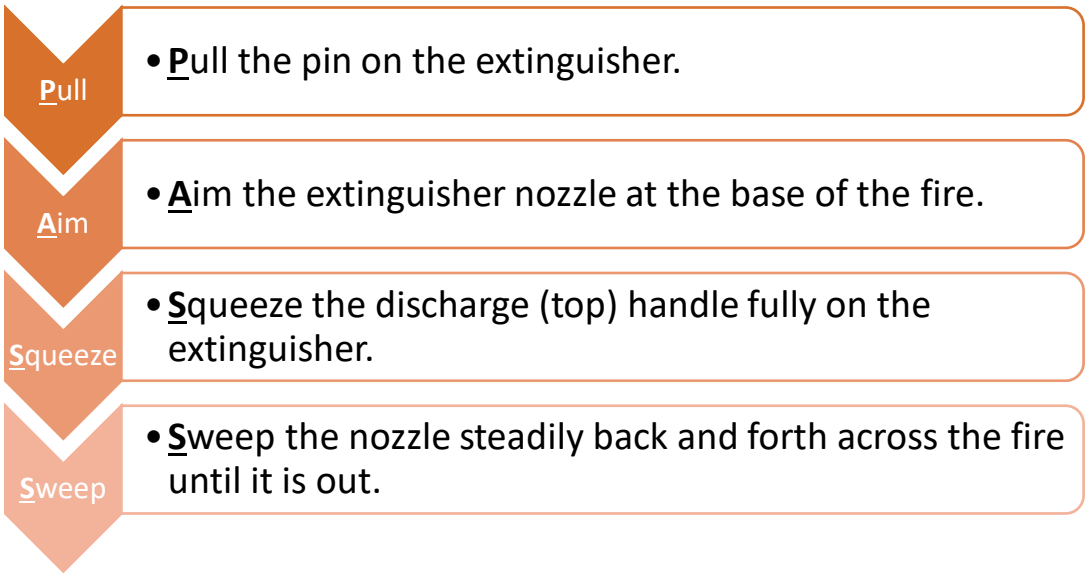
After the earthquake:

- Call 911 only to report any injuries or immediate health hazards.
- If in a building, exit the building (being careful to not take any route that appears to be unstable/unsafe) and report to the designated Evacuation Assemble Area.
- Remain there until released by the Evacuation Coordinator. Advise the Evacuation Coordinator of anyone who may be trapped in the building.

Fire Extinguishers

Portable fire extinguishers are readily available in University buildings and may be used provided the following conditions are met:

- The fire alarm pull station has been activated and the alarm is sounding.
- The observer has been trained on the use of the portable fire extinguisher and feels confident that he/she can safely extinguish the fire.
    - You are not required to fight the fire. If you are uncomfortable, or unfamiliar with usage of a fire extinguisher, you are not required to do so.
- If nearby, take your cell phone with you.
- Before fighting a fire, ensure that the fire does not block your escape path—in other words, position yourself with your back to your escape route when you fight the fire.
- Ideally, there should also be a second person with an extinguisher to act as a backup, and as a lookout.
- To attack a small fire, initially position yourself with the extinguisher 6-8 feet away from the fire, and then work your way closer if necessary, but only if it is safe to do so. Starting too close may scatter the burning contents before the extinguishing agent does its job.
- To use a fire extinguisher, it is helpful to remember the acronym PASS. PASS means:



- Once the fire has been extinguished, ensure that ISU PD has been notified and is en route, so they can evaluate whether further response is needed.
- Ensure that someone keeps an eye on the extinguished fire until ISU PD arrives, in the event the fire rekindles.

Training

All new employees and graduate students receive training on this information during orientation. Information is updated and posted annually in the department manual which is posted on the department website. All faculty/staff and CSD students are required to read this manual.

Training is required:

- To be provided to all new employees to the department
- When conditions change within the department that would impact any response efforts
- When changes are made to the Departmental Emergency Response Plan (communicate change to staff and EHS)
- When employees are assigned new responsibilities that would affect their role in an emergency response.

Initial training will be conducted and documented by the Department Chairperson. Annual

Appendix ner training will also be conducted by the Department Chairperson every fall term.

of

BOMB THREAT PROCEDURE

This checklist is designed to help employees and other decision-makers at Illinois State University respond to a bomb threat in an orderly and controlled manner. For more details, visit www.dhs.gov/what–to-do-bomb-threat

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information by using the checklist on the right side of this page.

If a bomb threat is received by phone:

1. *Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.*
2. *Listen carefully. Be polite and show interest.*
3. *Try to keep the caller talking to learn more information.*
4. *If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself from another phone.*
5. *If your phone has a display, copy the number and/or any letters from the Caller ID on the window display.*
6. *Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.*
7. *Immediately upon termination of call, DO NOT HANG UP, but from a different phone, CALL 911 immediately with information and await instructions.*

If a bomb threat is received by handwritten note:

- Call 911
- Handle note as minimally as possible

If a bomb threat is received by email:

- Call 911
- Do not delete the message

If a package/delivery seems

DO NOT USE TWO-WAY RADIOS OR CELLULAR PHONES—RADIO/CELLULAR

Signs of a suspicious package:

No return address	Unexpected delivery
Excessive postage	Poorly handwritten
Stains	Incorrect titles

PHONE THREAT CHECKLIST

DATE:_____ TIME OF HANGUP:_____

TIME: _____ CALLER ID # : _____

NUMBER/AREA CALLED: _____

ASK CALLER:

Where is it located? _____

When will it go off?

What does it look like? _____

What kind of device is it? _____

What will set it off?

Did you place it? [YES] _____ [NO] _____

Why? _____

What is your name? (and/or) Whom do you represent?

_____

_____

_____

EXACT WORDS OF THREAT:

_____

_____

_____

INFORMATION ABOUT CALLER:

Estimated age:_____ Is voice familiar?_____

Whom does it sound like? _____

Caller's Voice Background Sounds Threat Language

Appendix N

Simucase Formative Assessment Across ISU's SLP M.S. Program

PROGRAM OBJECTIVES	CURRENT GRADUATE COURSES
• Facilitate comprehension and application of case study assessment and intervention tasks across the "big 9" areas • Assist students in making explicit connections between course content and case study information • Integrate course content across the curriculum through case study discussions • Provide experiences with simulated assessment and treatment of low incidence disorders across the "big 9" areas • Remediate KASA competencies when necessary • Use case studies to obtain ASHA required contact hours NOT ALL CASES USED IN COURSES ARE USED IN WHOLE; THESE CASES ARE NOT COUNTED FOR ACE TIME AVAILABLE	• CSD 402 – Cognition & Language Across the Lifespan: Foundations (4 credit hours) • CSD 403 – Cognition & Language Across the Lifespan: Differential Diagnosis (3 credit hours) • CSD 404 – Cognition & Language Across the Lifespan: Intervention (3 credit hours) • CSD 406 – Language for Learning and Literacy (3 credit hours) • CSD 409 – Introduction to Research (2 credit hours) • CSD 410 – Neurobasis of Communication Disorders (3 credit hours) • CSD 412 – Speech Sound Disorders (3 credit hours) • CSD 413 – Assessment and Management of Voice and Resonance Disorders (3 credit hours) • CSD 414 – Dysphagia (2 credit hours) • CSD 420 – Feeding and Swallowing Disorders in Infants and Children (2 credit hours) • CSD 418 – Assessment and Treatment of Stuttering (3 credit hours) • CSD 422 – Assessments Across the Lifespan (2 credit hours) • CSD 432 – Professional Issues (2 credit hours) • CSD 451 – Counseling for Communication Disorders (2 credit hours) • CSD 460 – Augmentative and Alternative Communication (3 credit hours)
Cases to use for cross-curricular formative assessment plan: Sarah (422, 451, 413) **Performance objectives associated with formative assessment:** • Master elements of assessment &/or intervention associated with Simucase experiences • Engage in self-assessment to improve effectiveness of clinical services • Provide written reflective responses to assessment prompts • Participate actively in oral discussions associated with Simucase experiences	
Faculty and Clinical Educators are responsible for: • **Ensuring a pre-brief is provided to the students prior to undertaking an assigned case** • **Conducting a de-brief session equal to 25% of the case time.**	

• **Approving Calipso submissions from students** • **Scoring KASA standards associated with assigned cases within a CALIPSO evaluation document**
***Some instructors may opt to use portions of cases for instructional purposes. These cases will not count for ACE time.**

Appendix O

Department of Communication Sciences and Disorders
Student Request for Absence from Scheduled Responsibilities

Student's Name:

Date(s) of Absence:

Reason and Rationale for Absence

___ Academic Related Leave (considered professional activity)
___ Medical Leave
___ Personal Leave

Rationale:

Classes Missed [include course title and instructor(s)]
I have been made aware of the absence in a professional and timely matter:

Class:_____ Instructor signature:_____

Class:_____ Instructor signature:_____

Class:_____ Instructor signature:_____

Comments:

Clinic Missed [(include clinical educators) and day(s)/time(s))
I have been made aware of the absence in a professional and timely matter:

Clinic:_____ Clinical educator signature:_____

Clinic:_____ Clinical educator signature:_____

Clinic:_____ Clinical educator signature:_____

Comments:

Other Responsibilities Missed

Student
I consider the absence to be unavoidable and the above to information to be considered to be correct.

_____ _____
Student's Signature Date

_____ _____
DCE Signature Date

Route to Department Chairperson once completed and signed

References

American Academy of Audiology. (2011). Code of Ethics. Available from: http://www.audiology.org/resources/documentlibrary/Pages/codeofethics.aspx.

American Speech-Language-Hearing Association. (2016). Code of ethics [Ethics]. Available from www.asha.org/policy.

American Speech-Language Hearing Association. Evidence Maps. Available from http://www.asha.org/Evidence-Maps/

American Speech-Language Hearing Association. Practice Portal. Available from http://www.asha.org/practice-portal/

Anderson, J. (1988).*The supervisory process in speech-language pathology and audiology.* Boston, MA: College-Hill.

Beck, A., & Verticchio, H. (2014). Facilitating speech-language pathology graduate students' ability to manage stress: A pilot study. *Contemporary Issues in Communication Sciences and Disorders, 41,* 24-38. Retrieved from http://www.asha.org/Publications/cicsd/default/

Chial, M. (1998). Conveying expectations about professional behavior. Invited Viewpoint article, Audiology Today, 10 (4), p. 25.

Council on Academic Accreditation for Audiology and Speech-Language Pathology. (2016). Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology. Retrieved July 17, 2017 from http://caa.asha.org/wp-content/uploads/Accreditation-Standards-2017.pdf

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2013). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved June 28, 2017 from http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (2012). 2012 Standards for the Certificate of Clinical Competence in Audiology. Retrieved July 15, 2017 from http://www.asha.org/Certification/2012-Audiology-Certification-Standards/

DeMario, N., Stoner, J., Angell, M., & Lawson, C. *Disposition indicators of effective teaching: A pilot study,* and from Eastern Illinois University's Department of Communication Sciences and Disorders' *Essential Functions for Clinical Practicum*

Hurst, C. S., Baranik, L. E., & Daniel, F. (2013). College student stressors: A review of the qualitative research. *Stress and Health, 28,* 275-285. doi: 10.1002/smi.2465

Lincoln, M., Adamson, B., & Covic, T. (2004). Perceptions of stress, time management and coping strategies of speech pathology students on clinical placement. *Advances in Speech-Language Pathology, 6* (2), pp. 91-99. Retrieved from http://ehis.ebscohost.com/eds/pdfviewer/pdfviewer?vid=9&hid=101&sid=857f15e3-5de9-459f-bf58-ef6a2a6675c0%40sessionmgr113

McCall, T. (2007). *Yoga as medicine: The yogic prescription for health and healing*. New York, NY: Bantam.

Rizzolo, D., Zipp, G. P., Stiskal, D., & Simpkins, S. (2009). Stress management strategies for students: The immediate effects of yoga, humor, and reading on stress. *Journal of College Teaching & Learning, 6* (8), pp. 79 – 88. Retrieved from http://search.proquest.com/docview/218893605

Ross, E. (2011). Burnout and self-care in the practice of speech pathology and audiology: An ecological perspective. In R. J. Fourie (Ed.), *Therapeutic processes for communication disorders* (pp. 213 – 228). Hove and New York: Psychology Press.

SEVEN Wellness Program. Retrieved July 21, 2017 from http://wellness.illinoisstate.edu/seven/

Sleight, C. (1985). Confidence and anxiety in student clinicians. *The Clinical Supervisor, 3* (3), 25 – 48.