Illinois State University

Communication Sciences Disorders

Academic and Clinical Education Manual

August 2024

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.

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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
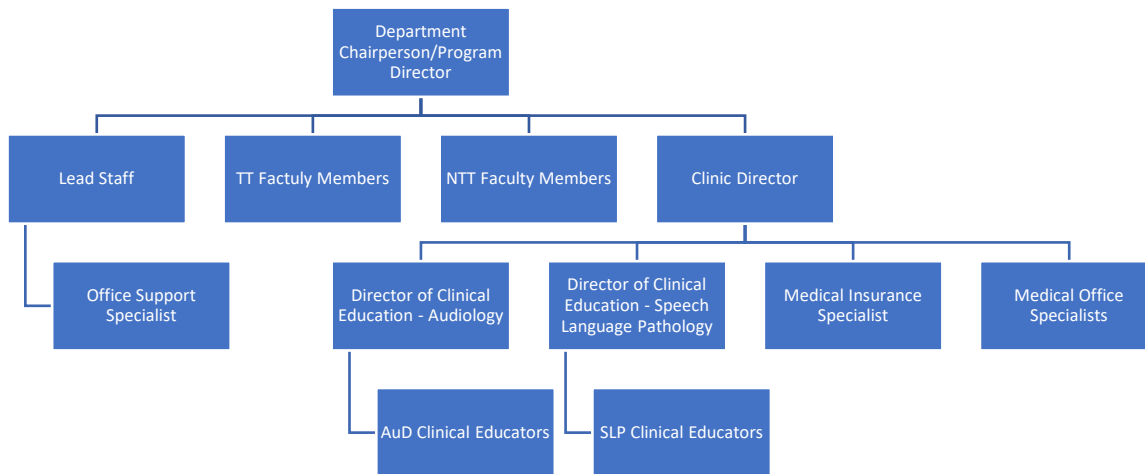
Department Administration

McLoddy Kadyamusuma, PhD, Chairperson/Program Director	309.438.8643	mrkadya@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 are still unresolved complaints or concerns, students should contact the Department Chairperson/Program Director to discuss the process for submitting a Student Concern Form. The Chairperson/Program Director 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.

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.
2. 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.
3. Be clearly described, including the specific nature of the charge and data to support the charge.
4. 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

Student Technology Support
All students are encouraged to take the Introduction to Technology Quickstart Orientation, found here: IllinoisState.edu/Quickstart.
Technology support is available at help.illinoisstate.edu/technology/, including hundreds of help articles on everything involving ISU technology, online chat, and phone support at (309) 438-HELP (4357). Walk-up support and computer repair & purchases are available from TechZone located on the first floor of the Bone Student Center as well as TechZone.IllinoisState.edu.

Two software packages are available at no additional charge: Microsoft 365 (Word, Excel, PowerPoint, etc.) and Adobe Creative Cloud. Students can install these programs on their personal computers.
Students who do not have access to the technology they need to be successful in their coursework should contact the Technology Support Center at Help.IllinoisState.edu/Technology or (309) 438-HELP (4357) to discuss options.

Attendance
You are responsible for attending class and completing all academic work. Be familiar with which absences are excused under university policy and which are not. You are responsible for making arrangements with me to complete missed coursework after an excused absence. Follow the instructions in this syllabus about any additional absences I excuse for this class. If you need advice on how to manage an extended absence or want notification of your absence sent to your instructors, contact the Dean of Students Office.

Absences Due to Illness or Bereavement
If you have to miss class due to bereavement for the loss of a family member, active military duty, or required quarantine/isolation for a communicable disease such as COVID, contact the Dean of Students Office to request a formal excused absence notice be sent to your instructors. The Dean of Students Office can send a courtesy notice to your instructors about other absences, but many other absences (including illness) are subject to the absence policy for this course and are not excused under university policy.

As responsible adults investing in their future, Illinois State University students are encouraged to take control of their own education, especially when life and health challenges interfere with the planned process. When students need to miss class, they must be swift and proactive in working with their instructors to take advantage of learning opportunities, develop mastery of course materials, meet the learning objectives as outlined in the course, and prepare themselves for more advanced learning.

Title IX Assistance
Illinois State University's Title IX Coordinator is available to assist students with coordinating specific actions, including reasonable modifications, to ensure equal access due to pregnancy or

related conditions. This applies to pregnancy, childbirth, termination of pregnancy (either naturally or through medical means), lactation, and conditions related to or recovery from pregnancy, childbirth, termination, and lactation. The Title IX Coordinator can be reached in the Office of Equal Opportunity and Access at (309) 438-3383, EqualOpportunity@IllinoisState.edu, or by mail at Campus Box 1280, Normal, IL 61790-1280.

Academic Integrity

You are expected to be honest in all academic work, consistent with the academic integrity policy as outlined in the Code of Student Conduct and any additional syllabus language. All work is to be appropriately cited when it is borrowed, directly or indirectly, from another source. Unauthorized and/or unacknowledged collaboration on any work, or the presentation of someone else's work, is plagiarism.

Content generated by an Artificial Intelligence third-party service or site (AI-generated content) without proper attribution or authorization is another form of plagiarism. If you are unsure about whether something may be plagiarism or another form of academic dishonesty, please reach out to me to discuss it as soon as possible. Any allegation of academic dishonesty may be referred to Student Conduct and Community Responsibilities, a unit of the Dean of Students Office, for possible review. If found responsible for academic dishonesty, a grade penalty can also be applied.

Artificial Intelligence

Option 1
Generative AI use in this course is welcome with proper attribution.

In this course, students can use generative AI tools (such as ChatGPT or Adobe Firefly) to complete assigned work, so long as the use of generative AI tools is properly disclosed through in-text citations, quotations, and references. Please refer to the style manual that aligns with your discipline for specific guidelines for attribution. Note that any use of generative AI must be both responsible and ethical. This means that students using generative AI are required to comply with all privacy laws and research requirements to protect data and must have appropriate permissions to enter data into a generative AI tool. Students should clarify any questions on whether data or information may be entered into a generative AI tool with the instructor.

Option 2
Generative AI can be used in this course at specified times with proper attribution.

In this course, students can use generative AI tools (such as ChatGPT or Adobe Firefly) to complete specific assignments, given instructor guidance and permission, so long as the use of generative AI tools is properly disclosed through in-text citations, quotations, and references. Please refer to the style manual that aligns with your discipline for specific guidelines for

attribution. Note that any use of generative AI must be both responsible and ethical. This means that students using generative AI are required to comply with all privacy laws and research requirements to protect data and must have appropriate permissions to enter data into a generative AI tool. Students should clarify any questions on whether data or information may be entered into a generative AI tool with the instructor.

Option 3

While students might use generative AI tools to support independent study practices (e.g., creation of extra practice problems, brainstorming of ideas), content created in whole or in part by AI may not be incorporated into any assigned coursework.

In this course, the use of generative AI tools (such as ChatGPT or Adobe Firefly) is not permitted during the completion of any assigned work. Use of a generative AI tool to complete assigned work in whole or in part may be referred under the Code of Student Conduct academic dishonesty provisions for further action by the Dean of Students Office. Students may use generative AI tools to support their independent study of course topics but should do so with the understanding that generative AI tools may not be trustworthy.

Option 4

Generative AI use is not permitted in this class.

In this course, the use of generative AI tools such as ChatGPT or Adobe Firefly is not permitted to support the completion of any assigned work. This includes, but is not limited to, using generative AI tools to ideate, pre-plan, edit, translate, or otherwise create original material you claim to be solely your creation. Use of a generative AI tool to complete assigned work in whole or in part may be referred under the Code of Student Conduct academic dishonesty provisions for further action by the Dean of Students Office.

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
https://csd.illinoisstate.edu/about/team/department-manual/

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 308 Fell Hall, (309) 438-5853, or visit the website at 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.

If you are worried about a friend, you can call SCS and ask to speak to a counselor for ideas on how to help. The Kognito simulation, available through SCS's webpage, can also help you learn how to assist your friend with connecting to services.

Student Basic Needs
The Student Navigator program is a student-led, peer-to-peer initiative in the Dean of Students Office designed to assist students facing economic hardships and basic needs crises. Referrals are available to resources for food, textbooks, housing, finances, health, and more.
For more information, please visit the following link:
https://deanofstudents.illinoisstate.edu/services/student-navigator/

Campus Safety and Security
Illinois State University is committed to maintaining a safe environment for the University community. Ask students to ensure they have downloaded the SafeRedbirds app. Also, note the information posted in each classroom about emergency shelters and evacuation assembly areas (both are indicated on stickers inside every classroom).

See this one-page reference sheet for talking points on the first day of class about this and a few emergency scenarios.

Classroom Behavior and CSD 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 the Department Manual.

Constructive Conversations
Scholarly discourse or exchanges in an instructional setting may include diverse perspectives, and difficult situations sometimes arise in conversations between people with differing opinions. We may choose to turn contentious moments into valuable learning experiences for all and will work to agree on the following ground rules for constructive conversations:
- Constructive conversations should relate to course goals and objectives.
- Ensure everyone has an opportunity to speak and be heard.
- Listen actively without interrupting. Seek to understand before responding.
- Focus on ideas and arguments rather than attacking individuals.

- Respect and maintain privacy regarding personal disclosures made during discussions.
- Be open to considering different viewpoints and willing to consider new information.

Diversity
ISU remains committed to creating and maintaining a learning environment that is welcoming, supportive, respectful, inclusive, diverse and free from discrimination and harassment. University classrooms are perhaps the most diverse learning environment in which you have ever been. We will most often be speaking across differences—sex, gender, sexuality, race, nation, economic class, religion, age, ability, political views, and more. This diversity will be an asset to our discussions and other learning experiences in this course. I encourage you to consider the experiences of your classmates to be equally valuable as your own.

Video Recording
Notice that Instructor may record class session
This is notice that your instructor may record class sessions. Recordings made available at the discretion of the instructor are for use only by students enrolled in the class and only for the purpose of individual or group study. The recordings may not be reproduced, shared with those not enrolled in the class, or uploaded to publicly accessible web environments. Please do not independently record the course without prior written authorization from the instructor or an approved accommodation from Student Access and Accommodations Services.

Regarding students making their own recordings or photographs

Student recording prohibited
Students may not use phones, or other audio or video recording devices to record classroom lectures/class discussions or to take photographs except with an approved accommodation from Student Access and Accommodations Services. Violation of this classroom rule may result in referral to the Student Conduct and Community Responsibilities (SCCR) office for disciplinary action.

Permission required to record
Students who wish to use phones or other audio or video devices to record classroom lectures/discussions or take photographs must obtain written permission from the instructor except with an approved accommodation from Student Access and Accommodations Services. Approved recordings are to be used solely for the purposes of individual or group study with other students enrolled in the class. They may not be reproduced, shared with those not enrolled in the class, or uploaded to publicly accessible web environments. Violation of this classroom rule may result in referral to the Student Conduct and Community Responsibilities (SCCR) office for disciplinary action.

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 by completing the online Graduate Degree Option selection form.

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.
- 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 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](#).

GRADUATE DEGREE COMPLETION OPTIONS FOR AuD STUDENTS

Students are expected to determine if they intend to pursue the comprehensive examination or the Capstone track {Capstone Research Program (CRP) or Clinical Case Series (CCS)}, by September 1st of the <u>second year</u>. <u>Students are expected to complete the Au.D. Capstone Requirement Form</u> by September 1st of the 2nd year to make this graduate degree selection.

COMPREHENSIVE EXAM

Students who opt to take the comprehensive exam will do so during the last week of the spring semester in the <u>third year</u>. A minimum score of 70% is required to pass the exam. 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 during the first week of the fall semester of the <u>fourth year</u>. Exceptions must be requested from the Graduate School in writing by the student. Students who have twice failed the examination are not to repeat the exam unless they have completed further study. After the first and second failure of examination, a student may petition the department to repeat the comprehensive examination. The third offering will be during the last week of the spring semester in the <u>fourth year</u>. Note: the second and third attempts are during the fourth-year clinical residency. The exam will not be administered more than three times to an individual student. Without authorization, absence from a scheduled examination counts as a failure or score of zero. At the point of the third failure of the comprehensive exam, the department will recommend to the Graduate School that the student be dismissed from the degree program.

CAPSTONE REQUIREMENTS FOR AUD STUDENTS

Capstone Project

Students who opt to complete a capstone project will choose either a 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 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 (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](#). All submissions should be submitted under the AUD Capstone Projects – Communication Sciences and Disorders.

FORMATIVE EXAMS IN AUDIOLOGY

All AuD students will participate in the annual formative assessment exams in the first and second year of the program. These developmental exams cover material from the didactic and practical training for each year. These exams must be taken by all students at the announced time each year. For Year-1 and Year-2 students, they will be administered in August after summer break during the first week of the Fall semester. 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 formative exam test date. Students will be provided feedback on their performance within three business days of completing the exams. Students should review their performance and consult with faculty and clinical educators on areas which need improvement.

All student testing documents will be secured locally in the CSD 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. Information on the graduation rates, results of the Praxis Examination and employment rates of graduates is available on the CSD website for speech-language pathology and audiology.

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
- Auditory Processing
- Adult Language and Cognitive Communication
- Child Language
- Speech Sound and Motor Speech Disorders
- Stuttering (Fluency Disorders)
- Swallowing (Dysphagia)
- Voice and Resonance

- o   Gender Affirming Communication Services
- o   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
- Cerumen Management (Ear wax removal)
- Cochlear Implant Services
- Comprehensive Hearing Examinations
- Hearing Aid Services and Products
- Assistive Listening Devices
- Custom Hearing Protection
- Auditory Processing Evaluations
- Tinnitus and Reduced Sound Tolerance
- Pediatric Services

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 designated spaces that include single patient rooms, group therapy rooms, audiology booth rooms, simulation spaces and a hearing aid repair room. The second floor also 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 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 this space 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, which 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 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 follow 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 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 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
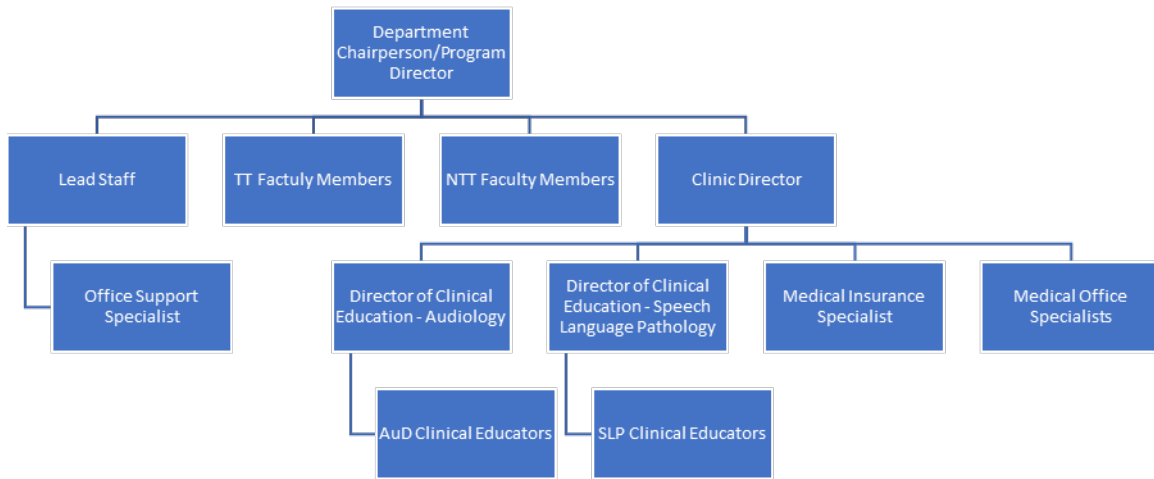
Clinical Administrators

Heidi Verticchio, MS, SLP   309.438.3266   **hrfritz@ilstu.edu**
Clinic Director
Specialty areas: Clinical Education,
Billing and coding, 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: Aural rehabilitation, auditory processing, adult diagnostics and amplification

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.

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 of 60 hours of academic credit hours, 27 clinical credit hours, and an option of 6 hours of Capstone Independent Study. Clinical education courses are bolded in the table below.

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

First-year Fall CSD 520 (3) CSD 509 (3) CSD 510 (3) CSD 530 (3) **CSD 508A10 (1)*: Clinical Practice** Total credit hours = 13	**First-year Spring** CSD 521 (3) CSD 511 (3) CSD 531 (3) **CSD 508A20 (2)*: Basic Clinical Rotation** Total credit hours = 11	**First-year Summer** CSD 401 (3) **CSD 508A25 (1)*: Clinical Simulation** **CSD 508A20 (2)*: Basic Clinical Rotation** Total credit hours = 6
Second-year Fall CSD 551 (3) CSD 523 (3) CSD 526 (3) CSD 533 (3) **CSD 508A30 (3)*: Intermediate Clinical Rotation** Total credit hours = 15	**Second-year Spring** CSD 538 (3) CSD 532 (3) CSD 536 (3) **CSD 508A30 (3)*: Intermediate Clinical Rotation** Total credit hours = 12	**Second-year Summer** CSD 540 (3) **CSD 508A40 (4)*: Advanced Clinical Rotation** Total credit hours = 7
Third-year Fall CSD 524 (3) CSD 541 (3) **CSD 508A40 (4)*: Advanced Clinical Rotation** Total credit hours = 10	**Third-year Spring** CSD 522 (3) CSD 542 (3) **CSD 508A40 (4)*: Advanced Clinical Rotation** Total credit hours = 10	**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.

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)
- Illinois Professional License from Illinois Department of Financial & Professional Regulation (IDFPR)
- Professional Educator License (PEL) from the Illinois State Board of Education (ISBE) (SLP only)
- Board Certification in Audiology by the American Board of Audiology (ABA) (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) are logged into this program. 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 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 CFCC standards in the academic and clinical courses.

Figure 3: Progression of Clinical Experiences

Clinical Fellowship for SLP (post-graduation) or Clinical Residency for AuD

Off-Campus Practicum

Part-time Off-Campus Clinical Experiences & On-Campus Practicum

On-Campus Practicum
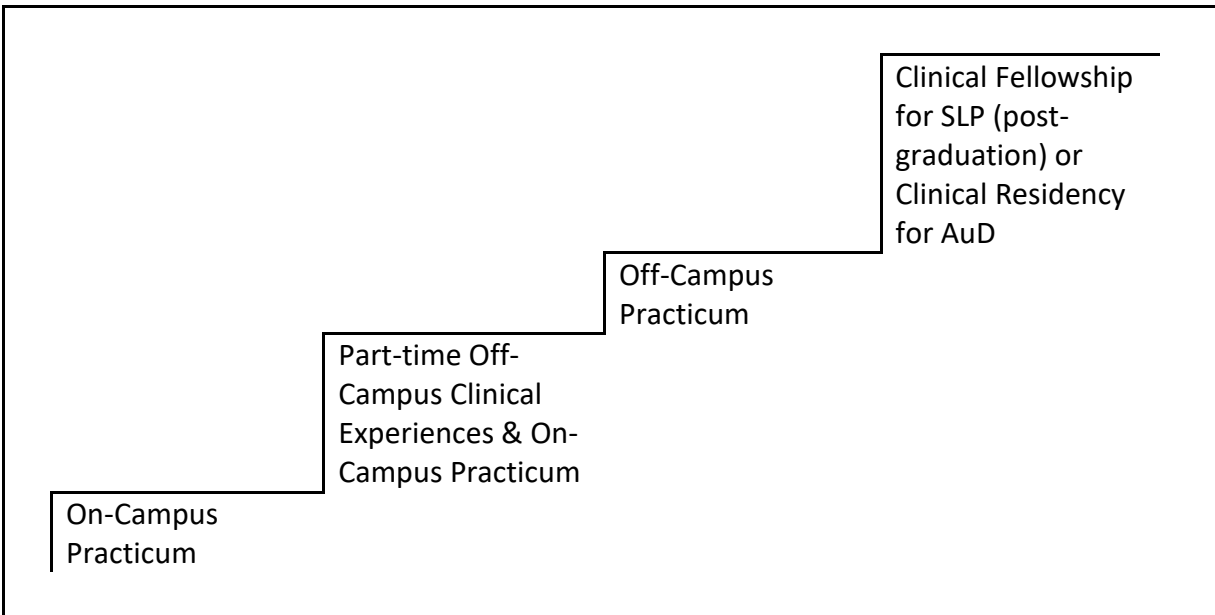
MS in SLP Progression of Clinical Courses Across the Program

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 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 Practice in Audiology 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: Basic Clinical Rotation 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: Intermediate Clinical Rotation 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: Advanced Clinical Rotation 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. 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 methods including SimuCase.

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

All graduate student clinicians must satisfactorily demonstrate the required knowledge and kills standards 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.
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 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 standards 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 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.

CFCC Standards

Departmental Policy Statement
The Department of CSD, in compliance with ASHA's requirements for graduate education, mandates that all students demonstrate acquisition of knowledge (academic) and skills (clinical) across the curriculum. A "met" will be required to demonstrate acquisition of a given standard. 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).Individual academic CFCC 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 Course Policy
Clinical CFCC 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. Any clinical CFCC 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 course (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 to progress on in the program. Students will also need to demonstrate clinical growth during the semester of remediation by earning a grade of B or higher on the clinical rating scale of the repeated clinical course.

> ### Clinical Course Grades
> All semester clinical course 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. All 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.

CFCC Standards
Academic course overview
Each graduate course within the Department of CSD has been reviewed to determine where CFCC standards can be assessed. As part of this process, assessment of several CFCC standards might be assigned to each graduate course. *Course instructors may not remove CFCC 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 CFCC 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 CFCC 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 CFCC standard will be given two opportunities to complete a remediation. Students will need to remediate their work to demonstrate competency at a "met" level to prevent earning a C in the course (see remediation section below).

Clinical course overview
Clinical CFCC 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. Several CFCC standards will be assessed in each clinical experience. (See clinical rating forms in Calipso for information regarding how CFCC standards will be assessed.)

Documentation of progress in acquiring proficiency with all CFCC standards will be maintained by clinical educators. Calipso will be utilized to track students' performance on clinical CFCC standards. Students' performance on clinical CFCC 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 CFCC 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 CFCC standards: Course instructor enters data into Calipso. It is the responsibility of the students 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 CFCC standards, a Remediation Plan will be developed that outlines the following: CFCC 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 grade of C 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 CFCC 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 all assigned clinical educators and the DCE to determine the clinical expectations of the remediation plan. These expectations will include addressing the identified areas of weakness from the current semester. Students will also need to demonstrate clinical growth during the semester of remediation by earning a grade of B or higher on the clinical rating scale of the repeated clinical course.
   - If the remediation plan is not successfully completed by the end of the semester, the student will earn a C in the repeated clinic and be dismissed from the program.

Illinois State University
Department of Communication Sciences and Disorders
Remediation Plan

Student Name: Name

Course Name/Number: Course

Course Instructor/Clinical Educator(s): Name

Standards for remediation:
Click or tap here to enter text.

Remediation Plan:
Click or tap here to enter text.

Results of remediation:
Click or tap here to enter text.

Due date:MM/DD/YYYY

Instructor Signature: Signature

Student Signature: *Signature*

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.
- 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 everyone 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 everyone 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 everyone 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 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 B 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 graduate 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

ISU Graduate School
Graduate students must maintain a cumulative graduate GPA of 3.0 to be in good standing with the Graduate School. Students who are not in good standing are placed on probation or dismissed.

- The CSD department will allow students to be on academic probation for one semester. If the student fails to earn a cumulative graduate GPA of 3.0 in the semester of probation, they will be dismissed from the program.

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.

- A student will only be permitted to go on departmental academic 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.

Clinical Probation
Clinical probation is assigned to a student who earns a grade of C or lower 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 CFCC Standards. Consequences of probation include:

- The student will work with all assigned clinical educators and the DCE to identify the clinical expectations for the semester. These expectations will include 1) addressing the identified areas of weakness from the previous semesters, and 2) demonstrating clinical growth by earning a B or higher on the clinical rating form for the assigned clinical course.
  - The DCE and grading clinical educator(s) will determine whether 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 where the remediation plan can be addressed. The remediation must be successfully met before the student can progress in the clinical sequence to the next 408, 508/598 course. 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 across ALL clinical educators/placement 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 508/598 (for AuD students), whether during the probationary semester or later, will result in dismissal from the program.

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. The documentation process of this remediation plan is outlined in CFCC Standards.

- The student must repeat, as part of a remediation plan, the clinical course for which he or she received a C.
- 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

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 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.

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:

- CITI Health Information Privacy and Security for Clinicians
  - 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 Calipso; all others requiring HIPAA certification will provide the Director of Clinical Education with a copy of this certificate.
- All students will also participate in an on-campus training on privacy and security.

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 C. 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 guided observation in speech-language pathology. For hours to count as guided, the practicing SLP must: 1) be ASHA certified, 2) have had their CCC for at least 9 months, and 3) have completed a minimum of 2 CE units in supervision.

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 clinicals. 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. Verified Credentials is utilized to upload and track all healthcare requirements to be eligible for clinical practicum.

Required:
- **Background Check (see more information below)**
- **Drug Test**
- **COVID Vaccine – voluntary for CSD program, offsites placements may require**
    - 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)**
- **CPR (unless this is stated elsewhere?)**
- **Certificate of Health:** Proof of physical examination within last twelve months.
- **Influenza (Flu):** Submit documentation during current flu season - Due Dec 1.
    - 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 Calipso.

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 training for students is $25.00.

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.

Upon completion of training, graduate students must upload the Certificate of Completion into Calipso. The signed and dated Acknowledgment of Mandated Reporter form will also be uploaded into Calipso. 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) nor the Illinois Department of Professional Regulation (IDFPR) 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 ensure the individual has good character and that rehabilitation has mitigated the offense. Off-campus clinical 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 clinicals, 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 in Verified Credentials. 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 program, graduate students must purchase an account in Verified Credentials. Instructions will be sent by the DCE for each program. Students will order the background check package which will include a criminal search – County, FACIS – level 1 individual, ID Trace Pro and National Criminal Database. Students will complete a background check each 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. 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. SimuCase will be used initially in CSD 422 and throughout the program. Further, 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 instructor of record for your academic courses and the DCE-SLP.

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 and speech-language pathology students. The Clinic is an educational environment. Clinical sessions with patients may be recorded, viewed, shared by clinical educators.

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.

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 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 if 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). This material is review at the start of the program by the Clinic Director.

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.

Currently there is no reasonable expectation that employees and students employed in the Department of Communication Sciences and Disorders will encounter 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, face masks, and face shields should be used as needed. Specifically, 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, gloves, 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 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 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 been in 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 in the folder titled 'Speech and Hearing Clinic' under the 'Location' dropdown menu. 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.) 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 Simulations
Simucase is software that provides clinical simulations for speech-language pathology, audiology, and other disciplines. Simucase simulations allow students to "assess, complete diagnostic findings, make recommendations, and provide intervention for virtual patients".

Clinical Documentation
Clinical educators review and provide oral and written feedback for the documentation produced by each assigned graduate student clinician. This includes patient reports, notes, plans, and required documentation including 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, SLP graduate student clinicians engage in Group Learning Meetings facilitated by the clinical educators in the fall and spring semesters. 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. 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.

Practice Portal

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.

Graduate student clinicians are required to use the Practice Portal in association with patients as part of the clinical education process. Individual 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. Please discuss with your CE.

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.

The purpose of considering how we present to others is to support our ability to perform within our scope of practice effectively and to cultivate an environment of mutual respect. According to this, the questions below should be considered in decisions about personal presentation:
- Will my personal presentation support the perception of a clean and sanitary clinical environment?

- Will my clothing allow for safe and easy range of movement needed in my scope of practice?

- Will my personal presentation support positive rapport with my clients/patients?

- Will anything on my person communicate disrespect for a historically marginalized population?

- Will anything in my bodily presentation distract me or my clients/patients from working effectively?"

- Have you considered potential allergies or sensitivities that might be present in persons with respiratory and/or sensory compromise (i.e., Scented lotions, perfume, cologne)? For the health and well-being of others, we ask that you refrain from wearing any scented products while in a clinical/professional environment.

If your preceptor/supervisor has questions or concerns regarding your appearance or dress, these questions will facilitate a discussion to ensure the safety and comfort of yourself, your preceptor/supervisor, your peers, and your clients.

Off-campus placements are likely to follow different guidelines. The student is responsible for discussing dress code expectations with their preceptor at that campus placement.

Required Identification
In the on-campus Clinic, graduate student clinicians are expected to wear a lanyard/badge holder 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 D) 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 follows 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 our graduate programs, on-campus clients are scheduled so 100% of supervision by the clinical educator can occur. The nature of our Clinic and services, including coding and billing, dictates that all on-campus graduate students receive 100% personal supervision.

REQUIREMENTS AND TRAININGS FOR CLINICAL EDUCATORS

Successful completion of several 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:
- CITI Health Information Privacy and Security for Clinicians
  - To document completion, the assigned webinar and quiz must be completed. Upon completion of the Quiz, the user will receive a Certificate of Compliance. HIPAA certification will be provided to the Director of Clinical Education

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 C.   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 Teams.

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.

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 Teams.

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 can 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 of 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 to 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 as 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.

Practice Portal
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.

Graduate student clinicians are required to use the Practice Portal in association with patients as part of the clinical education process. Individual 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 prior to providing 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. All clinical educators are responsible for continued self-reflection on these areas. These competencies can be used as potential professional goals.

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 CFCC 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 with oversight from the Clinic Director and the Department Chair. The Department Chair provides the evaluation information for all academic letters as part of this annual review.

Evaluations will include a review of the following materials:

- A review of your job description.
- A review of annual performance as reported in [Watermark]
    - o Your Watermark record should be reviewed and updated for currency twice a year (May 15 and December 31) since performance reports will be pulled from this system.
- Your self-assessment.
    - o This should be your narrative review of your annual performance including your areas of strengths and areas for improvement (you *can* use the clinical educator competencies). This narrative should include discussion of activities completed beyond your job descriptions. Finally, your progress on last year goals and revisions or new goals for the upcoming year should be provided. This self-assessment will be provided directly to your supervisor. Directions and due dates for this information will be provided by your supervisor.

Completed reviews will include:
- A [cover sheet of overall performance] as requested by ISU Human Resources.
    - o To achieve a rating above the 'meets expectations' category, the employee's evaluation record must include activities beyond what is required in the job description.
- An appraisal letter reviewing the materials submitted. Including rationale for HR cover sheet.

*It should be noted that this information will be used by the Department Chairperson for any merit raise reviews.

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

Undergraduate student volunteers staff the Materials Center, a NSSLHA executive member, graduate assistants, and paid student workers. If you are unable to work as scheduled, you should notify the paid student worker first. If you cannot fulfill your obligation on a particular day, you are responsible for finding a substitute and notifying the graduate assistant of the substitution.

Policies

1. Please honor the reserve list for all materials including the google drive for assessments.
2. All students and faculty members must have their University ID card to check out materials.
3. 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 prior **approval** for overnight check out from the DCE. Return dated noted in checkout system.
4. If an item is not returned in 24 hours, a late notice will be filled out and sent to the Clinician and clinical educator. 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.
5. 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.
6. The Clinician is responsible for replacing lost items.
7. Items may be checked out to persons outside the department with prior approval by the DCE.
8. 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 checkout system.
9. Faculty will follow all policies for the borrowing of materials from the Materials Center.
10. Requests by faculty or students for exceptions to these policies should be approved by the DCE.

Check-Out and Return Procedures

Every Clinician and faculty member must have their University ID card 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.

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 specific 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 to be entered in the electronic checkout system. Students will need their ID to check items out.
3. Items are due same day unless course instructor authorizes overnight checkout4.   Explain procedures to class members, including the overdue policy.

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:

> 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.

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 necessary.

Appendix B

Student Name: Name

Course Name/Number: Course

Course Instructor/Clinical Educator(s): Name

Date of Report: MM/DD/YYYY

Area of Concern: Click or tap here to enter text.

Is this considered to be a breach of patient privacy? Yes ☐   No ☐

Meeting with student (date/time/attendees): Click or tap here to enter text.

Explanation of Concerning Behavior: Click or tap here to enter text.

Appropriate Methods for Improving Concerning Behavior: Click or tap here to enter text.

This professional practice competency has been discussed with the student. Signatures verify awareness of this document and that it will be filed with the following persons:
Department Chairperson ☐
Clinical Director ☐
Director of Clinical Experience ☐

Instructor Signature: Signature

Student Signature: Signature

Appendix C

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 always practiced 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.

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.

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](#).

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.

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)

Working Folders for Graduate Students
Paper folders for patients are used to store paper documents generated during treatment. These folders are to be stored in the file room. This 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.

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 314), 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 always filed.

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.

Working Folders for Clinical Educators
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 always stored in the temporary patient folders (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).

Printing from PnC 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.

Protection and Destruction of Paper Records
While 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 providing services to patients, are scanned into PnC, they will be placed in a locked cupboard to be held for validation and authentication. 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.

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.

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;
- Place documents in the "To Be Scanned" area of file cabinet of Clinic Office for processing.
- review and approve clinic clock hours in Calipso;
- review with each student their performance eval completed in Calipso

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.

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.

If the information is to be preserved, it may be uploaded to the CSD share-drive by any clinical educator, using an ISU computer. 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.

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 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.

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.

Emergency Contingency Plan

If 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

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, and all CSD graduate students who 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 must complete HIPAA training prior to any observations. HIPAA training is conducted through an online platform and in-person trainings.

In addition to the online training, all CSD faculty, clinical educators, and all CSD graduate students, will be required to sign a <u>Privacy and Confidentiality Training Acknowledgement</u> 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 annually.

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 because 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

Appendix D

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 correct.

_____   _____
Student's Signature   Date

_____   _____
DCE Signature   Date
                                        Route to Department Chairperson once completed and signed

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