

**Brigham Young University**  
**Department of Communication Disorders**

**Speech and Language Clinic Handbook**

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## **INTRODUCTION TO THE SPEECH AND LANGUAGE CLINIC HANDBOOK**

Congratulations on your admission to the Graduate Program in the Department of Communication Disorders (ComD) at Brigham Young University. As part of the graduate program in ComD each graduate student will be required to complete several clinical rotations both in the BYU Speech and Language Clinic as well as at externship sites located in and around the Wasatch Front area of Utah. This handbook contains important policies and procedures that will instruct students on important professional matters ranging from dress and grooming expectations to attendance and non-discrimination policies. The policies and procedures are most often written to help students have a clear understanding of what the professional expectations are in the field of Speech-Language Pathology and thus, in the Department of Communication Disorders.

Many of the policies contained in this handbook have been adopted from Brigham Young University policies and are written just as they appear on BYU's web pages. Others have been created due to the special circumstances regarding treatment of clients. Yet other policies have been adapted based on input from external agencies (e.g. Council of Academic Accreditation) that review our program for accreditation purposes.

The current clinic director of the Speech and Language Clinic is responsible for the content of this handbook. All policies and procedures have been reviewed and approved by the faculty of the ComD department. Please direct all comments and/or questions regarding this handbook to the BYU Speech and Language Clinic Director, Clinical Professor Lee Robinson, MS, CCC-SLP.

The most important piece of advice I can give my students is that it is better to ask for PERMISSION THAN FORGIVENESS. In other words, if you are unsure if you are following a policy correctly, ask the clinic director. It is far easier for me to make exceptions to the policy than it is for me to ignore policy that a student has violated.

One final note of introduction; Like King Mosiah in chapter 4: 29-30 (Book of Mormon), I cannot tell you all the possible ways you could act contrary to policy. It is imperative that you begin to develop a sense of professionalism, which includes taking responsibility for your actions. Take responsibility for your actions by reading and understanding the policies and procedures contained in this Handbook.

## STUDENT NONDISCRIMINATION POLICY AT BYU

Brigham Young University (BYU) is a private university sponsored by The Church of Jesus Christ of Latter-day Saints (LDS). Qualified, active members of the LDS church are encouraged to attend BYU. All students are welcome, regardless of religious affiliation.

Brigham Young University is committed to providing academic and employment environments that are free from unlawful discrimination. Unlawful discrimination on the basis of race, color, sex, national origin, religion, age, veteran status, and/or disability will not be tolerated. The university policies and procedures with respect to nondiscrimination as it applies to faculty members and administrative and staff employees are outlined in the University Equal Opportunity, Grievance, and Unlawful Sexual Harassment and Inappropriate Gender-Based Behavior Policies (available via the BYU Electronic Handbook).

Please see [https://www.byu.edu/hr/?q=Procedures/Student Supervision/Student Non-Discrimination Procedures](https://www.byu.edu/hr/?q=Procedures/Student%20Supervision/Student%20Non-Discrimination%20Procedures) for additional information.

### STUDENTS' RIGHTS

Students are entitled to study in an environment free from unlawful discrimination. Any student, staff employee, faculty member or site supervisor who unlawfully discriminates against a student on the basis of race, color, national origin, religion, age, gender, veteran status, or disability may be subject to sanction.

#### Discrimination Violates the Honor Code

Students who violate the Honor Code by engaging in such prohibited behavior, whether inside or outside the university classroom or workplace, are subject to the sanctions as stipulated in the Honor Code. <https://honorcode.byu.edu/contact>

Students who believe they have been unlawfully discriminated against are encouraged, if practicable and if the incident is minor and isolated, to resolve the matter directly and privately with the offender. However, if in the sole discretion of the student complainant, this approach is not practicable, the incident is major and serious, or the misconduct is part of a continuing pattern, the student complainant should report the incident directly to the:

Equal Opportunity Manager

D-240 ASB

422-5895

or

Honor Code Office

4440 WSC

422-2847

### CLIENT RIGHTS

Clients seen either in the BYU Speech and Language Clinic or in an affiliated internship site are entitled to speech and language services in an environment free from unlawful discrimination. Any student, staff employee, or faculty member who unlawfully discriminates against a client or caregiver on the basis of race, color, national origin, religion, age, gender, veteran status, or disability may be subject to sanction.

If a client or caregiver feels they have been discriminated against, please contact the following:

Equal Opportunity Manager

D-240 ASB

422-5895

or

Honor Code Office

4440 WSC

422-2847

### STUDENTS WITH DISABILITIES

BYU is committed to providing a working and learning atmosphere, which reasonably accommodates persons with disabilities who are otherwise qualified to participate in BYU's programs and activities. It is the policy of BYU to prohibit unlawful discrimination against persons with disabilities and to provide reasonable assistance in bringing them into the mainstream of campus life. To accomplish this, BYU complies with all applicable disability laws.

Brigham Young University is committed to providing a working and learning atmosphere that reasonably accommodates qualified persons with disabilities. If you have any disability, which may impair your ability to complete the clinical training program successfully, please contact the University Accessibility Office (UAO) (801-422-2767). Reasonable academic accommodations are reviewed for all students who have qualified documented disabilities. Services are coordinated with the student and instructor by the UAO Office. **Students are required to notify the instructor of the disability prior to deadlines, test dates or any other class requirement where accommodations need to be arranged. For the purposes of all sections of ComD 688R students must notify Ms. Robinson in writing during the first week of class if they are registered with UAO or if they have a disability that will require accommodations.** If you need assistance or if you feel you have been unlawfully discriminated against on the basis of disability, you may seek resolution through established grievance policy and procedures. You should contact the Equal Employment Opportunity Office at 801-422-5895. D-282 ASB. Please see the University Accessibility Center for additional supports and information: <https://uac.byu.edu/>

### **ASHA CODE OF ETHICS**

Please click on the link provided to find the most current copy of the ASHA Code of Ethics. Each student is expected to read, understand and adhere to the ASHA Code of Ethics in any clinical placement. Faculty, student or site supervisor failure to comply with the ASHA Code of Ethics may be subject to sanction. Please see the most recent version of the ASHA Code of Ethics at: <https://www.asha.org/Code-of-Ethics/>

### **PREVENTING SEXUAL HARASSMENT**

Title IX of the Education Amendments of 1972 prohibits sex discrimination against any participant in an educational program or activity receiving federal funds. The act is intended to eliminate sex discrimination in education. Title IX covers discrimination in programs, admissions, activities, and student-to-student sexual harassment. BYU's policy against sexual harassment extends not only to employees of the university (including in house Clinical Educators and internship supervisors affiliated with BYU and the Department of Communication Disorders) but to students as well. If you encounter unlawful sexual harassment or gender-based discrimination, please talk to your professor; contact the Equal Employment Office at 801-422-5895 or 801-367-5689 (24-hours); or contact the Honor Code Office at 801-422-2847. Please see the Title IX website for additional information: <https://titleix.byu.edu/>

### **HONOR CODE**

In keeping with the principles of the BYU Honor Code, students are expected to be honest in all of their academic work. Academic honesty means, most fundamentally, that any work you present as your own must in fact **be** your own work and not that of another. Violations of this principle may result in a failing grade in the course and additional disciplinary action by the university.

Students are also expected to adhere to the Dress and Grooming Standards. Adherence demonstrates respect for yourself and others and ensures an effective learning and working environment. It is the university's expectation, and my own expectation in class, that each student will abide by all Honor Code standards. Please call the Honor Code Office at 801-422-2847 if you have questions about those standards.

Honor Code expectations extend to all off-campus internship sites.

Honor Code expectations also extend to all reporting of clinical hours earned on the green sheets. The times recorded on the green sheets must be an accurate reflection your work and your work alone. All recorded time must also meet ASHA standards and guidelines. Please see the BYU Honor Code webpage for additional information: <https://honorcode.byu.edu/>

### **CONFIDENTIALITY POLICY**

Law and the Code of Ethics of the American Speech-Language-Hearing Association mandate client confidentiality. All students taking part in clinical rotation must sign a confidentiality statement stating that they will protect the confidentiality of clients. If you have not already signed a confidentiality statement at BYU, please see the secretary in room 136 to do so immediately.

All client records at the BYU Speech-Language Clinic are confidential. All information regarding clients is privileged communication. Students are granted access to clinic information for only those individuals that they are treating. Client files must be checked out of the Records/Materials' Center. Electronic clinic reports must be saved on jump drives owned by the ComD Department or in a Box file. The jump drives must be kept in the ComD student preparation room. Reports should not be written or transmitted over email. Reports and other clinical writing can be transmitted via Learning Suite and Box. At no time should client reports or files (paper or electronic) be taken outside of the Clinic. Files, videos, language sample transcriptions, data sheets, and anything else pertaining to your client should be stored in the file cabinet or student boxes located in room 150. Do not store files or other sensitive material in lockers. You may check files out for an extended period of time as long as you store the files in room 150. Destroy (shred) all paperwork regarding clients when it is no longer required. A shredding machine is located in Room 136 and at the receptionist's desk. Password protect your personal computers.

Discussions of a client's case should never take place in the hallways or other unsecured locations. Please use a therapy room or office. Client names should only be used when absolutely necessary. Clients should never be discussed with roommates, family, or others not directly associated with the client's case. Do not invite friends, family members, or others to observe you. It is appropriate for graduate student clinicians to discuss their cases with other graduate student clinicians, CEs, faculty, in class or in the student prep room.

If you must leave a message for a client over the phone, leave only your name, that you are calling from the BYU Speech-Language clinic, and your phone number. Do not mention the client's name or why you are calling; the person receiving the message will usually understand why you are calling. If you use your cell phone to communicate with your client, do not identify the client in your contacts as a client.

Information regarding a client, including the fact that the client is receiving treatment at the clinic, can only be released to an outside agency with the written permission of the client or a person responsible for the client. Release of information forms can be found on Learning Suite.

### **HIPAA**

All students are required to pass HIPAA training through the State of New York on line course. We will discuss in class the procedure for HIPAA certification. Please see Sandy Alger, department secretary, to sign up for the course. Please note that most file sharing services such as Google docs are not HIPAA compliant and therefore, cannot be used to share client

confidential information. Box and Learning Suite are HIPAA compliant. Please use this link to start the HIPAA training process:

<https://www.hipaalexams.com/User/UserHome/UserSelfRegisterLogin?custid=5294&courseid=49>

### **FRAGRANCE FREE POLICY**

A fragrance-free environment helps create a safe and healthy clinic and workspace. Fragrances from personal care products, air fresheners, candles and cleaning products have been associated with adversely affecting a person's health including headaches, upper respiratory symptoms, shortness of breath, and difficulty with concentration. People with allergies and asthma report that certain odors, even in small amounts, can cause asthma symptoms. The BYU Speech and Language Clinic recognize the hazards caused by exposure to scented products and we have a policy to provide a fragrance-free environment for all faculty, student clinicians, staff, and visitors to keep a safe and healthy clinic environment.

### **SAFETY GUIDELINES**

The Taylor Building is considered a "high risk" building in terms of safety. The Taylor Building is located nearly off campus so that the community at large has easy access to the many services we provide in the building. Many of the clients seen by Marriage and Family Therapy or Counseling Psychology are people who have severe emotional issues. Because so many of our clients are small children/minors and have disabilities we need to be very consciences of their safety. Follow this list of guidelines to keep yourself and your client safe from harm or accident.

1. Do not leave a client alone in the therapy room. If you forgot something and need to go to the materials room, take the client with you.
2. Do not allow a client stand on any furniture or materials bins.
3. Deliver clients to their caregivers at the end of the session. Make sure the caregiver knows that the client is back in the care of the caregiver.
4. If a client needs to use the bathroom, have the caregiver take them. If the caregiver is unavailable, have a supervisor or another student clinician assist you.
5. Sometimes our young clients form attachments to you. They may demonstrate that affection in a physical way. High fives, knuckle snaps, handshakes are all appropriate ways to express appreciation or excitement. Please use good judgment and consult with your supervisors regarding ways to handle clients who may wish to give you a hug.
6. Do not send a minor client to get a drink of water without you. You must watch your minor clients at all times.
7. Keep backpacks and personal belongings out of the hallways or other unattended areas.
8. Do not give the door codes to your clients. The locks on the doors are intended to keep the rooms protected and safe from those unauthorized to use the therapy rooms. When you give the code to unauthorized person it compromises the safety of our clinic.
9. Please keep yourself safe at all times. Graduate students often spend long hours in the Taylor Building long after the outer doors are locked. Please do not prop outer doors open after hours.
10. If you are studying alone in the Taylor Building late at night please protect yourself by staying in locked areas such as the therapy rooms, room 150 or room 125.

## DRESS CODE

All students must follow BYU's policy on Dress and Grooming <http://idcenter.byu.edu/id-card-policies>. For the purposes of the BYU SL Clinic business casual is appropriate attire. Friday is a casual day. Student clinicians have permission to wear jeans on Fridays in the clinic. This dress code pertains to students only when they are participating in a therapy or diagnostic session. All other times of the day, including class time are not part of my jurisdiction. For a definition of business casual, please search for pictures on using your preferred internet provider.

## CLINICAL ATTENDANCE POLICY

The clinical attendance policy **is one of the most important policies we have in the handbook**. It is essential that students entering the field of speech-language pathology understand that part of being a professional involves making and keeping commitments. When a graduate student is assigned a client, the student is making a commitment to be prepared for that client each and every time the client comes to the clinic for therapy. Keep in mind that your clients do pay for their services and they make an effort to travel to the clinic. It is inappropriate for a student to have a cavalier attitude about their clinic assignments. Hence the clinical attendance policy which is outlined below.

### **Clinical Attendance Policy:**

Failure to attend a clinical assignment (e.g. BYU clinic, internship, screenings, etc.) without notifying the clinic director AND the site clinical educator may result in a failing grade. Students will also be subject to an immediate dismissal from the site and will not be allowed to return to that site in the future. NOTE: If a student receives a failing grade in any section of COMD 688R ALL clinical practicum hours earned during the semester or term become invalid and can not be submitted as ASHA hours.

### **Possible reasons for exceptions to the policy:**

#### **Illness/Family Emergencies:**

Student must notify BOTH the site clinical educator and the clinic director the morning that he or she is unable to attend due to illness. If the student misses more than one day due to illness the student is expected to contact both the site clinical educator and the clinic director the morning of each subsequent day missed.

If a student is unable to attend a clinical assignment due to a family emergency the student must contact the site clinical educator AND the clinic director to make arrangements immediately.

#### **Severe Weather/Freeway Closures:**

Occasionally in the winter months, weather in and around the Wasatch front is too severe for travel on the freeways. Also, the freeways are occasionally closed due to



accidents. If a student is commuting to a clinical assignment and is unable to attend due to severe weather conditions or a freeway closure then the student is expected to contact both the site clinical educator AND the clinic director immediately.

**Time Off Policy:**

If a student wishes to arrange time off during a clinical assignment for any reason other than illness, family emergency, severe weather or freeway closures, the student should follow the Procedure for Time Off Requests.

**Procedure for Time Off Requests:**

The student must submit a written request via email stating the reason for the time off and dates of the absence to the clinic director. The request must be submitted prior to placement at a site. If the request is approved, then the student must arrange the time off with the internship clinical educator during the first week of the semester or term. Failure to obtain clinic director approval before discussing time off with a site clinical educator will result in a failing grade. Written requests for time off do not guarantee approval. If the student is not satisfied with the clinic director's decision the student may submit the request to the department chair. The department chair's decision is final.

Students may not make direct requests for time off from an internship to an internship clinical educator without prior approval from the Internship Coordinator in the Department of Communication Disorders at Brigham Young University. Generally, requests for time off will not be granted for thesis related activities, personal activities, or other non-related internship activities.

**UNIVERSAL PRECAUTIONS**

Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood borne pathogens (OSHA). I have included the Blood Borne Pathogen Standard as well as acceptable alternatives. Although we do not use the Blood Borne Pathogen Standard in our clinic many of our students must know and understand this standard when they work at medical externship sites.

**Blood Borne Pathogen Standard:** Observe Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM). When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material. Treat all blood and other potentially infectious material with appropriate precautions such as: Use gloves, masks, and gowns if blood or OPIM exposure is anticipated. Use engineering and work practice controls to limit exposure

**OPIM defined:**

Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**Additional OPIM definitions:**

Any unfixed tissue or organ (other than intact skin) from a human (living or dead) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Acceptable Alternatives:**

The Blood Borne Pathogens Standard allows for hospitals to use acceptable alternatives to Universal Precautions. For example: Body Substance Isolation (BSI) and Standard Precautions. These precautions apply to: blood, all body fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes.

**Standard Precautions Include:**

Hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated. For the purposes of working in the BYU SL clinic the Standard Precautions will be adapted.

**Hand Washing**

Wash your hands before and after every session. Take rings off and wash with hot water and scrub for at least one minute. Turn off water with paper towel and open the bathroom door with a paper towel. Hand sanitizer is available in the cabinets of every therapy room. If the hand sanitizer missing or needs to be replaced, please tell the clinic TA.

**Oral Peripheral Examination**

Wash hands and table before performing the oral peripheral examination. Wear gloves during the exam. Set your materials on a paper towel. Throw all your materials away. Wash your hands and table again after the exam is completed. Have the client wash their hands before and after the exam.

**Cleaning Supplies**

Cleaning supplies are located in the upper cabinet of each therapy room in the form of 409 spray and paper towels. Clean as you go during the therapy session. Make cleaning a part of the therapy routine. Wipe the doorknobs and table and chairs at the conclusion of the session. Many studies show that cleaning doorknobs and table surfaces reduces the spread of germs that cause colds and flu-like symptoms.

## STANDARDS FOR CLINICAL HOURS

Standards for clinical hours are based on the ASHA Standards for the Certificates of Clinical Competence (see the current ASHA *Membership & Certification Handbook: Speech-Language-Pathology*). These, however, are minimum requirements. By the time you complete the clinical training program, you should have acquired hours well above the minimum standards.

The most up to date Standards for Clinical Hours are located at :

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

## DOCUMENTING CLINICAL HOURS

Clinical hours will be documented using CALIPSO:

<https://www.calipsoclient.com/byu/account/login>

Follow the instructions as indicated in the Student Step-by-Step instructions. These instructions can be found in Learning Suite under Content>CALIPSO.

We follow CFCC Standards

<https://www.asha.org/Certification/2020-SLP-Certification-Standards/>

At least 375 hours must be in direct client/patient contact.

The nine disorder areas are defined here:

### Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification
- Fluency and fluency disorders
- Voice and resonance, including respiration and phonation
- Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing
- Hearing, including the impact on speech and language
- Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span

- Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning
- Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities
- Augmentative and alternative communication modalities

**Implementation:** It is expected that coursework addressing the professional knowledge specified in this standard will occur primarily at the graduate level.

**Prevention defined:** clinical activities that inform the public how to prevent disorder or limit the severity of the disorder. Examples include screening procedures, educational in-services, preparing and distributing client and parent education materials that are printed.

**Culturally and linguistically diverse defined:** any client that requires an interpreter, speaks English as a second language, or is multi-cultural.

**DX or Assessment defined:** Assessing a client using a variety of tools or procedures (ex. Standardized tests, language/speech samples, bedside swallow evaluations, screening procedures, collecting baseline data, etc.)

**TX or Intervention defined:** Providing a prescribed, evidence-based treatment to any client who qualifies for services (ex. LSVT, language therapy, articulation therapy, phonological process therapy, stuttering intervention, swallowing therapy, etc.)

**Severity Levels:** Students must document the severity level of each type of clinical hour they earn and document in CALIPSO. Students must earn a minimum of 5 hours in each of the severity levels (mild, moderate and severe).

ASHA certification standards require a total of 400 clock hours of supervised clinical practicum. You may complete a minimum of 25 clock hours of observation prior to beginning the initial clinical practicum (only 25 observation hours can contribute towards the 400 clock hour total hours).

Your first 50 clinical practicum hours must be obtained at Brigham Young University.

Under the ASHA 9 disorder areas you **must** earn a minimum of **5 clinical hours for each of the area.**

A minimum of 325 hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program. Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available and on-site to consult with the student for the clients/patients safety. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.

Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum. Typically, only one student should be working with a given client.

*2020 Revisions from the ASHA website regarding ACE Hours:*

**Revision 1: Implementation Language to Standard V-B (new paragraphs 3 and 4) – Expanded definition of supervised clinical experiences:**

These experiences should allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.

**Alternative clinical experiences** may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

**Revision 2: Implementation Language to Standard V-C (additions to paragraph 2) – Acceptance of clinical simulation for up to 20% (75 hours) of direct client hours:**

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through clinical simulation (CS) methods. Only the time spent in active engagement with the CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included.

Once you have completed your clinical hours you will have an exit interview with the clinic director who will certify that you have completed your hours, that you had quality practicum experiences throughout your graduate program.

**OPTIONS FOR EARNING CLINICAL HOURS**

Students can earn clinical hours in a variety of ways. They include:

1. Working with clients in the BYU Speech and Language Clinic
2. Working with clients at internships
3. Signing up to do hearing screenings at local school districts (see Learning Suite for details)
4. Sign up for AAC hours at Nebo School District (google doc sign up sheet)
5. Sign up for Talking time at Alpine School District (google doc sign up sheet)
6. Alternative Clinical Education hours using simulated cases in class (Dr. Tanner uses this method the most in Voice and Swallowing, Simucase)

7. Working with the Adult Support Group and or the Aphasia Choir

Please see Ms. Robinson for questions about these opportunities.

**400 PLUS CLINICAL HOURS POLICY**

Occasionally we will have a student who does not complete their graduate program in a timely manner. Reasons for not finishing within 2 or 3 years have included childbirth, personal or family illness, delays with a thesis project, etc. When a student takes longer than expected to complete their graduate program, they often go more than a year without clinical experience. Given that our field is such a clinical, hands-on profession it stands to reason that we require students who may take longer to complete their graduate program to enroll in clinic periodically to maintain their clinical skill level. Hence the 400 plus clinical hours policy.

**400 plus clinical hours policy:**

A student who has completed 400 clinical hours must continue to enroll in some form of clinical practicum (typically 1 credit of 688R) until graduation.

**Possible exception to the policy:**

A student may go for one semester or two terms (spring/summer consecutively) without enrolling in a clinical experience. If the student has not graduated by the end of that semester or two terms they must enroll in 1 credit of ComD 688R and be engaged in an appropriate clinical activity that has been approved by the clinic director and the thesis chair.

The student may petition their thesis chair and clinic director in writing via email to extend the clinic break for one additional semester (or two terms). Submission of a written request does not imply approval. The written request must include: a timeline of the student's clinical activities to date, the student's projected graduation date as well as a rationale for why the student needs the extension.

If the student would like the department to continue tracking their clinical hours then it is the student's responsibility to provide the name, ASHA number, contact phone number, address, and site location to be entered into the database.

**Liability Insurance and Enrollment in ComD 688R**

In order for a ComD graduate student to be covered under the University Liability Insurance students must be enrolled in 1 credit of 688R if they wish to work in the BYU Speech and Language Clinic or at an externship site.

Students are required to earn a minimum of 5 credit hours in ComD 688R. The required credit hours include the following:

3 credits in the BYU Speech and Language clinic (typically a fall, winter or fall, winter, spring)

2 credits of externships (required: 1 pediatric and 1 adult rotation)

Students can enroll in additional ComD 688R credit for a variety of reasons, all of which will need to be approved by the clinic director. Appropriate reasons to enroll in additional ComD 688R credit include: A specialty externship or to earn additional experience in the BYU clinic during a spring term.

When students are enrolled in ComD 688R beyond the required 5 credits the student may receive either a letter grade or a Pass/Fail grade, depending on the requirements of the externship site and the clinical performance of the student. For the purposes of the Department of Communication Disorders a C+ or lower is considered a failing grade.

### **PERFORMANCE EVALUATION**

Development of clinical skills and characteristics is a process. Evaluation of clinical work is based on several factors, including professional conduct, growth toward independence, development of clinical competencies, and demonstration of professional commitment.

Please note: If any of the following occur, your final clinic evaluation will be negatively impacted and may place you on marginal status for progress in your graduate program: poor professionalism; unexcused absences from colloquium; inadequate file(s); missing the deadline at the end of the semester/term for turning in final reports and checked out materials.

### **CALIPSO Evaluations**

Each clinical educator will evaluate student clinicians at two points during the semester: once at a midterm evaluation meeting and once at the final evaluation meeting. Evaluations will be documented using CALIPSO midterm and final evaluations.

**Definition:** Clinical assignment; a clinical assignment is a case assigned to a student for either treatment or diagnostic purposes. During fall semester students are usually assigned two treatment clients and one diagnostic client, thus a student is assigned three clinical assignments. During Winter semester students typically are assigned 3 treatment cases. Clinic assignments are subject to change from semester to semester and term to term.

Students must receive a final rating of 2.73 to 3.03 (depending on the semester or term enrolled) or better in all CALIPSO clients (see Learning Suite Assignments for the entire grade scale) to continue to the next semester or term. If the final rating for any clinical assignment is below 2.73 to 3.03, the student may be placed on marginal status. If this occurs, the student will be informed what must be done to remove the marginal status and to be able to continue on in the clinical program. The condition for status change will depend on the nature of the clinical problem. Students may be required to review and pass a tutorial, complete a case study, pass another clinical assignment in the BYU SL Clinic, or perform another activity

designed by the faculty or clinic director. If the problem is serious enough that a student is in danger of failing the clinical assignment, a Student Review Plan will be formulated and implemented.

### **Midterm Evaluation**

Students will meet with the clinical educator to review the student's experience. Students are responsible to make an appointment with their clinical educators. Fall semester students should fill out a CALIPSO Self Evaluation for each client prior to meeting with their CE. We ask students to rate their own skills for two reasons; a) to help us gauge how students view their own clinical growth and b) ensure that students have read the CALIPSO checklist and know what skill areas their clinical educators are evaluating. A student's self-rating is not calculated into the midterm or final grade. Students should pdf their midterm Self Evaluation and send it to their CE as their CE does not have access to this information through CALIPSO.

After reviewing the CALIPSO rating form the clinical educator and the student will review what the clinical educator sees as the student's areas of strength as well as areas where the student can make improvements. The clinical educator and the student will then set one to three goals targeting identified improvement areas. The goals will be recorded on CALIPSO. The student will be asked to report on the progress of these goals at the final evaluation meeting.

The clinical educator will also inform the student of their midterm rating. The midterm rating is not factored into the final grade. We do not factor in the midterm rating for a very important and specific reason. If the student is in danger of failing one or more clinical assignment, the clinical educator can and will issue a low midterm rating. We tend to think of a low midterm rating as a "warning" to the student that they must make changes in their clinical skills if they wish to pass the course for the semester. However, we assume the student wants to improve and is willing to do what is necessary to improve. By not factoring in the midterm grade we are allowing the student to make positive change between midterm and final evaluations. In other words, we are trying to give the student a chance to not fail but rather to improve to the point of passing the course with a B- or better grade.

### **Final Evaluation**

At the end of the semester, students will meet with the clinical educator to evaluate the student's clinical performance. The clinical educator will review areas of strength as well as areas that need improvement in CALIPSO. The clinical educator will ask the student to report on their progress with the goals they set at midterm. The final rating given will be factored in to the final grade for the course. Please see your current syllabus for an explanation of how grades are issued/figured using CALIPSO.



Please see CALIPSO for a review of the competencies students are expected to pass with a 2.73 to 3.03 (depending on the semester or term enrolled) throughout their clinical rotations in the BYU ComD masters program. <https://www.calipsoclient.com/byu/account/login>

### **B- OR BETTER POLICY**

Please note that, just as with all other ComD graduate classes, if a student earns lower than a B- in any section of ComD 688R then they must re-take the same clinical experience (e.g. C+ grade during a semester means the student must retake the course during another semester, a spring term would not count). Also, the clinical hours for the semester or term in which a student earns a C+ or lower are invalid and cannot count towards ASHA hours. We have to invalidate the clinical hours earned because the experience is considered sub-standard.

Students must earn a final rating of 2.73 to 3.03 (depending on the semester or term enrolled) for each case on the CALIPSO form in order to pass the clinical rotation.

### **STUDENT REVIEW PLAN (REMEDIATION)**

Occasionally, a student clinician may be struggling with a clinical assignment to the point that the student is in danger of failing the course. In such cases, the clinical educator may feel additional observation and input from other clinical educators and professors may provide important feedback to the student. To facilitate this process, the Student Review Plan was formulated (see the following page for a sample).

If a Review Plan is considered:

- The clinical educator will meet with the student to discuss the concern and plan how to resolve it.
- The student will write a one-page summary of what they think the problem is and a plan for improvement. We ask students to write the one-page summary for two reasons; a) ensure that the student understands the problem and b) help the student gain insight into how they can self-reflect and take steps to self-improve.
- If necessary, other faculty members will observe the clinician in a session (live or on video) and provide feedback focusing on the stated concern.
- The clinical educator then will meet with the student (and with the observers if desired) to go over the feedback and design a plan of action. Specific performance criteria may be set as needed.
- When these criteria are set, the student will be informed as to the current grade and what consequences will result if the student fails to meet the performance criteria.
- The student and the clinical educator then sign the Review Plan to indicate their agreement with the plan of action.

The student and the clinical educator should discuss periodically the student's progress toward meeting the goals of the Review Plan so that modifications can be made as appropriate. When specific performance criteria are achieved, the clinical educator and one

of the observers should initial their agreement. At the end of the semester/term, the clinical educator should complete the Evaluation of Plan section to indicate the effectiveness of the plan and if any further action will be necessary.

# BYU Speech and Language Clinic Handbook

## Student Review Plan

Student \_\_\_\_\_ Supervisor \_\_\_\_\_ Term \_\_\_\_\_

### Description of Concern:

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Observer 1: \_\_\_\_\_

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Observer 2: \_\_\_\_\_

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### Suggested Plan of Action:

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### Problem Resolution:

<u>Performance Objective</u>	<u>Target Date</u>	<u>Achieved</u>
_____	_____	_____ (Init. Sup.)
_____		_____ (Init. Obs.)
<u>Performance Objective</u>	<u>Target Date</u>	<u>Achieved</u>
_____	_____	_____ (Init. Sup.)
_____		_____ (Init. Obs.)
<u>Performance Objective</u>	<u>Target Date</u>	<u>Achieved</u>
_____	_____	_____ (Init. Sup.)
_____		_____ (Init. Obs.)

Consequence if not resolved: \_\_\_\_\_ Current Grade: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date of Plan

### Evaluation of Plan:

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\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

### **SCHEDULING A ROOM**

The clinic is open M-Th from 12-6pm. The clinic is open on Friday from 9-12pm. Schedule your clients so that your CEs can watch at least one session live (aka while the CE is in the building). All scheduling must go through Sandy or the student secretaries. If there is a scheduling conflict, rooms will be scheduled based on the priorities below. For example, if both a clinic session and a TA session are competing for a spot in the clinic, the clinic session is the priority.

#### **BYU Speech and Language Clinic Room Scheduling Priorities**

1. Graduate student clinic activities including diagnostic sessions and treatment sessions, group sessions, planning for clinic, set up, clean up and all other clinic activities
2. Graduate student activities including, clinical preparation, student and/or faculty research
3. Graduate student group project or study time
4. TA time (help sessions, tutoring, etc.), student make-up exams/quizzes
5. Other faculty needs

Activities listed in # 2, 3, 4 & 5 are not to be scheduled during the hours of M-TH 3-6pm. Exceptions must be cleared by the Clinic Director or a member of the clinical faculty.

### **SCHEDULING A RECORDING USING COMDOBSERE**

All therapy and diagnostic sessions are to be recorded using comdobserve  
<https://comdobserve.byu.edu/login>

Our department secretary (room 136 TLRB) and the student secretaries (room 140 TLRB) will set up your semester treatment session recordings to start and stop automatically. You will need to talk to the student secretaries or our head secretary to have them input your scheduling information. You will also need to schedule your diagnostic sessions with the secretary staff. Have the days, dates, start times, and supervisor information available when you schedule the recordings.

### **DEPARTMENT SECRETARIES**

Department Secretary: Our department secretary is a full-time employee of the University. He or she has many department responsibilities. For the purposes of the clinic her responsibilities include but are not limited to:

1. Handing out lanyards

2. Checking out Clinic iPads (we have 6 or 7)
3. Tracking student progress on HIPAA and Confidentiality forms
4. Ensuring all students have paid for ClinicNote
5. Scheduling clinic rooms
6. Scheduling recordings
7. Helping with printing clinic materials
8. Help with mail services if and when needed

Student Secretaries: Student secretaries are part-time student employees who may or may not have comd experience. They assist our department secretaries with all items listed above.

### **THE TAYLOR BUILDING PARK**

To the south of the Taylor Building there is a gated park. Under the direction of their CE, students may take a client to the park for therapy purposes. The gate is always open. **Please close the gate if you take a client to the park.** Students are welcome to study in the park or use the park for lunch or other activities.

### **CLINICAL WRITING TEMPLATES**

All clinical writing templates can be found in ClinicNote. Please refer to the training videos included in the orientation packet.

### **HOW CLINIC ASSIGNMENTS ARE MADE**

Clinic assignments are made under the direction of the Clinic Director. The clinic TA and the CEs provide information to help the Clinic Director make clinic assignments. The process of making clinic assignments varies, depending on the semester/term.

1. Prior to Fall semester the Clinic Director will send out a survey to incoming graduate student clinicians. The purpose of the survey is to assess each graduate student clinician's clinical experiences. The more we know about your clinical experience (or lack of) the better we can match you with clients that will challenge you and help you learn. Please be honest in answering the survey questions. It is okay if you do not have a great deal of clinical experience.
2. Fall semester: The Clinic Director pre-selects and reviews client cases with CEs, students, and the clinic TA. The Clinic Director, with the help of the clinic TA, assigns the cases based on student input and CE input. Fall semester students are assigned 2 treatment cases. Winter semester: similar process to fall. Students will be assigned 3 treatment cases Winter semester.
3. Spring: Students are encouraged to request a case or cases that they have previously not experienced. Each student is required to take at least 1 treatment case spring. We encourage students to take more than 1 case to expand their clinical experience prior to starting externship rotations.

### **MATERIALS ROOM PROCEDURES**

The materials room is a learning resource center for you and your clients. The materials room is where you store your “bin”. Your bin is a large container that is assigned to you for the duration of your time in the BYU Speech and Language Clinic. You can store materials checked out of the materials room for up to 2 weeks at a time. Checking out materials using the desk/computer person is much like checking out materials from a library. Materials have a bar code. The person sitting at the computer can help you find materials. It is okay for you to walk through the shelves and look for ideas/materials. We have games, plastic food, flash cards, books, dress up for all types of thematic play. The list is endless. There is an idea shelf that as you walk past the sink and a shelf with snacks, snacks, snacks and prizes for your clients. The idea shelf is changed out regularly throughout the year so take a look to get new ideas.

### **RESOURCES FOR PLANNING A SESSION**

Use the Session Planning Worksheet provided in Learning Suite to guide your session planning. The best thing you can do to plan for your client is make sure you understand the treatment goal(s). Once you understand the treatment goal(s), the planning goes much faster. Make sure you know what the ASHA Practice Portal is and how to access it: <https://www.asha.org/practice-portal/> The ASHA website is full of amazing ideas for treatment.

One of the best resources for planning sessions is you and your cohort. Rely on each other for good ideas. Share with each other websites and resources CEs have shared with you. Talk to your mentors and your CEs about ideas. The clinical faculty have compiled a list of some of their favorite treatment resources. You can find the link on Learning Suite. Each CE also has a page on Learning Suite where they like to post treatment ideas and other resources. Be sure to check these pages out.

Use materials from your classes too. Ask for ideas in colloquium. Ask the internet. Look at the apps available on our iPads. Look through the materials room. Ask parents and caregivers what your clients like to do or what they enjoy playing. Use that information to help you plan interesting and fun activities.