

# College of Education and Human Services

Speech-Language Pathology

# Graduate Handbook M.S. Degree in Speech-Language Pathology

2023-2024

College of Education and Human Services
Center for Communication Disorders



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#### **Brief Intro**

The purpose of the *Graduate Student Handbook* is to provide graduate students admitted to the master's program in Speech-Language Pathology with the policies and procedures within the University and the Center for Communication Disorders. The *Graduate Student Handbook* and the *University's Academic Bulletin* are important documents and resources. It is the graduate student's responsibility to be familiar with policies, procedures, academic requirements, and clinic requirements. The policies in this handbook apply to all students admitted to the Master's of Speech-Language Pathology program. The program faculty reserve the right to make revisions as needed. Additional questions and concerns may arise that are not formally addressed in this *Handbook*. Your academic advisor will be a valuable asset as you progress through the program. The program director and the academic director are also available to help answer any questions or concerns that are not specifically addressed in this handbook.

#### **Administrative Structure**

#### **College of Education and Human Services**

Dr. Dave Whaley, Dean, 3101 Alexander Hall, Murray KY, 42071 270-809-3817

#### **Center for Communication Disorders**

Dr. Stephanie Schaaf, Academic and Program Director, 223 Alexander Hall, Murray KY 42071

Becky Jones, Clinic Director, 228 Alexander Hall, Murray KY 42071

Megan Smetana, Undergraduate Program Coordinator, 218 Alexander Hall, Murray KY 42071

Kristen Oakley, Administrative Assistant, 111 Alexander Hall, Murray KY 42071

#### Speech and Hearing Clinic

125 Alexander Hall, Murray KY 42071, 270-809-2446 / Fax 270-809-3963

| Faculty & Staff @murraystate.edu   | Office# | Phone# |
|--|---------|--------|
| Dr. Alison Brown, Assistant Professor/Clinical Supervisor, abrown70@                               | AL233   | 5668   |
| Amanda Duncan, Clinical Supervisor/Instructor, aduncan25@  | AL229   | 3133   |
| Dr. J. Nikki Gaylord, Assistant Professor/Clinical Supervisor, jgaylord1@                          | AL220   | 5622   |
| Becky Jones, Clinic Director/Instructor, riones92@   | AL228   | 4504   |
| Dr. Stephanie Schaaf, Program Director/Assistant Professor, <a href="mailto:sschaaf@">sschaaf@</a> | AL223   | 3783   |
| Megan Smetana, Clinical Supervisor/Instructor, msmetana@   | AL218   | 6840   |
| Kelly Vaughan, Clinical Supervisor/Instructor, kvaughan1@  | AL234   | 3008   |
| Alex Hayden, Clinical Supervisor/Instructor, asharpe1@   | AL217   | 6843   |
| Kristen Oakley, Administrative Assistant, koakley4@  | AL111   | 2445   |
| Volunteer Desk   | AL125   | 2446   |

#### **Adjunct Faculty**

Steve Branson, <a href="mailto:sbranson1@">sbranson1@</a>
Tammy Vaughan, <a href="mailto:tvaughan@">tvaughan@</a>

#### ABOUT THE CENTER FOR COMMUNICATION DISORDERS

#### **Mission Statement**

The mission of the graduate program in Speech-Language Pathology is to develop caring and highly competent speech-language pathologists by providing quality academic and clinical education.

# **Program Facilities**

The Center for Communication Disorders is located in Alexander Hall.

Faculty offices are located primarily on the 2nd floor in two suites, rooms 219 and 231.

The **Speech and Hearing Clinic** is located on the first floor. In addition to the main *Clinic office* in room 125, the first floor clinic space includes 13 *therapy and evaluation rooms* and *observation suites*, the *audiology suite* (room 108), the *clinical materials room* (room 109) and the *administrative assistant's office* (room 111).

**Graduate Student Workroom**: Room 200 in Alexander Hall is the graduate student workroom. The workroom remains locked at all times and can be accessed by a key code or key. The key code will be provided at the student orientation. This room is designated as a HIPAA compliant area (see Protected Health Information on page 12 and appendix A) with workspace and computers. Student mailboxes and cubbies are also located here. Additional workspace is available in room 137.

The Voice and Swallowing Lab (room 236) and the AAC lab (room 235) are both on the second floor.

#### Accreditation

The Master of Science in Speech-Language Pathology program at Murray State University is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing-Association, 2200 Research Boulevard #310, Rockville, Maryland 20850, 1-800-498-2071 or 1-301-296-5700.

Every accredited program must meet the required accreditation standards. Standards have been established to address six essential components. The components are:

- Standard 1.0: Administrative structure and governance
- Standard 2.0: Faculty
- Standard 3.0A: Curriculum
- Standard 3.0B: Curriculum (academic and clinical education) for speech-language pathology programs
- Standard 4:0 Students
- Standard 5:0 Assessment
- Standard 6:0 Program resources

Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2020). Standards for accreditation of graduate education programs in audiology and speech-language pathology (2017). <a href="http://caa.asha.org/wpcontent/uploads/Accreditation-Standards-for-Graduate-Programs.pdf">http://caa.asha.org/wpcontent/uploads/Accreditation-Standards-for-Graduate-Programs.pdf</a>

# Filing a complaint to the CAA of ASHA

If you think that the SLP program is out of compliance with accreditation standards, you may file a complaint against the MSU Graduate Program in Speech-Language Pathology with the CAA of ASHA. Information on this process may be obtained on the <u>CAA website</u>.

Complaints against the program must meet several criteria, such as the complaint must relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech Language Pathology

For a complete list of the criteria and the submission requirements, please refer to the CAA <a href="Complaints website">Complaints website</a>.

#### **Non-discrimination Statement**

The Center for Communication Disorders follows the nondiscimination policy of Murray State University and does not discriminate on the basis of race, color, national origin, sex, gender identity, sexual orientation, religion, age, veteran status, or disability. This nondiscrimination policy applies to admission to the program, academic and clinical opportunities, and provision of therapeutic services. Students with documented disabilities may request reasonable accommodation to obtain equal access to programs and activities. For the complete non-discrimination statement and contact information for questions or concerns, please see the <u>Institutional Diversity</u>, <u>Equity and Access website</u>.

#### THE GRADUATE PROGRAM IN SPEECH-LANGUAGE PATHOLOGY

The MSU SLP graduate curriculum is designed to enable M.S. degree students to meet the <u>2020</u> <u>standards</u> required for certification by the American Speech-Language Hearing Association (ASHA) and to fulfill the <u>current Scope of Practice in Speech Language Pathology</u> specified by the ASHA.

ASHA has organized communication disorders into nine broad categories. These categories may be briefly described as speech sound production; fluency and fluency disorders; voice and resonance; receptive and expressive language; hearing; swallowing/feeding; cognitive aspects; social aspects; and augmentative and alternative communication modalities. A full description of each of these categories can be found in <a href="Standard IV-C">Standard IV-C</a> of ASHA's certification standards for speech-language pathologists.

# Tracking Student Progress and the Intervention Process

As the student progresses through the program, they will develop the required knowledge and skills across nine categories through both the academic and clinical coursework. However, students are expected to do more than learn facts and make good grades. At the graduate level, students are expected to develop independent learning, critical thinking and problem-solving skills. These skills are necessary in order to demonstrate the skills required for certification. Graduate courses are aimed at the exploration of the discipline's literature, development of the knowledge and clinical skills necessary for professional competence, and the development of skills for life-long learning. Each course, both academic and clinical, has learning outcomes describing what you are expected to learn and do. Students are assessed throughout the program's curriculum to determine if the student is meeting these learning outcomes and progressing towards the knowledge and skills required for certification. To be successful in the graduate program, the student must demonstrate completion of each outcome.

#### **Intervention Plans for Academic Courses**

Students and faculty are equally responsible for ensuring that a student meets the necessary academic and clinical competencies in order to meet ASHA certification standards. If a student fails to meet competencies in academic and/or clinical areas (identified through course assessments, feedback from clinical educators, CALIPSO or GRAP) an intervention plan will be developed to remediate identified weaknesses and assist in acquiring those competencies. For academic courses, an <a href="Intervention plan">Intervention plan</a> will be developed by the professor of the course. Intervention plans must contain a plan for achieving the competencies and a date for completion. A copy of the original and completed intervention plan must be kept in the student's advising folder.

# **Academic Competency Policy**

In all academic coursework in the graduate program, your knowledge of the course content will be assessed in a variety of ways (e.g., exams, papers, projects, presentations, case studies). In each course, program faculty have identified key assessments that are used to evaluate competency across specified areas of knowledge. Students must complete these assessments with a minimum competency of 80%. Students failing to attain the 80% criterion on a required competency assessment will be provided an individualized intervention plan and up to two additional attempts to pass the competency. Failure to demonstrate competency will impact the student's progression through clinical assignments. Faculty reserve the right to assign the original letter grade on the assessment. The student must meet the criterion for minimum competency in all areas or the student will not be recommended for ASHA certification, state licensure, or teacher certification, even though they receive an acceptable course/clinic grade or exceeds the minimum GPA.

The knowledge and skills each student is expected to attain and demonstrate are developed and assessed in both academic and clinical coursework. Each student must demonstrate a variety of professional practice competencies (see Appendix B), as identified by the CAA of ASHA. The knowledge base each student must demonstrate includes the knowledge of etiologies and characteristics across the nine disorder areas; and knowledge of the principles and methods of prevention, assessment, and intervention. Skills in evaluation and intervention (See Appendix C) must be demonstrated across the nine disorders areas. Competency in both oral and written communication must also be demonstrated. Additionally, graduate students in speech language pathology must demonstrate the highest standards of integrity and ethical principles in meeting their responsibilities to their clients by adhering to the principles and rules in the practice of the Code of Ethics of the American Speech Language Hearing Association.

# **Intervention Plans for Clinical Competence**

When a clinical educator identifies a graduate student who is experiencing significant difficulties in clinical practicum, a <u>clinical intervention plan</u> will be developed. The intervention plan must include: a description of the difficulties being experienced, specific objectives that need to be met, and mechanisms for assisting the student to achieve the objectives. The nature of the clinical intervention plan is individually determined and defined by the clinical difficulties identified by the clinical educator(s). The plan may focus on: meeting clinical competencies, self-evaluation skills, professional expectations, interpersonal skills, integration of academic information into clinical practice, or other pertinent concerns.

Concerns regarding performance in clinical practica will be initiated by the clinical educator(s) before the midterm grading period and reported to the Program Director and the Clinic Director. A meeting which includes the graduate student, clinical educator(s), and the Clinic Director will be scheduled to develop a plan to address clinical concerns. The student's academic advisor may be involved in the intervention process or will be kept informed of the student's progress. The "Practicum Intervention Plan" will be used to document the committee's decisions. The clinical educator(s) and the Clinic Director will meet at the end of the semester to discuss clinical progress and make recommendations. New clinical experiences will not be made without successful completion of the clinical intervention plan. Students who are unsuccessful in completing the intervention plan, or who persist in failing to meet clinical competencies, may be discontinued from the program. Decisions regarding upcoming required clinical experiences will be made following successful completion of the intervention plan.

# **Oral Communication Proficiency Policy**

Speech-language pathologists working with individuals who have communication disorders must demonstrate excellent oral communication skills. Speech-language pathology students are expected to model all aspects of Standard American English including phonology, morphology, syntax, semantics, pragmatics and suprasegmental aspects of speech. Additionally, students must speak in a clear, intelligible manner during spontaneous conversation, and demonstrate the ability to produce all consonant and vowel phonemes of English accurately, at the sentence level, prior to beginning the clinical practicum experience.

# **Written Communication Proficiency Policy**

Written communication skills are essential to professional success as a speech-language pathologist. Speech-language pathology students should possess the ability to write about the current issues of the discipline to peers, practitioners, and the public. They should be able to demonstrate knowledge of the discipline and to write to professionals. Speech-language pathology students must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

# The GRAP (Graduate Record of Academic Progress)

Near the end of each fall and spring semester, the program faculty and staff meet to discuss each student's progress in academic and clinical knowledge and skills, professional practice competencies, and oral and written communication proficiency. The GRAP and CALIPSO (See Appendix C) are used to document your progress toward completion of entry-level standards specified by the Council on Academic Accreditation (CAA) of the American Speech Language Hearing Association (ASHA) and by the 2020 Standards and Implementation for the Certificate of Clinical Competence in Speech-Language Pathology.

Following the GRAP, you will receive a letter from the program that documents the results of the GRAP process. If the faculty has any concerns regarding your progress, these will also be noted. The letter may also include, if necessary, any recommendations or intervention plans for the next semester. You should read your letter carefully as each student must meet the criteria for minimum competency in all areas. Students who do not achieve minimum competency will not be recommended for ASHA certification, state licensure, or teacher certification, even though they receive an acceptable course/clinic grade or exceeds the minimum GPA.

# **Discontinuation from the Program**

Students must maintain a GPA of 3.0 and meet both academic and clinical competencies to remain in the program. A student may be discontinued from the program for:

- having an overall graduate GPA below 3.0;
- failure to successfully complete an academic or clinical intervention plan;
- persistent failure to meet clinical competencies;
- earning below a B in a practicum or placement course for a total of two semesters;
- failure to demonstrate minimum competency in academic coursework, regardless of the grade obtained in the course (see Academic Competency Policy);
- repeated violations of HIPAA.

# Typical Program of Studies (5 semesters)

Your program will consist of a range of academic, clinical, and research experiences. The specific academic courses, clinical practica, and research activities you complete during your program are determined by MSU requirements, ASHA certification requirements and your interests. Students may select either a thesis or non-thesis option. Practicum is considered an integral part of graduate study. Students must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client contact. A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. Supervised practicum must include experience with client populations across the lifespan and from culturally/linguistically diverse backgrounds. Practicum must include experience with client populations with various types and severities of communication and/or related disorders, differences, and disabilities. Graduate students participate in a wide variety of assessment and treatment experiences in the MSU Speech and Hearing Clinic and hospitals, schools, rehabilitation, skilled nursing and other facilities holding affiliation agreements with the program.

The following program of studies shows the courses and the semesters they are to be taken. Please note that it is sometimes necessary to make changes to the courses (i.e., credit or term they are offered) to accommodate program needs. You will be notified each term during advising of the course offerings or changes in the program of studies.

| Sequence of Courses: |  |  |  |
|----------------------|--|--|--|
| Year                 | Fall I                                       | Spring I                                     | Summer I                                   |
| 1                    | CDI 620 Speech Sound Disorders (3)           | CDI 624 Assessment and Treatment of          | CDI 625 Fluency Disorders (3)              |
|                      | CDI 646 Designing and Applying Research      | Voice (3)                                    | CDI 636 Cognitive-Linguistic Disorders (3) |
|                      | in SLP (3)                                   | CDI 632 Acquired Speech and Language         | CDI 675 Advanced Clinical Practicum (3)    |
|                      | CDI 647 Assessment and Intervention in       | Disorders (4)                                |  |
|                      | Early Childhood (3)                          | CDI 686 Adult and Pediatric Dysphagia (3)    |  |
|                      | CDI 670 Practicum Seminar (1)                | CDI 670 Practicum Seminar (1)                |  |
|                      | CDI 674 Clinical Practicum (2)               | CDI 674 Clinical Practicum (2)               |  |
|                      | 12 credits                                   | 13 credits                                   | 9 credits                                  |
|                      | Fall II                                      | Spring II                                    |  |
| 2                    | CDI 648 Pediatric Language and Literacy (3)  | CDI 696 Professional Issues (2)              |  |
|                      | CDI 652 AAC and Technology for               | CDI 676 Medical/Clinical Externship in SLP I |  |
|                      | Communication (2)                            | (4)  |  |
|                      | CDI 621 School-Based Clinical Externship     | CDI 688 Medical Clinical Externship in SLP   |  |
|                      | (4) OR                                       | II (4)                                       |  |
|                      | CDI 641 Pediatric Clinical Externship in SLP |  |  |
|                      | (4)  |  |  |
|                      | 9 credits                                    | 10 credits                                   |  |

<sup>\*</sup> Students who elect to pursue a thesis will take CDI 698 and 699 in lieu of 652 and 675.

# Thesis and Non-thesis Options

Students are strongly encouraged to commit to either the thesis or non-thesis option by the end of their first semester. Graduate students who choose the non-thesis option must complete comprehensive examinations to demonstrate the ability to integrate knowledge gained through their studies in

speech-language pathology and related areas. Students who select this option for completion of the master's degree should be prepared to relate broad areas of knowledge to specific problems in hypothetical case studies. Comprehensive examinations require students to demonstrate mastery of knowledge of basic human communication and swallowing processes, knowledge of the nature of speech, language, hearing, communication and swallowing disorders, and the application of this information to assessment and treatment for clinical problem-solving and decision-making.

Students are encouraged to conduct a thesis as part of their master's degree. A thesis gives students an opportunity to investigate an area of interest within the discipline using a scientific approach and research methodologies. After conducting the research, a seminal document is written to report the findings of the investigation. As an alternative to participation in comprehensive examinations, graduate students opting for the thesis participate in an oral presentation/defense of the thesis. Guidelines for thesis preparation and submission are available from the MSU Office of Graduate Studies. The Graduate Program in Speech-Language Pathology adheres to the American Psychological Association Style Manual (7th edition) for thesis preparation.

# **Documentation Requirements for Clinical Placements**

Schools and medical settings have requirements that must be met before a student may begin their clinical placement. Students are responsible for verifying what documentation is required and for obtaining that documentation prior to the start of the semester. Requirements for school settings typically include, but are not limited to, a background check, current TB test and a physical examination. Requirements for medical sites typically include Basic Life Support (BLS) training (Advanced CPR training for healthcare providers), a current TB test, immunizations, flu shot, urine drug screen, a background check, and an orientation to the facility. While these items are typical, each facility will have specific requests that the student is responsible for meeting prior to placements. All placements are assigned by the clinic coordinator.

It should be noted that offsite facilities reserve the right to decline a student for placement based upon results of a background check and/or refusal to meet the organization requirements. It is up to the discretion of the school district or medical facility as to what will be accepted. Most facilities have a list of required vaccinations and this may include the COVID-19 vaccination. A facility does have the right to decline a student placement if the organization/facility requires specific vaccinations and the student declines to receive the required vaccinations. Many school and pediatric placements will not allow students in their facilities if they have been convicted of a felony and/or misdemeanor (such as a DUI). Students with offenses on their record may be asked to attend a meeting with the organization's administrators to determine if they can complete a placement. Depending on the offense, a request for placement might be immediately denied without a meeting. Please remain cognizant that student behavior outside of the academic program can directly affect completion of clinical placements.

While Murray State University is not presently requiring vaccination against COVID-19 for enrollment as a student, the MSU Center for Communication Disorders wants students to be aware that multiple external sites (i.e., Head Start programs, practicum sites, schools, internship sites, etc.) require the COVID-19 vaccine. These are required placements within the individual programs. Therefore, if you are in a program that requires a placement in an external site, you may be required to submit proof of vaccination. If you are not vaccinated, you may not be able to participate due to the sites' requirements. Without the required placements, you will not be able to complete the program. MSU cannot exempt a student from a requirement another organization may have.

#### **Graduate Student Enrollment Status**

During the fall and spring semesters, the full-time graduate course load ranges from 9 to 13 semester hours. In some situations, an exception may be made to allow a graduate student to take more than 13 hours. No overload requests will be approved for graduate assistants. The complete policy regarding enrollment status is located in the current MSU Bulletin.

# **Attendance Policy**

The Center for Communication Disorders abides by the attendance policy found in the current *MSU Bulletin*. Instructors may have additional requirements outlined in their syllabus.

Students are expected to attend all classes in which they are enrolled. Attendance and participation in class activities are essential to success in graduate school. In cases where student absences are clearly unavoidable, it is essential that students and faculty alike approach the resolution of the difficulty with a clear commitment to the mutual goal of student learning.

See <u>Chapter 1 of the current Academic Bulletin</u> for the University complete policy on attendance. In general, you should notify each instructor in writing as soon as you know you cannot attend class. If the absence is an excused absence (personal illness, death of immediate family, extraordinary personal circumstance, university sanctioned event), you may develop a plan with each instructor for alternative assignments or the completion of all work missed and must finish this work within a time frame mutually agreed upon with the instructor. This attendance policy refers to academic coursework. Expectations related to clinical attendance may vary slightly. Please refer to the attendance heading in the "Speech and Hearing Clinic" section of this handbook.

# **Student Concerns and Grade Appeals**

Students with concerns about their grades or experiences in the program are invited to voice their concerns with the faculty or administration. Students should first address their complaints with the particular faculty member or clinical supervisor. If the complaint cannot be resolved at this level, then the student may address concerns with the academic director or clinic coordinator as appropriate. All conversations must be kept confidential.

The academic director reviews all student complaints to (a) determine the nature of complaint, (b) assess the impact of the complaint on the student's matriculation through the program, (c) explore probable remedies, and (d) determine if an accreditation standard has been violated.

# **MSU Policy:**

https://www.murraystate.edu/academics/RegistrarsOffice/pdf/GeneralStudentComplaintProcedureReqto
AmendRecord.pdf

# **Advising**

The Program Director for the Center for Communication Disorders will assign students an advisor when they are admitted to the graduate program. Students will receive notification from the Graduate School with their admissions information or may access this information on MyGate.

You will meet individually with your advisor each semester to discuss any needs and review the results of the GRAP and your progress toward the required knowledge and skills. Any area of special focus or any intervention plan that is in place for the semester will also be discussed. Group advising occurs after mid-term each semester. At this meeting course offerings for the next term are presented.

Additional informational items are shared at this time. You are encouraged to meet with your advisor whenever you have questions or concerns.

#### **Protected Health Information and Client Records**

The Health Insurance Portability and Accountability Act (HIPAA) regulates confidentiality and security of healthcare information. Students are solely responsible for understanding the principles of HIPAA. Students must complete HIPAA training provided by the Center for Communication Disorders. Students will not be permitted to participate in clinical practicum until sufficient training as determined by the Center for Communication Disorders has been completed. Any violation of any of the regulations outlined in HIPAA training or in this handbook will result in the development and implementation of an Intervention Plan and may further result in the termination of some or all clinical privileges. As required by the ASHA Code of Ethics and HIPAA regulations, ALL information pertaining to clients and their families is deemed confidential information. Any and all information pertaining to a client and his or her family must not be discussed with friends, roommates, relatives or any other party outside of the clinical setting or relationship. Moreover, discussion of client/family information should only be conducted in secure areas within the Murray State University Speech and Hearing Clinic or in a supervisor office during appropriate clinical meetings.

Confidential records are maintained in locked file cabinets in the clinic. Only those who have completed the HIPAA training provided by the Center for Communication Disorders are permitted access to these files.

Students may not exchange information about clients, either by phone, fax, or email, with other individuals or agencies without written permission of client and verbal permission of the clinical supervisor. Students may not transport client information (e.g., lesson plans, clinician notes, evaluation results) to any area located outside of the Murray State University Clinic area, supervisor offices or the Graduate Workroom. When students generate draft copies of lesson plans, notes and reports, all confidential client information must be removed. Client confidential information includes but is not limited to date of birth, name, address, and social security number. Any questions regarding whether information should be removed from a document should be directed to a clinical supervisor. To ensure protection of patient health information graduate students in speech–language pathology should reserve any computer documentation of clinical activities to designated computers in the Language Lab where secure computers are kept. Students must use the encrypted documents for client writing.

In accordance with HIPAA policies, only graduate students, clinical educators, faculty, and staff are permitted in the graduate workrooms. Only MSU CDI students are allowed in the graduate student workrooms. No parents, friends, or family members are allowed in this area due to the possibility of client PHI being present.

# **Policy on Academic Honesty:**

Murray State University takes seriously its moral and educational obligation to maintain high standards of academic honesty and ethical behavior. The complete policy may be found in <a href="Chapter 1 of the current Academic Bulletin">Chapter 1 of the current Academic Bulletin</a>. The brief summary below highlights the types of violations and possible disciplinary actions.

# **Violations of Academic Honesty include:**

•Cheating - Intentionally using or attempting to use unauthorized information such as books, notes, study aids, or other electronic, online, or digital devices in any academic exercise; as well as unauthorized communication of information by any means to or from others during any academic

exercise.

- •Fabrication and Falsification Intentional alteration or invention of any information or citation in an academic exercise. Falsification involves changing information whereas fabrication involves inventing or counterfeiting information.
- •Multiple Submission The submission of substantial portions of the same academic work, including oral reports, for credit more than once without authorization from the instructor.
- •Plagiarism Intentionally or knowingly representing the words, ideas, creative work, or data of someone else as one's own in any academic exercise, without due and proper acknowledgement.

Disciplinary action may include, but is not limited to the following: 1. Requiring the student(s) to repeat the exercise or do additional related exercise(s). 2. Lowering the grade or failing the student(s) on the particular exercise(s) involved. 3. Lowering the grade or failing the student(s) in the course. If the disciplinary action results in the awarding of a grade of E in the course, the student(s) may not drop the course. Faculty reserve the right to invalidate any exercise or other evaluative measures if substantial evidence exists that the integrity of the exercise has been compromised. Faculty also reserve the right to document in the course syllabi further academic honesty policy elements related to the individual disciplines. A student may appeal the decision of the faculty member with the department chair in writing within five working days. Note: If, at any point in this process, the student alleges that actions have taken place that may be in violation of the Murray State University Non-Discrimination Statement, this process must be suspended and the matter be directed to the Office of Institutional Diversity, Equity and Access. Any appeal will be forwarded to the appropriate university committee as determined by the Provost.

#### **Website Content Policies**

Student data outcomes and program information on the website is updated annually at a minimum by the administrative assistant in collaboration with the program director after the annual data retreat meeting. However, some changes to the website are ongoing and necessary to update periodically throughout the year, for example; group visit dates for prospective students.

All data is kept electronically in a secure drive for faculty and staff to access and reference as needed. During the annual data retreat, typically held in August, faculty and staff spend significant time reviewing, analyzing and discussing data to drive discussions and review of program performance. Students are asked to submit Praxis scores to Murray State as well as complete several exit surveys to provide feedback about the program and information about employment. Strengths, weaknesses and trends are addressed and decisions for programmatic modifications or areas of focus are supported by programmatic data including student outcomes and student feedback.

#### THE SPEECH AND HEARING CLINIC

The MSU Speech and Hearing Clinic plays an integral role in the academic and clinical education of graduate students in the speech-language pathology graduate program. The Clinic is only one of several placement experiences you will have during your graduate program. Using experienced clinical educators, emphasis is placed on consistent growth in clinical skills including evaluation, treatment, and professional skills.

# **General Expectations of Student Clinicians**

- Students will demonstrate professional responsibility.
- Students will dress and conduct themselves in a professional manner. (See Appendix D)
- Students will complete assignments responsibly and competently.
- Attendance is mandatory for each scheduled clinical assignment.
- All students will abide by the ASHA code of ethics.
- All client information must be kept confidential. Students will adhere to all HIPAA, University, Department, and Clinic regulations regarding confidentiality.

#### **Clock Hours**

At least 400 clock hours of supervised clinical practicum are required. A minimum of 325 clock 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. Accumulated clock hours for the purpose of clinical certification is accrued based on each clinician's actual participation when providing direct skilled services or diagnostics.

Students are responsible for keeping accurate records of their client contact hours. Clock hours should be entered into the Murray State CALIPSO system regularly. Supervisors will then verify the clock hours submitted by the student. CALIPSO is a web-based application that manages key aspects of academic and clinical education designed specifically and exclusively for speech-language pathology and audiology training programs. *Clock hours must be submitted for approval within the same semester that the hours were obtained.* Hours not submitted by the student within specified timelines will not be approved, unless cleared by the clinic director with clear documentation of hours completed and reason for not submitting within the appropriate time frame.

#### Audiology

It is recommended that at least 20 of the total clock hours be completed in audiology. Practicum experiences must involve hearing screening of individuals with hearing disorders or the habilitation/rehabilitation of individuals who have hearing impairment. Hearing screening competencies include: setting up the environment, providing appropriate instructions, and screening school-age and preschool age children.

Upon completion of the program, students will have diverse experiences across the lifespan which will be reflected in their clock hour records and evaluations from CALIPSO. Students must demonstrate knowledge and skills and have completed experiences sufficient in breadth and depth to achieve the following skills outcomes including:

- a. Conduct screening and prevention procedures, including prevention activities.
- b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
- c. Select and administer appropriate evaluation procedures, such as behavioral observations, non standardized and standardized tests, and instrumental procedures.
- d. Adapt evaluation procedures to meet the needs of individuals receiving services.
- e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- f. Complete administrative and reporting functions necessary to support evaluation.
- g. Refer clients/patients for appropriate services.

#### 2. Intervention

- a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.
- c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- d. Measure and evaluate clients'/patients' performance and progress.
- e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- f. Complete administrative and reporting functions necessary to support intervention.
- g. Identify and refer clients/patients for services, as appropriate.

#### 3. Interaction and Personal Qualities

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
- b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the ASHA Code of Ethics, and behave professionally.

# **Clinical Educators (Supervisors)**

Clinical education is a vital component of the speech-language pathology graduate program.

- All clinical educators are certified and licensed. Supervisors must hold current ASHA CCCs and have their CCCs for a minimum of 9 months before being eligible to supervise. Additionally, all supervisors must have completed a minimum of 2 hours of continuing education in clinical education and supervision.
- Clinical educators are required to provide line of sight supervision for a minimum of 25% of therapy sessions and 25% of diagnostic sessions completed by student clinicians.
- Clinical educators provide both written and verbal feedback to students and meet regularly with their student clinicians.
- Student clinicians evaluate their clinical educators at the end of each semester. More immediate concerns should be discussed with the Clinic Director.

# Grading

All students will receive a letter grade at the end of the semester reflecting their performance in clinical activities. While the CALIPSO system calculates a grade based on the clinical educator's responses on the Performance Evaluation, the student's semester grade reflects broader considerations and may be different from the grade calculated by CALIPSO. For example, many students will have more than one clinical educator during the semester. The feedback and CALIPSO scores from each clinical educator are considered. In addition to integrating evaluations from multiple clinical educators, clinical competencies and professional behavior standards are weighted more heavily in the calculation of the final semester grade. Clinical educators are also given the opportunity to manually adjust the letter grade calculated by Calipso in order to better reflect the student's performance during clinical activities.

Clinical grades, as with all other grades in the Center for Communication Disorders, are subject to review through the College of Education and Human Services grievance procedures.

# **Attendance**

Students are required to attend and complete on and off-site clinical assignments as scheduled. Clinical assignments are complete at the end of the semester (or agreed-upon date) and not contingent upon completion of 400 clock hours. Greater than two unexcused absences from clinical assignments will result in lowering the practicum grade by one letter grade. Please refer to the MSU bulletin to determine what is considered as an "excused absence."

- During the final semester, a student is allowed up to two days for professional interviews.
   These absences must be used for professional interviews.
- During a single off-site eight-week placement, if a student is absent for more than two days without a university approved excuse, they will be required to make up missed clinical time and their grade will be lowered one letter grade. Make-up time can be completed on campus or within a facility as arranged. \*\*Procedures and policies in relation to COVID are ever-changing. The MSU Speech and Hearing Clinic will abide by University policies in relation to this. You should follow the COVID guidelines set by your placement facility and directly communicate with your supervisor and clinic director.
- If a significant number of absences occur, it will result in an incomplete grade assignment for a student until experience is made up and clinical competencies can be demonstrated.
- When absent from an off-site placement, students must notify their offsite supervisor as well as the clinic director immediately. Notification of absence is required for all hours missed.
- Students in off-site placements will follow the schedule of the offsite facility. Academic breaks such as Spring Break will be arranged.
- During inclement weather, graduate students should make every effort to attend
  off-campus assignments. For example if MSU is closed due to snow, a student should
  attend their placement site if the roads are safe to travel in that area.

Please treat your off-site placements like your job. Professionalism is factored into your clinical education and should be a top priority as you consider attendance. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.

#### **Environmental Infection Control Procedures**

A number of precautions need to be taken to protect both the clinicians and the clients from transmission of disease and infection.

- Student clinicians should thoroughly wash their hands before and after clinical sessions.
- Sanitizing kits containing items such as: disinfectant wipes, Kleenex, gloves, band-aids, and hand sanitizer are located in each therapy room.
- After each session, student clinicians should clean and disinfect all materials and place items back in the appropriate location in the materials room. Clinicians should also disinfect the therapy room's furniture, light switch, and doorknobs. Please follow specific guidelines for COVID procedures on cleaning and disinfection of materials and therapy rooms.

# **Emergency Procedures**

Murray State University uses the <u>RacerAlert Emergency Notification System</u> to notify the community and to give instructions. Detailed instructions for a variety of threats are provided on the <u>MSU website</u>.

To report an emergency, graduate students should immediately notify their clinical supervisor or nearest faculty or staff member of the possible emergency.

# **Emergency Phone Numbers**

| Nh. a. I. P. a.                            |  |
|--|--|
| Facilities Managementcall 3805)            | 809-4291 (Office hours 7a.m4p.m.) (after hours |
| Office of Environmental Safety and Health  | 809-3480 (Office hours 7a.m4p.m.)              |
| All campus emergencies (MSU Police). 911 o | or 270-809-2222 <i>24 hours a day</i>          |

#### Daily Checklist

|  | Check your murraystate.edu email each day.                                    |
|--|---|
|  | Check your mailbox in the graduate student workroom each day you're on campus |

Just a few reminders about being a responsible graduate student...

- ☐ Clean up your space. This is important when so many people are using the same space. Also, make sure you know when you're scheduled for weekly clean up.
- □ Return all your therapy materials to their home. (See appendix E for instructions in using the various clinic resources and the materials room.)
- ☐ Follow the clinic dress code: Look professional and raise your arms; touch your toes; if anything shows go change your clothes. (see appendix D)

#### **Procedures for First Year Graduate Students**

Clinic practicums for first year graduate students occur primarily in the MSU Speech and Hearing Clinic and in the Murray City Preschools. Clinic assignments are made by the Clinic Director. Before beginning practicum, each student should familiarize themselves with the procedures for these two placement sites. See Appendix F for a description of the process for beginning the fall and spring semester clinical assignments. Appendix G details the general operating procedures for the MSU Clinic, as well as paperwork, diagnostic procedures and end of semester procedures. This same information is detailed for the Murray City Preschools in Appendix H.

# Appendix A: CONFIDENTIALITY PROCEDURES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the US Department of Health and Human Services to establish rules to protect the privacy of health information. *Protected health information* (PHI) is individually identifiable health information created or received by the MSU Speech & Hearing Clinic. Information is "individually identifiable" if it identifies the individual or there is a reasonable basis to believe components of the information could be used to identify the individual. "Health information" means information, whether oral or recorded in any form or medium, that

- (i) is created or received by the MSU Speech & Hearing Clinic; and
- (ii) relates to the past, present, or future physical or mental health or condition of a person, the provision of health care to a person, or the past, present, or future payment for health care.

All graduate students receive training during CDI 670 (Practicum Seminar) regarding HIPAA privacy requirements and MSU's HIPAA Privacy Manual. Specific procedures to protect private health information (PHI) include:

- All information regarding any client is confidential and should be treated with special regard for
  the individual's privacy. Clients are not to be discussed outside the clinic or classroom. Clients
  are not to be discussed casually in hallways or other places where conversations may be
  overheard. All activities involving clients are strictly confidential and should be discussed only
  with professionals involved with the client. Limit the content of Private Health Information (PHI)
  conversations to the minimum necessary.
- All client records (permanent folders, working folders) are confidential and are not to be divulged
  to anyone other than clinical supervisors, assigned practicum clinicians, or individuals who have
  been authorized by a signed written release.
- Permanent folders and working folders may only be reviewed in designated areas and must not be removed from the building.
- Limit the number of photocopies made of PHI.
- Client records are kept in the clinic file, which remains locked at all times. Preschool client records are kept in restricted filing cabinets at each preschool site.
- Limit the use of PHI in e-mails to the minimum necessary.
- Limit faxing of PHI to urgent information.
- Limit voicemail messages, or messages left for other individuals, to general information to ensure no one else could overhear PHI.
- Students will be asked to sign a form stating that they have read and understand the ASHA Code of Ethics and the HIPAA procedures, that they will uphold them and that they fully understand that breach of these could result in a lowering of their course grade, dismissal from the program, or dismissal from the University. Compliance with HIPAA and conducting oneself in a manner according to the ASHA Code of Ethics are consistent with the necessary conditions for the 2020 Certification Standards in Speech-Language Pathology.

# **Established Procedures and Ethics for Observation in the Clinic**

Please be aware that Murray State students enrolled in the undergraduate communication disorders program will be observing therapy in the MSU Speech and Hearing Clinic. All student observers are expected to follow established procedures and ethics for observation. If you have concerns about the behavior of a student in the observation, please notify your supervisor or another member of the CDI faculty or staff.

- 1. Observations should take place only at the direction of faculty of the Center for Communication Disorders or by arrangement with the clinic coordinator.
- 2. For maximum benefit as well as to minimize movement in the observation room, an entire therapy session or diagnostic must be observed.
- 3. There should be no talking in the observation rooms unless absolutely necessary. Necessary talking should be done in a whisper. Questions regarding the session or client should be directed to the clinician or supervisor after the session is over.
- 4. There is to be absolutely no eating, drinking, or smoking in the observation rooms.
- 5. All activities involving clients are strictly confidential and should be discussed only with professionals involved with the client.
- 6. There should be no cell phone usage at all (clients are able to see light through the two-way mirror) and absolutely no recording of the session through camera or cell phone.

# **Appendix B - Professional Practice Competencies**

Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2020). Standards for accreditation of graduate education programs in audiology and speech-language pathology (2017). Retrieved from

http://caa.asha.org/wpcontent/uploads/Accreditation-Standards-for-Graduate-Programs.pdf

3.1.1B Professional Practice Competencies: The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.

#### **Accountability**

- Practice in a manner that is consistent with the professional code of ethics and the scope of practice documents for the profession of speech-language pathology.
- Adhere to federal, state, and institutional regulations and policies that are related to services provided by speech-language pathologists.
- Understand the fiduciary responsibility for each individual served.
- Understand the various models of delivery of speech-language pathology services (e.g., hospital, private practice, education, etc.).
- Use self-reflection to understand the effects of his or her actions and makes changes accordingly.
- Understand the health care and education landscape and how to facilitate access to services.
- Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values.

#### Integrity

- Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers; and
- Understand and use best professional practices related to maintenance of confidentiality for all individuals in accordance with HIPAA and FERPA requirements. 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, and 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 sources of information to support clinical decisions regarding assessment and intervention/management,
- Critically evaluate information sources and applies that information to appropriate populations, and
- Integrate evidence in provision of speech-language pathology services.

#### **Concern for Individuals Served**

- Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care; and
- Encourage active involvement of the individual served 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 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 individuals served in order to maximize service delivery.
- Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, and physical and sensory abilities) and how these characteristics relate to clinical services.

#### **Professional Duty**

- Engage in self-assessment to improve his or her effectiveness in the delivery of services.
- Understand the roles and importance of professional organizations in advocating for rights to access to speech-language pathology 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 those of other professions to appropriately assess and address the needs of the individuals and populations served.

#### **Collaborative Practice**

- 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

# **Appendix C - Clinical Skills Outcomes**

Student program of study will include supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes. Student progress toward the clinical competencies will be monitored each semester using MSU Speech- Language Pathology Performance Evaluation completed within CALIPSO, supervisor feedback, and GRAP information. Please become familiar with the CALIPSO evaluation provided here:

# **MSU Speech-Language Pathology Performance Evaluation (on CALIPSO)**

Progress in each skill area is documented across communication disorders (articulation, fluency, voice, language, social aspects, hearing, swallowing, cognition, communication modalities) using the following Performance Rating Scale:

- 1. Unacceptable Performance
- 2. Emerging
- 3. Developing

- 4. Meets Performance Expectations
- 5. Exceeds Performance Expectations

#### **Evaluation skills**

- 1. Conducts screening and prevention procedures (std V-B, 1a).
- 2. Performs chart review and collects case history from interviewing patient and/or relevant others (std V-B, 1b).
- 3. Selects appropriate evaluation instruments/procedures (std V-B, 1c).
- 4. Administers and scores diagnostic tests correctly (std V-B, 1c).
- 5. Adapts evaluation procedures to meet patient needs (std V-B, 1d).
- 6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).
- 7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std V-B, 1e).
- 8. Makes appropriate recommendations for intervention (std V-B, 1e).
- 9. Completes administrative functions and documentation necessary to support evaluation (std V-B, 1f).
- 10. Refers clients/patients for appropriate services (std V-B, 1g)

#### Treatment skills

- 1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std V-B, 2a)
- 2. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B).
- 3. Selects and uses appropriate materials/instrumentation (std V-B, 2c).
- 4. Provides appropriate introduction/explanation of tasks. (std V-B, 2c)
- 5. Measures and evaluates patients' performance and progress (std V-B, 2d).

- 6. Uses appropriate models, prompts, or cues. Allows time for patient response. (std V-B, 2e).
- 7. Creatively adapts techniques for specific needs of the client. (std V-B, 2e).
- 8. Modifies treatment plans, strategies, materials, or instrumentation to meet individual client needs (std V-B, 2e).
- 9. Provides for individual differences in a group setting. (std V-B, 2e).
- 10. Completes administrative functions and documentation necessary to support treatment (std V-B, 2f).
- 11. Identifies and refers patients for services as appropriate (std V-B, 2g).

# **Professional Practice, Interaction, and Personal Qualities**

- 1. Possesses foundation for basic human communication and swallowing processes (std IV-C).
- 2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std IV-F).
- 3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, IV-H, std 3.1.1B, 3.1.6B, 3.8B).
- 4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a).
- 5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)
- 6. Uses appropriate rate, pitch, and volume when interacting with patients or others. (std V-B, 3a).
- 7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std V-, 3c).
- 8. Collaborates with other professionals in case management (std V-B, 3b).
- 9. Displays effective oral communication with patient, family, or other professionals (std V-B, 3a).
- 10. Displays effective written communication for all professional correspondence (std V-A).
- 11. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B)
- 12. Demonstrates professionalism (std 3.1.1B, 3.1.6B)
- 13. Demonstrates openness and responsiveness to clinical supervision and suggestions. (std V-B, 3d)
- 14. Personal appearance is professional and appropriate for the clinical setting. (std V-B, 3d)
- 15. Displays organization and preparedness for all clinical sessions. (std V-B, 3d)
- 16. Meets minimum work-ethic standards including being on time, meeting deadlines, and respecting expectations.
- 17. Demonstrates awareness of independence and dependence issues- knows when to discuss issues with Clinical Supervisor and when to act on their own. (std V-B, 3d)
- 18. Accepts supervisor evaluation in a non-defensive manner. (std V-B, 3d)

# **Appendix D: Professional Behavior and Dress**

# Name Tags

All graduate student clinicians will be given a name tag which should be worn at all times when engaging in on and off campus clinical activities. If your name tag must be replaced, inform the administrative assistant and a replacement will be provided at your cost.

# **Professional Liability Insurance**

The Murray State University Speech and Hearing Clinic maintains a student liability policy, renewed each year, to cover practicum experiences. The clinic secretary will notify students when insurance fees are due.

# **Dressing for Clinical Responsibilities**

The Murray State University Speech and Hearing Clinic provides services to the university and surrounding community for reimbursement. Student clinicians are expected to dress in a manner appropriate for a professional clinic. Appropriate dress should be modest and professional. Care should be taken so that clothing is not potentially embarrassing for the client or clinician. Hair and makeup, if applicable, should be non-distracting and professional. This also applies to jewelry, piercings, and/or tattoos. If distracting, they should be removed or covered. Strong perfumes or body lotions should not be worn due to the number of people with allergies. Appropriate attire may vary with the type of clinical assignment. Student clinicians should consult their clinical supervisor with any questions regarding proper attire. Clinicians should wear their clinic name badge during all diagnostic or therapy sessions. If the dress code is violated the student will be asked to change their clothing. If this is not possible a stock of clothing provided by the clinic is available. Off-campus assignments may have dress codes that differ. In these instances the dress code for the off-campus site must be followed.

# **Appendix E: Instructions for Using Clinic Resources**

Room 109 in Alexander Hall is the clinic materials room. This room is used by students and faculty in the center. Students have access to any materials or resources located in the materials room (except for Head Start materials which are in a clearly marked section). Students must sign all materials in and out.

- Student clinicians may check out materials for 24 hours using the sign-out sheet on the desk.
- Items can be reserved for an upcoming session. Place items on the shelves in the holding room 146. Put your "reserve tag" on top.
- Student clinicians may use containers in the holding room to transport materials.
- Student clinicians are responsible for returning borrowed materials and putting them back in the proper location after each session.
- Return all items to the appropriate shelf, container, or bag.
- Return all card decks to the correct deck and container in the materials room
- Sort all play sets, figures, cars, etc...before returning them to the designated area or bag.
- Make sure play doh items are completely clean before you return them.
- Do not hoard clinic materials in your cubby upstairs.
- Keys taken from the clinic office should be signed out and promptly returned following their use.

#### **Tests**

Tests for children can be found in room 128 and are checked out by filling out the sign-out sheet located on the test cabinet door. Adult evaluations/tests are located in the closet in the 219 suite and are signed-out there. Tests may be checked out for 48 hours for review.

#### **iPads**

Can be found in room 128 and are checked out by filling out the sign-out sheet. They may be checked out for 24 hours. Removing iPads from the building requires supervisor approval. You **may not** keep iPads in your mailboxes or cubbies indefinitely.

#### **Test Protocols**

Test forms/protocols for child and adult tests are located in the filing cabinet in room 128. Notify the clinic administrative assistant if you use one of the last test forms in the folder so she can reorder. Clinic admin assistant has a copy of many test protocols available *to copy* on the credenza in 125. Test forms/protocols are very expensive. You must use copies of tests to practice and originals only when actually giving the assessment or making an official file copy.

# Equipment

- Most equipment used for clinical purposes is found in room 130 in the metal storage cabinets.
   Equipment available for check-out includes: video recorders and tripods, educational software, and music CD's, office supplies including envelopes and letterhead.
- When students are not able to use the camera recording system through VAULT in the clinic.
  Additional video recorders are available. Recorders require a memory stick or a mini DVD.
  Memory sticks are the best method for transferring a session to your computer for editing. The mini DVD option works fine to view the session, but will not easily transfer for editing purposes. Students must purchase memory sticks or mini DVD's for clinical use. You may also use an iPad.
- To maintain HIPAA compliance, it is the student clinician's responsibility to return the equipment with data removed.

- Return all equipment to the correct location and the proper cabinet. Notify the clinic secretary if
  you use the last of any supplies such as batteries or laminating sheets.
- Equipment can be signed out for 24 hours. You must obtain permission from the clinic admin assistant to keep items longer.
- The clinic copy machine is available for clinic use only. See the clinic secretary for instructions to use the proper codes and procedures for the copy machine. No personal copies are allowed.
- Small portable laminators and a book binding machine are available for use in the graduate workroom. See the clinic admin assistant for instructions to use the laminators and other equipment properly.

# Appendix F: PROCESS FOR FIRST YEAR FALL & SPRING CLINICAL ASSIGNMENTS

- 1. The clinician is assigned to supervisors and clients by the clinic director.
- 2. The clinician meets with the assigned supervisor(s) during the first week of the semester.
- 3. The clinician reads each client's record in Talktrac, including previous evaluations and previous progress reports.
  - Preschool client permanent folders are located in the office of each preschool site.
  - MSU client permanent folders are located in the clinic office. (129)
  - All client records are maintained on Talktrac.
  - Talktrac client request forms (adding or removing a client) are found in the clinic office.
- 4. After consulting with the clinician's supervisor, the clinician calls and schedules therapy times for clinic clients and confirms the times with the supervisor. Preschool clients are assigned by preschool supervisors.
- 5. The clinician prepares a rough draft of the <u>Individual Treatment Plan</u> (ITP) for approval by the supervisor for clinic clients. Preschool clinicians will implement the client's current Individual Education Program (IEP).
- 6. If the client will be observed during the semester, the clinician provides information to create the client-specific observation form for undergraduate observers including the client's initials, disorder, age, day and time of therapy, long term goals, semester goals, objectives, and the clinician's initials.
- 7. The clinician consults with each supervisor to confirm plans for the first session for each client.
- 8. Regular planning sessions are scheduled with each supervisor. These may be individual or group meetings.

# Appendix G

#### GENERAL OPERATING PROCEDURES FOR CLINIC CLIENTS

- Clinicians are responsible for filling out a room request via a Google form for each client or diagnostic assigned to them in order to reserve a room for therapy or a diagnostic, (discuss with your supervisor as most supervisors handle the requests now).
- Clinicians are to be present and on time for each therapy session.
- The clinician must ensure that clinic clients sign in at the office window.
- Clients are to be met in the clinic waiting room at the time the therapy session is to begin.
- Sessions are to last the full scheduled time and should end promptly.
- Clinicians should provide headphones (located in the clinic office) for family members of clients and return them immediately following the session. Used headphones will be cleaned before putting them in the drawer, so please put them in the basket on the bookshelf in the clinic office.
- After each session, the clinician completes the billing log for the client.
- Client cancellations and absences are reported to the supervisor and clinic admin assistant promptly. An accurate record of client attendance is maintained by the clinician and reported at the end of the semester in the Progress Report.
- Client permanent records are filed in room 129. These files may be checked out by the
  clinician but can never be taken out of the building and must be returned to the clinic office by
  4:00 on the day of check out. These files must not be left unattended. They must not be left
  unattended in the downstairs graduate workroom as that room is unlocked during clinic hours.
- When the clinician and the client are involved in therapy that takes place somewhere other than the assigned room, the clinician should notify the supervisor and the clinic secretary of the location to ensure that student observers don't sign up for sessions that cannot be observed.

# FORMS FOR THE MSU SPEECH AND HEARING CLINIC

Documentation for clients seen in the clinic requires completion of the forms listed below. All the appropriate information on the forms should be filled out completely before the client, family, or guardian signs them.

# **HIPAA Privacy Notice**

This notice describes how medical information about the client can be used and disclosed and how the client can get access to this information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on medical providers. This information is known as protected health information and includes information whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the MSU Speech& Hearing Clinic.

# **Notice of Privacy Practices Acknowledgement**

This form is signed by the client or client's representative to indicate receipt of a copy of the MSU Speech & Hearing Clinic's Privacy Notice.

#### **Authorization for Services**

This form must be completed during an initial evaluation or initial therapy session. It grants permission to evaluate and/or render services to the client.

# **Sliding Fee Application**

This form is used with each client for possible fee reduction. The reduction is based on the family's income and the number of people in the family.

#### **Request for Information**

This form should be completed any time a client or his family would like the MSU Speech & Hearing Clinic to receive information from another agency such as a school or physician. This form may be completed during a diagnostic evaluation or any time the client has received testing or services which might be relevant to speech-language services. A separate Request for Information form must be completed for each agency from which information is being requested. Specific information being requested must be specified.

# **Release of Information**

It is important to communicate to the client and the family that this information is confidential and will only be released with their consent. Any time a report needs to be sent to a physician, school, or any other agency, this form must be completed and signed. A separate form must be completed for each agency which is to receive a report. Release of Information forms must be updated annually. Information to be released must be specified.

# **Individual Treatment Plan (ITP)**

This form indicates the plan for the semester of therapy and should follow the format presented on (p. 33) The ITP should outline, in behavioral terms, the client's current status (present data), long term planning, semester goals, short term objectives, and the amount and type of therapy. ITPs are to be written by the student clinician in consultation with the clinical supervisor. The final draft of the ITP must be approved by the supervisor prior to any scheduled conference with the client, family, or guardian. The final draft of the ITP must be discussed with the client, family, or guardian.

# **Disposition Form**

This form indicates the status of enrollment for services at the Clinic, continuation of services through a school system, and dismissal from therapy. Recommendations are also indicated on this form. All disposition forms must be signed by the supervisor and returned to the clinic secretary at the end of the semester.

# **Quality of Services Forms**

These forms are used to evaluate the quality of the diagnostic or therapy services rendered to the client. The "<u>Survey of Initial Evaluation</u>" is completed following an evaluation. The "<u>Survey of Speech Language Services</u>" is completed by clients or families at the end of each semester of therapy.

#### **DIAGNOSTIC SERVICES AND PROCEDURES**

# **MSU Speech and Hearing Clinic**

The MSU Speech and Hearing Clinic receives referrals for speech-language and audiological diagnostic evaluations from parents, physicians, school systems, rehabilitation counselors, mental health centers, and other sources. The ultimate responsibility for each diagnostic service rests with the ASHA certified clinical supervisor. At least one half of each diagnostic evaluation in speech and language pathology and in audiology is directly supervised by persons holding the ASHA CCC in the appropriate area. Screening services in speech-language and hearing are viewed as diagnostic procedures and are supervised in accordance with ASHA requirements. This minimum amount of supervision is adjusted upward depending on the competencies of the student.

- Speech/language and audiological diagnostics will be assigned by the clinic director throughout the semester. Each of the clinician's diagnostic evaluations will be supervised. Feedback toward clinical competencies will be provided.
- Clinicians may be paired with another clinician when assigned speech/language diagnostics. Clock hours are accrued based on each clinician's actual participation during the evaluation.
- Clinicians are responsible for reviewing client information and forming a preliminary plan prior to consulting with the supervisor.
- Clinicians should consult with the supervisor immediately following a diagnostic assignment to discuss the overall evaluation plan, techniques, equipment, and materials to be used in the evaluation.
- Clinicians are responsible for obtaining a room assignment for the diagnostic from the clinic admin assistant.
- Clinicians should schedule hearing screenings that are part of a diagnostic with the clinic admin assistant.
- Clinicians are responsible for obtaining headphones from the clinic office for family members/friends who will be observing.
- Clinicians and the supervisor should greet the client, family, and friends in the waiting room. The clinicians or supervisor will explain the evaluation procedures and give the approximate time that will be required for the evaluation.
- The clinical supervisor, is responsible for distributing, explaining, and completing the following forms:
  - Notice of Privacy Practices Acknowledgment
  - Authorization for Services
  - Release of Information
  - Request for Information
  - Variable Fee Schedule Application

- The supervisor participates in and is ultimately responsible for the discussion of the results with the client, family, or guardian.
- A billing slip must be completed by the clinicians and submitted to the clinic secretary immediately following the diagnostic.
- Clinicians are responsible for collecting, completing, scoring, and analyzing the information obtained during the diagnostic.
- Clinicians write a report for each diagnostic evaluation in which they participate.
- Except when prior arrangements have been made, the initial draft of the report (p.50) must be double spaced and turned in to the supervisor with the client's permanent folder within 48 hours of the evaluation.

# MSU Speech and Hearing Clinic Process for Completing Clinical Assignments

- 1. Inform clients of the last session of clinic for the current semester.
- 2. Complete disposition forms for each client indicating their status in therapy (continue services, dismiss, etc...) and return to the clinic secretary.
- During the last week of therapy, have the client or family member fill out the Client Family Evaluation of Services Provided and return it to the clinic secretary.
- 4. Submit progress reports on Talktrac by the designated date to your supervisor(s).
- 5. Coordinate with your supervisor(s) to schedule conferences with your clients during the final week of therapy for the semester.
- 6. Schedule a final conference with each clinical supervisor.
- 7. Make sure all CALIPSO clinical hours are submitted.

#### Appendix H: GENERAL PRESCHOOL SETTING OPERATING PROCEDURES

- Preschool sessions typically take place in the preschool classroom. However, room
  assignments can be made for regular pull-out sessions or evaluations in the MSU Speech and
  Hearing Clinic as necessary.
- Clinicians must fill out confidentiality, background check information, CAN form, Volunteer training for the district and verification of a recent TB skin test at the beginning of the semester as required by the preschool office.
- When providing intervention in a preschool classroom, follow the established classroom rules.
- Notify the preschool teacher if you are removing a child from the classroom for any reason.
- You may access the child's permanent folder at each preschool site. These records may not be removed from the preschool.

#### FORMS FOR PRESCHOOL SITES

The Murray Independent School District contracts with the MSU Speech and Hearing Clinic to provide clinical services to four preschool centers: Murray Preschool Headstart located in Alexander Hall on the Murray State University Campus, Ruby Simpson Child Development Center located on the Murray State campus, Willis Early Childhood Center in the downtown Murray area, Judy Whitten Center on 4th Street and Murray Elementary School Preschool. Throughout the evaluation and intervention process, the district special education forms are used. The Kentucky Eligibility Guidelines – Revised (KEG-R) is used during the evaluation process. The complete KEG-R can be found on the Kentucky Department of Education Website.

#### **DIAGNOSTIC SERVICES AND PROCEDURES**

#### **Preschool Sites**

In addition to intervention sessions, students will have opportunities for ongoing screenings and evaluations. Supervision standards are identical to those of the MSU Speech & Hearing Clinic and in accordance with ASHA guidelines.

- Each semester, students will have opportunities to participate in speech/language screenings and hearing screenings.
- Students may also participate in the Response to Intervention (RTI) process.
- Students assigned to preschool practicum sites may participate individually or in teams
  to evaluate children transitioning to preschool from First Steps or children in the
  preschool referred for speech/language evaluations. Preschool evaluations typically
  include: standardized assessments, interviews with teachers or parents, and
  observations of children's communication skills in the classroom setting.
- Speech, language, voice, or fluency evaluations may be conducted. The Kentucky Eligibility Guidelines (KEG-R) forms must be used to document each preschool evaluation.

#### PRESCHOOL SITES PROCESS FOR COMPLETING CLINICAL ASSIGNMENTS

- 1. Submit progress reports on Talktrac by the designated date to your supervisor.
- 2. Distribute progress reports unless an ARC is scheduled.

- a. Place one copy for the preschool permanent folder (in the preschool office); clip the progress report behind the current IEP
- b. Send one copy home to the child's parents
- c. Graphs should be attached to all progress reports.
- 3. Schedule final conferences with each clinical supervisor.
- 4. Make sure all CALIPSO clinical hours are submitted.

# Appendix I: Forms for viewing

Clinic Informational Document for Clients (can mail or email to your clients if requested)





Speech and Hearing Clinic

125 Alexander Hall Murray KY 42071 Phone 270-809-2446 Fax 270-809-3963

#### **IEP**

If your child has an IEP, please mail or fax to our clinic office before the appointment.

#### **Waiting List:**

We typically have a waiting list for new speech/language evaluations and therapy. We serve clients during the fall (end of August through first week of December), spring (end of January through first week of May), and summer (month of June).

If you've called to schedule an evaluation, we will usually call you to schedule that evaluation at the beginning of the next semester. We do our best to get you help as soon as we can.

# **Clinic INFORMATION**

# **Parking FAQs:**

Who needs to register for parking? All visitors and clients (one-time, semester, or year-long) need to register to park at MSU to avoid a parking ticket.

How do I register? Visit

https://murraystate.nupark.com/portal/Account/Login?ReturnUrl=%2fportal (or just search murraystate.edu for visitor parking) to apply before your appointment. You no longer need to pick up a pass. If you don't pre-apply or don't have internet. you can apply directly at Campus Security at the corner of 16th & Chestnut.

Where can I park? There are some reserved spots in the lot attached to Alexander Hall. If those are full you may park in any lot/any color.

Visit our website for more information: <u>murraystate.edu/speechandhearingclinic</u>

Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities.



125 Alexander Hall, Murray KY 42071 Phone 270-809-2446 Fax 270-809-3963

#### You may now pre-apply to park online at

https://murraystate.nupark.com/portal/Account/Login?ReturnUrl=%2fportal. You no longer need to pick up a physical parking pass. If you don't have internet or forget to pre-register, you can visit campus security and fill out a form at the corner of 16th and Chestnut.

#### Coming into Murray from the North (Benton):

641 South turn Right onto KY-121/Mayfield connector Rd. At the second light turn left onto  $16^{\rm th}$  street. The next light is a 5-way stop (the intersection known as 5 Points). Go straight, Crossing Chestnut street continuing south on  $16^{\rm th}$  Street. Pass Calloway Avenue and turn into the  $2^{\rm nd}$  parking lot on the right.

#### Coming into Murray from the West (Mayfield):

KY 121 east Murray. Turn Right onto  $16^{\rm th}$  Street. (In the event of construction at 16th Street, proceed to 12th Street and take a right, then right at Chestnut, left onto 16th Street and turn right into Alexander Hall). The next light is a 5-way stop (the intersection known as 5 Points). Go straight, Crossing Chestnut street continuing south on  $16^{\rm th}$  Street. Pass Calloway Avenue and turn into the  $2^{\rm nd}$  parking lot on the right.

#### Coming into Murray from the South (Hazel/Puryear):

641 North to Main street/KY 94 turn left. Go to light at  $16^{th}$  street and turn right. Look for Alexander Hall on your left. Visitor Parking is at the north end of the building on your left.

#### Entering the Alexander Hall at the Clinic Entrance...

The Speech & Hearing Clinic is at 125 Alexander Hall. Alexander Hall is on South 16th street near the northwest corner of the MSU campus where  $16^{\rm th}$  Street intersects with Chestnut Street. From the parking area on the building's north side, you'll clearly see three entrances; two doors for classroom access near 12th street and an entrance with double doors. If you enter at the double door entrance you'll immediately see the Speech and Hearing Clinic's reception window.

Visitor Parking Permit—to avoid getting a parking ticket you must go to Murray State's Public Safety Office for a Visitor's Parking Permit. Public Safety (New red brick building) is located at the corner of North 16<sup>th</sup> and Chestnut Streets. They will want a valid driver's license, your license plate number, model and make of your vehicle and they will give you a tag to hang on your rear view mirror while you are on campus. With this parking permit you can park anywhere in the parking lot.

To get to our office from Campus Safety, take a left out of the parking lot, take a left onto Chestnut St, take a left at light onto 16th Street, and take a right into Alexander Hall parking.

### VARIABLE FEE SCHEDULE APPLICATION

Prepared by Client or Client's Parent/Guardian -- Information Will Be Kept Confidential

Updated Sliding Fee Scale 2014

| Family      | Members          |
|-------------|------------------|
| T COLUMN TO | 272 011 000 01 0 |

| Responsible Party (ie | s)   |
|-----------------------|--|
| Dependent(s)          |  |
|                       | income (based on previous year's tax return): \$  Rate % or (cross-reference chart below)  |
|                       | To the best of my knowledge, I certify that the above information is accurate. If my rate is 0% as determined by the scale below, I agree to pay \$1.00 per clinical session for any clinic service(s) rendered. |
|                       | Signature of Responsible Party   |

Guidelines provided by: http://chfs.ky.gov/m/mlonlynes/776a39fc-5018-45c1-h1c8-453437377776/0/wicincome 200910\_mlf

The following chart indicates fee percentages based on family size and income. It is used to determine fees to be charged for services rendered.

### Family Annual Income

| \$ From | 80,754 | 73,317 | 68,880 | 58,443 | 51,006 | 43,569 | 36,132 | 28,695 | 21,258 | 0      |
|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| \$ To   | 88,190 | 80,753 | 73,316 | 65,879 | 58,442 | 51,005 | 43,568 | 36,131 | 28,694 | 21,257 |

| 1  | 100% | 100% | 100% | 100% | 100% | 100% | 80% | 50% | 20% | \$1 |
|----|------|------|------|------|------|------|-----|-----|-----|-----|
| 2  | 100% | 100% | 100% | 100% | 100% | 60%  | 40% | 20% | \$1 | \$1 |
| 3  | 100% | 100% | 100% | 80%  | 60%  | 40%  | 20% | \$1 | \$1 | \$1 |
| 4  | 100% | 100% | 100% | 80%  | 50%  | 20%  | \$1 | \$1 | \$1 | \$1 |
| 5  | 100% | 100% | 80%  | 50%  | 20%  | \$1  | \$1 | \$1 | \$1 | \$1 |
| 6  | 100% | 80%  | 60%  | 40%  | \$1  | \$1  | \$1 | \$1 | \$1 | \$1 |
| 7  | 80%  | 60%  | 40%  | \$1  | \$1  | \$1  | \$1 | \$1 | \$1 | \$1 |
| 8  | 60%  | 40%  | \$1  | \$1  | \$1  | \$1  | \$1 | \$1 | \$1 | \$1 |
| 9  | 40%  | \$1  | \$1  | \$1  | \$1  | \$1  | \$1 | \$1 | \$1 | \$1 |
| 10 | \$1  | \$1  | \$1  | \$1  | \$1  | \$1  | \$1 | \$1 | \$1 | \$1 |

## MURRAY STATE UNIVERSITY SPEECH & HEARING CLINIC

### FEE SCHEDULE

### SPEECH / LANGUAGE

| Speech / Language Evaluation      |         | \$65.00 |
|-----------------------------------|---------|---------|
| Speech Therapy (60 minutes)       | 4 units | \$44.00 |
| Speech Therapy (45 minutes)       | 3 units | \$33.00 |
| Speech Therapy (30 minutes)       | 2 units | \$22.00 |
| Speech Therapy Group (15 minutes) | 1 unit  | \$14.00 |

### **AUDIOLOGY**

We regret that we are no longer offering audiological services outside of the schope of practice of Speech-Language Pathology. We are able to provide OAE screenings and pure-tone hearing screenings as part of a diagnostic evaluation.

<u>Minimum fee</u>: \$1.00 per service with approved sliding fee application

MSU faculty/staff/student: No charge for evaluations or therapy treatment

MSU faculty/staff/student dependents: No charge for evaluations or therapy treatment

## **MSU Speech and Hearing Clinic** Telephone Intake Form

| Date:   | Information taken by:  |                  |
|---|--|------------------|
| Caller's Name:  | Relationship to Client:  |                  |
| Client Name:  | DOB: Age: Gender:  | M / F            |
| Referred by:<br>Please ask for correct spelling o   | f all names. What is their pronoun? H  | e/She/They       |
| Concerns:   |  |                  |
| Does the client have trouble w Doesn't talk Speech sounds Vocabulary Reading/Literacy Putting sentences together Stuttering | <ul><li>☐ Voice</li><li>☐ Hearing</li><li>☐ Swallowing</li><li>☐ Food Aversion</li></ul>                             |                  |
| Has client been to the Clinic J   | previously? YES / NO Approximate year:   |                  |
| Is Client or family (circle) fac  | culty/staff/student (or dependent of) at MSU? YES / NO   |                  |
| Is client currently receiving s   | services? YES / NO Where?  |                  |
| If a child: Does the child  | l have an IEP? YES / NO  |                  |
| Do you know where the Clini   | ic is located? YES / NO  |                  |
| Would you like directio   | ns mailed / emailed? Email address:  |                  |
|   | so that we may send them an informational email about t<br>ling scale fee, parking pass, etc We can also mail throug |                  |
| Asked client for email addres   | ss to send them information: YES / NO  |                  |
| Inform client that we have a before their appointment beg   | sliding scale fee and that if they are at 0% they are expecigins.  Client has been informed: YES / NO                | ted to pay \$1   |
| Client/Parent Contact Inform  | mation   |                  |
| Responsible Party's Name:   |  |                  |
| Mailing Address:  |  |                  |
| Phone:  | Cell/Home/Work   | _ Cell/Home/Work |
| Preferred appointment times?  | ? AM or PM; Preferred day/s? M _ T _ W _ TH  | [F_              |
|   | d them of their appointment/leave message. Yes NO_<br>ss prior to appt. Advise them to search the MSU website f      |                  |

## MURRAY STATE UNIVERSITY SPEECH & HEARING CLINIC NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

### RE: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (KNOWN AS HIPAA)

I have received a copy of the Murray State University Speech & Hearing Clinic's *HIPAA Privacy Notice*.

I understand that MSU's Speech & Hearing Clinic has the right to change its *HIPAA Privacy Notice* from time to time and that I may contact the MSU Speech & Hearing Clinic at any time to obtain a copy of the current *HIPAA Privacy Notice*.

| Client Name (Print):                      |   |
|---|---|
| Your Name/Relationship to Client (print): |   |
| Signature:                                |   |
| Date:                                     |   |
|   | * * * *   |
| PLEASE PRINT.                             | OR OFFICE USE ONLY  |
|   | e with a copy of the <i>HIPAA Privacy Notice</i> and have attempted form, but was not able to for the following reason: |
| (Please document the reasons you were un  | able to obtain the signature.)  |
|   |   |
|   |   |
| Signature:                                | Date:   |

Center for Communication Disorders Murray State University 125 Alexander Hall \* Murray KY 42071 (270) 809-2446

### **AUTHORIZATION FOR SERVICES**

| By signing this authorization, I give my permission to the Murray State University (MSU) Speech  |
|--|
| and Hearing Clinic to evaluate and/or render services to:  |
| Client's Full Legal Name:  |
| Parent/Guardian (if client is a minor):  |
| Services include evaluation, treatment and other related activities. I understood that part  |
| or all of the services will be provided by students who are in training and that these students are  |
| supervised by professional MSU staff.  |
| I also give my permission for student observation and for the use of any video or audio-recorded   |
| data for research, student training or other related purposes by MSU faculty members. I understood   |
| that client information (name, contact information, etc.) will <u>not</u> be used in any way.  |
| <b>SIGNATURE REQUIRED</b><br>Client's Signature or signature of parent or legal guardian if client is under 18.                                  |
| Signature Relationship to client if under 18   |
| Beginning Date of Services   |
| Ending Date  |
| This permission will remain in effect for continuing services until the client is released from service or permission for services is withdrawn. |
| Adopted May 2009   |

Center for Communication Disorders Murray State University 125 Alexander Hall \* Murray, KY 42071 (270) 809-2446

### CLIENT INFORMATION & SLIDING FEE APPLICATION

Clinician and Client complete this during first visit and updates for data entry purposes

| Client Name:  | Home Phone:   |
|---|---|
| Date of Birth:  | Cell Phone:   |
| Home Address:   |   |
| Check service first provided:   | S/L Dx Audio Dx Aug. Dx                                 |
|   | Disorder Recommend (Tx, dismissedetc.)                  |
| IF CLIENT IS A MINOR, COMPL   | LETE THIS SECTION:                                      |
| Parent/Guardian Name:   | Parent/Guardian SS#:                                    |
| Employer  | School District   |
| <u>BILLING INFORMATION</u> (check   | cone):  |
| (1) Client's fee adjusted per atta  | ched income guidelines (See page two of this document): |
| <ul> <li>(2) Client's bill will be paid by:</li> <li>a. First Steps</li> <li>b. MSU Student, Faculty/St.</li> <li>c. Murray City School Cont</li> <li>d. Private (the client will pa</li> <li>e. Other</li> </ul> | ract  |
| (3) Client is a: a. MSU Studentb. MSU Student Dependentc. MSU Staff or Facultyd. MSU Staff or Faculty De  | t   |
| IN ATTENDANCE: (Clinician's   | s Full Name):   |
| CHECKED BY: (Clinical Superv  | risor):   |

Adopted May 2009

### VARIABLE FEE SCHEDULE APPLICATION

Prepared by Client or Client's Parent/Guardian -- Information Will Be Kept Confidential
Updated Sliding Fee Scale 2014

### Family Members

| Responsible Party ( | ies)  |
|---------------------|---|
| Dependent(s)        |   |
|                     | al income (based on previous year's tax return): \$   |
| Determine           | Rate% (cross-reference chart below)   |
|                     | To the best of my knowledge, I certify that the above information is accurate. If my rate is 0% as determined |
|                     | by the scale below, I agree to pay \$1.00 per clinical session for any clinic service(s) rendered.            |
|                     | Signature of Responsible Party  |
|                     | Date  |

Guidelines provided by: http://chfs.kv.gov/nr/rdonlwes/776a39fc-5018-45c1-b1c8-453437377776/0/wicincome200910.pdf

The following chart indicates fee percentages based on family size and income. It is used to determine fees to be charged for services rendered.

### Family Annual Income

 \$From
 80,754
 73,317
 68,880
 58,443
 51,006
 43,569
 36,132
 28,695
 21,258
 0

 \$To
 88,190
 80,753
 73,316
 65,879
 58,442
 51,005
 43,568
 36,131
 28,694
 21,257

| Hou: | sehold Si: | ze   |      |      |      |      |     |     |     |     |
|------|------------|------|------|------|------|------|-----|-----|-----|-----|
| ľ    | 100%       | 100% | 100% | 100% | 100% | 100% | 80% | 50% | 20% | 0%  |
| 2    | 100%       | 100% | 100% | 100% | 100% | 60%  | 40% | 20% | \$1 | \$1 |
| 3    | 100%       | 100% | 100% | 80%  | 60%  | 40%  | 20% | \$1 | \$1 | \$1 |
| 4    | 100%       | 100% | 100% | 80%  | 50%  | 20%  | \$1 | \$1 | \$1 | \$1 |
| 5    | 100%       | 100% | 80%  | 50%  | 20%  | \$1  | \$1 | \$1 | \$1 | \$1 |
| 6    | 100%       | 80%  | 60%  | 40%  | \$1  | \$1  | \$1 | \$1 | \$1 | \$1 |
| 7    | 80%        | 60%  | 40%  | \$1  | \$1  | \$1  | \$1 | \$1 | \$1 | \$1 |
| 8    | 60%        | 40%  | \$1  | \$1  | \$1  | \$1  | \$1 | \$1 | \$1 | \$1 |
| 9    | 40%        | \$1  | \$1  | \$1  | \$1  | \$1  | \$1 | \$1 | \$1 | \$1 |
| 10   | \$1        | \$1  | \$1  | \$1  | \$1  | \$1  | \$1 | \$1 | \$1 | \$1 |

Center for Communication Disorders
Murray State University
125 Alexander Hall \* Murray KY 42071
Phone: (270) 809-2446 Fax: 270-809-3963

### REQUEST FOR INFORMATION

| Request information from  | (Full Name of Ag                          | ency/Physician/Medical Ofj | Tice)                  | -   | =        |
|---|---|----------------------------|------------------------|---|----------|
| Address   | (Street)                                  |                            | _                      |   |          |
| -   | (City)                                    |                            | (State) (ZIP)          | _   |          |
|   |   |                            |                        | ganization to release to the training to treatment and/ |          |
| Parent/Guardıan (if clier   | nt is a minor):                           |                            |                        |   |          |
| NOTE: Specific informatCurrent IEPCurrent Speech LanguaAudiologic EvaluationPsychoeducational EvalOther | ge Evaluation<br>Report<br>luation Report | ts to be released in       |                        | ced below:  | <b>→</b> |
| SIGNATURE REQU<br>Client's Signature or signature   | IRED of parent or legal gr                | uardian if client is unde  | er 18.                 |   | 3        |
| Signature   |   |                            | Relationship to client | if under 18   |          |
| Date  |   |                            |                        |   |          |

Adopted May 2009

Center for Communication Disorders Murray State University 125 Alexander Hall \* Murray, KY 42071 (270) 809-2446

### PERMISSION TO RELEASE INFORMATION

| 641  |                       |                         |                    |     |
|--|-----------------------|-------------------------|--------------------|-----|
| Client Name:   |                       | a                       |                    |     |
| Client Date of Birth:  |                       |                         |                    |     |
| Parent/Guardian Name (i  | f client is a minor): |                         |                    |     |
| request and authorize that T   | he Speech and Heari   | g Clinic furnish CON    | IFIDENTIAL reports | to: |
| (Full Name of Agency or Physician)   |                       |                         |                    | _   |
| Address  | (Street)              |                         |                    |     |
|  | (Street)              |                         |                    |     |
| ×  | (City)                | (State)                 | (ZIP)              |     |
| a ir b b   |                       |                         |                    |     |
|  |                       |                         |                    |     |
|  |                       |                         |                    |     |
| Other  | <u> </u>              |                         |                    |     |
| Other  GNATURE REQUIREI ent's Signature or signature o                             | <u> </u>              |                         | 18.                |     |
| Speech Language Progress Re Other  GNATURE REQUIREI ent's Signature or signature o | <u> </u>              | lian if client is under | 18.                |     |

Adopted May 2009

### Murray State University Speech & Hearing Clinic Individual Treatment Plan

| Client: Date of Birth:     | File Number: Date of Plan:                |
|----------------------------|---|
| Parent(s) or Guardian(s):  | Supervisor: Clinician:                    |
| Summary of Present Status: | Semester Goals and Short Term Objectives: |
| A. Strengths:              |   |
|                            |   |
| B. Weaknesses:             |   |
| Prognosis:                 |   |
| Long Term Therapy Plan     |   |
|                            |   |
| A. Type of therapy:        | Summary of Semester Progress:             |
| B. Frequency:              |   |

Murray State University 125 Alexander Hall \* Murray, KY 42071 (270) 809-2446

### **DISPOSITION FORM**

| ClinicInformation:   |                 |
|--|-----------------|
| Client Name:   |                 |
| File Number:   |                 |
| Birthdate:   |                 |
| Address:   |                 |
| Phone Number:  |                 |
| Clinician:   |                 |
| Supervisor:  |                 |
| Communication Issue:   |                 |
| Disposition:  Unable to make contact  Declined Services  Dismiss   |                 |
| Dismiss & continue services at   | (school/agency) |
| Dismiss & re-evaluate in months Continue service at Clinic Fall Spring S times weekly and suggested days/times |                 |
| Clinician Signature  | _Date:          |
| Supervisor Signature   | _ Date:         |

## Survey of Initial Evaluation Please choose one of the following options:

|   | ☐ Audiology Evaluation (hearing test) |              |                |                 |                        |    |     |      |                      |     |        |
|---|---------------------------------------|--------------|----------------|-----------------|------------------------|----|-----|------|----------------------|-----|--------|
|   | ☐ Speech/Language Evaluation          |              |                |                 |                        |    |     |      |                      |     |        |
| Please o  | circle your re                        | esponse to   | the following  | ing and write   | e your comments in t   | he | spa | ice  | pı                   | rov | vided. |
|   | gly Agree<br>5                        | Agree<br>4   | Neutral 3      | Disagree 2      | Strongly Disagree 1    |    | No  | ot A | Ap <sub>1</sub><br>0 | pli | cable  |
| 1.  | Personnel in t                        | the clinic o | ffice were fri | iendly and co   | urteous.               | 5  | 4   | 3    | 2                    | 1   | 0      |
| 2.  | My appointm                           | ent for an e | evaluation w   | as scheduled    | in a timely manner.    | 5  | 4   | 3    | 2                    | 1   | 0      |
| 3.  | The fee sche                          | dule for ser | vices provid   | ed was fully    | explained.             | 5  | 4   | 3    | 2                    | 1   | 0      |
| 4.  | I was seen p                          | romptly at   | the time of r  | ny appointme    | ent.                   | 5  | 4   | 3    | 2                    | 1   | 0      |
| 5.  | Services were                         | e provided   | in a compete   | nt and consid   | erate manner.          | 5  | 4   | 3    | 2                    | 1   | 0      |
| 6. I was informed of what to expect during the evaluation. 5 4 3 2 1          |                                       |              |                |                 |                        | 0  |     |      |                      |     |        |
| 7. I was informed about how long my appointment would take. 5 4 3 2 1 0       |                                       |              |                |                 |                        | 0  |     |      |                      |     |        |
| 8.  | I was informe                         | ed about the | e evaluation   | results in tern | ns I could understand. | 5  | 4   | 3    | 2                    | 1   | 0      |
| 9. An explanation was provided for all forms I was asked to sign. 5 4 3 2 1 0 |                                       |              |                |                 |                        | 0  |     |      |                      |     |        |
| 10.   | I was not ask                         | ed to sign f | orms which     | were not com    | pletely filled in.     | 5  | 4   | 3    | 2                    | 1   | 0      |
| 11.   | In general, I v                       | was satisfie | d with the ev  | aluation serv   | ices provided.         | 5  | 4   | 3    | 2                    | 1   | 0.     |
| Commen  | ts:                                   |              |                |                 |                        |    |     |      | =                    |     |        |
| £   |                                       |              |                |                 |                        |    |     |      |                      |     |        |
|   |                                       |              |                |                 |                        |    |     |      |                      |     |        |

Please place in the drop box located at the clinic front window.

111011

### Survey of Speech/Language Service

Please circle your response to the following and write your comments in the space provided.

| Stro   | ongly Agree<br>5  | Agree<br>4   | Neutral 3      | Disagree<br>2  | Strongly Disagree 1   |   | Not | Ap<br>0 | pli | cable |
|--|---|--------------|----------------|----------------|-----------------------|---|-----|---------|-----|-------|
| 1.   | Personnel in  | the clinic   | office were f  | riendly and co | ourteous.             | 5 | 4 3 | 2       | 1   | 0     |
| 2.   | Therapy sess  | sions for th | erapy were s   | cheduled in a  | timely manner.        | 5 | 4 3 | 2       | 1   | 0     |
| 3. The fee schedule for services provided was fully explained. 5 4 3 2 1 |   |              |                |                |                       |   | 0   |         |     |       |
| 4.   | Therapy see   | ssions beg   | an promptly a  | at the time of | my appointment.       | 5 | 4 3 | 2       | 1   | 0     |
| 5.   | Services wer  | e provideo   | l in a compet  | ent and consid | lerate manner.        | 5 | 4 3 | 2       | 1   | 0     |
| 6.   | I was inform  | ed about t   | nerapy plans   | in terms I cou | ld understand         | 5 | 4 3 | 2       | 1   | 0     |
| 7.   | An explanati  | ion was pr   | ovided for all | forms I was a  | isked to sign.        | 5 | 4 3 | 2       | 1   | 0     |
| 8.   | 8. I was not asked to sign forms which were not completely filled in. 5 4 3 2 1 |              |                |                |                       |   | 0   |         |     |       |
| 9.   | In general, I   | was satisf   | ied with the s | peech/langua   | ge services provided. | 5 | 4 3 | 2       | 1   | 0 .   |
| Comm   | ents:   |              |                |                |                       |   |     |         |     |       |

Please place in the drop box located at the clinic front window.



### **Graduate Student Intervention Plan**

| Student Name:   | Semester:           |      |
|---|---------------------|------|
| Course/Clinical or Learning Experience:                 |                     |      |
| Instructor's Name:                                      |                     |      |
| Learning outcome(s) not met:                            |                     |      |
|   |                     |      |
|   |                     |      |
|   |                     |      |
| Remediation Objective(s):                               |                     |      |
|   |                     |      |
|   |                     |      |
|   |                     |      |
| Remediation Activities:                                 |                     |      |
| Upon completion of their study they will sul            | omit the following: |      |
|   |                     |      |
|   |                     |      |
| Date to be completed by:                                |                     |      |
| I agree to complete the activities to meet the learning |                     | ate. |
| Course/ Clinic Instructor Signature                     |                     |      |
| Student Signature                                       | Date:               |      |
| Date completed by:                                      |                     |      |
| Course/ Clinic Instructor Signature                     |                     |      |

### Speech Language Pathology Practicum Intervention/Intervention Policy

When a clinical supervisor identifies a graduate student who is experiencing significant difficulties in clinical practicum a clinical Intervention plan will be developed. The Intervention plan is a written document that includes: a description of the difficulties being experienced, specific objectives that need to be met, and mechanisms for assisting the student achieve the objectives. The nature of the clinic Intervention plan is individually determined and defined by the clinical difficulties identified by the clinical supervisor(s). The plan may focus intensively on one aspect of clinical work, or may be more general focusing on a broad set of concerns. The Intervention plan may focus on: meeting clinical competencies, self-evaluation skills, professional expectations, interpersonal skills, integration of academic information into clinical practice, or other pertinent concerns.

Concerns regarding performance in clinical practicum will be initiated by clinical supervisor(s) before the midterm grading period and reported to the Graduate Coordinator and the Clinic Coordinator. A meeting will be scheduled including the graduate student, clinical supervisor(s), the Graduate Coordinator and the Clinic Coordinator. The student's academic advisor may be involved in the Intervention process or will be kept informed of the student's progress. The Clinical Support Committee will develop a plan to address clinical concerns. The "Practicum Intervention/Action Plan" will be used to document the committee's decisions. The Clinical Support Committee will meet at the end of the semester to discuss clinical progress and make recommendations. Decisions regarding upcoming required clinical experiences will be made following successful completion of the Intervention plan.

## Speech Language Pathology Intervention/Action Plan

| Graduate Student:  | Semester:                               |
|--|---|
| Clinical Supervisor:   | Date:                                   |
| Practicum Experience: CDI-   |   |
| Additional Clinical Support Committee Members:   |   |
|  |   |
| Description of significant difficulties in clinical practic  | um assignment:                          |
| Reason for referral: The clinical support committee was initiperformance during theclinical sessions. Co Calipso over the spring and summer semesters include: | · · · · · · · · · · · · · · · · · · ·   |
| Notes on Calipso Evaluation and/or other documentation:  |   |
|  |   |
| Notes During the meeting:  |   |
|  |   |
| Student reflection:  |   |
|  |   |
| <u>Summary:</u> (summarize and identify action plan)   |   |
| The following areas have been identified for Intervention:   |   |
| Plan of Action: (Specific objectives, Intervention activities,   | assistance needed)                      |
|  |   |
|  |   |
| will oversee this Intervention. Progress   | on Intervention will be reported in the |
| form of oral and written documentation. The committee wil review progress and discuss any future needs.  | I meet again onto                       |
| Student:   | Date:                                   |
| Supervisor:  | Date:                                   |
| Intervention Committee Members:  | Date:                                   |

### HIPAA PRIVACY NOTICE FOR HEALTH CARE PROVIDERS

## This notice describes how medical information about you may be Used and Disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH Act) imposes numerous requirements on Health Care Providers concerning the Use and Disclosure of your individual health information. This information is known as Protected Health Information (PHI) (and includes Genetic Information) and includes information whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the Health Care Provider listed here: Murray State University Speech and Hearing Clinic

## The Health Care Provider's duties with respect to health information about you

The Health Care Provider is required by law to maintain the privacy of your health information and to provide you with this notice of the Health Care Provider's legal duties and privacy practices with respect to your health information and to inform you about:

- The Health Care Provider's practices regarding the Use and Disclosure of your PHI;
- Your rights with respect to your PHI;
- The Health Care Provider's duties with respect to your PHI;
- Your right to file a complaint about the Use of your PHI;
- A breach of your unsecured PHI; and
- Whom you may contact for additional information about the Health Care Provider's privacy practices.

It's important to note that these rules apply to the Health Care Provider in that capacity, not to Murray State University as an employer — that's the way the HIPAA rules work. Different policies may apply to other Murray State University programs or to data unrelated to the activities of the Health Care Provider.

# How the Health Care Provider may Use or Disclose your health information The privacy rules generally allow the Use and Disclosure of your health information without your permission (known as an authorization) for purposes of health care Treatment, Payment activities, and Health Care Operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one (1) or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Health Care Provider may share health information about you with physicians who are treating you.*
- Payment includes activities by health plans and providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. For example, the Health Care Provider may share information about your coverage or the expenses you have incurred with a health plan in order to coordinate payment of benefits.
- **Health care operations** include activities by a health plan and/or provider and may include such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. For example, the Health Care Provider may Use medical information to review its treatment and services and evaluate performance of services rendered to you.
- The amount of health information Used or Disclosed will be limited to the "Minimum Necessary" for these purposes, as defined under the HIPAA rules. Information not required for the task will not be Used or Disclosed. The Health Care Provider may also contact you to provide appointment

reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

## How the Health Care Provider may share your health information with Murray State University

The Health Care Provider may Disclose your health information without your written authorization to Murray State University employees for administration purposes. Murray State University agrees not to Use or Disclose your health information other than as permitted or required by law. Employees of the Office of Vice President for Finance and Administrative Services, Office of General Counsel, Information Systems and Office of Internal Auditor, along with those who work within the Department of the Health Care Provider are the only Murray State University employees who will have access to your health information for such functions.

In addition, you should know that Murray State University cannot and will not Use health information obtained from the Health Care Provider for any employment-related actions. However, health information collected by Murray State University from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

### Other allowable Uses or Disclosures of your health information

Generally, the Health Care Provider may Disclose your PHI without authorization to a family member, close friend, or other person you have identified as being involved in your health care or payment for your care. In the case of an emergency, information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these Disclosures (although exceptions may be made, for example if you're not present or if you're incapacitated). In addition, your health information may be Disclosed without authorization to your legal representative.

The Health Care Provider is also allowed to Use or Disclose your health information without your written authorization for the following activities:

| Workers'             | Disclosures to workers' compensation or similar legal programs that provide          |
|----------------------|--|
| compensation         | benefits for work-related injuries or illness without regard to fault, as authorized |
| Compensation         | by and necessary to comply with such laws  |
| Necessary to         | Disclosures made in the good-faith belief that releasing your health information     |
| prevent serious      | is necessary to prevent or lessen a serious and imminent threat to public or         |
| _ ÷                  | · · ·  |
| threat to health or  | personal health or safety, if made to someone reasonably able to prevent or          |
| safety               | lessen the threat (including Disclosures to the target of the threat); includes      |
|                      | Disclosures to assist law enforcement officials in identifying or apprehending an    |
|                      | individual because the individual has made a statement admitting participation in    |
|                      | a violent crime that the Health Care Provider reasonably believes may have           |
|                      | caused serious physical harm to a victim, or where it appears the individual has     |
|                      | escaped from prison or from lawful custody   |
| Public health        | Disclosures authorized by law to persons who may be at risk of contracting or        |
| activities           | spreading a disease or condition; Disclosures to public health authorities to        |
|                      | prevent or control disease or report child abuse or neglect; and Disclosures to the  |
|                      | Food and Drug Administration to collect or report adverse events or product          |
|                      | defects; or to notify individuals of recalls of medication or products they may be   |
|                      | using  |
| Victims of abuse,    | Disclosures to government authorities, including social services or protected        |
| neglect, or domestic | services agencies authorized by law to receive reports of abuse, neglect, or         |
| violence             | domestic violence, as required by law  |
| Judicial and         | Disclosures in response to a court or administrative order, subpoena, discovery      |
| administrative       | request, or other lawful process (the Health Care Provider may be required to        |
| proceedings          | notify you of the request, or receive satisfactory assurance from the party          |
| procedings           | seeking your health information that efforts were made to notify you or to obtain    |
|                      | a qualified protective order concerning the information)                             |
| Law enforcement      | Disclosures to law enforcement officials required by law or pursuant to legal        |
|                      | process for law enforcement purposes   |
| purposes             |  |
| Decedents            | Disclosures to a coroner or medical examiner to identify the deceased or             |

|                                  | determine cause of death; and to funeral directors to carry out their duties  |
|----------------------------------|---|
| Organ, eye, or tissue donation   | Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death   |
| Research purposes                | Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project |
| Health oversight activities      | Disclosures to comply with health care system oversight such as audits, inspections, investigations, or licensing actions and activities related to the health care provision or public benefits or services  |
| Specialized government functions | Disclosures to facilitate specified government function related to the military and veterans, national security or intelligence activities; Disclosures to correctional facilities about inmates  |
| HHS investigations               | Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Health Care Provider's compliance with the HIPAA privacy rule   |

Except as described in this notice or as may be allowed by law, other Uses and Disclosures of PHI, such as marketing purposes, Use of Psychotherapy Notes, and Disclosures that constitute the sale of PHI will be made only with your written authorization. You may revoke your authorization by written notice of such revocation as allowed under the HIPAA rules. However, you can't revoke your authorization if the Health Care Provider has taken action relying on it. In other words, you can't revoke your authorization with respect to Disclosures the Health Care Provider has already made.

### Your individual rights

You have the following rights with respect to your health information the Health Care Provider maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right

## Right to request restrictions on certain Uses and Disclosures of your health information and the Health Care Provider's right to refuse

You have the right to request a restriction or limitation on the Health Care Provider's Use or Disclosure of your health information. For example, you have the right to ask the Health Care Provider to restrict the Use and Disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Health Care Provider to restrict Use and Disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form.

The Health Care Provider is not required to agree to a requested restriction. And if the Health Care Provider does agree, a restriction may later be terminated by your written request, by agreement between you and the Health Care Provider (including an oral agreement), or unilaterally by the Health Care Provider for health information created or received after you're notified that the Health Care Provider has removed the restriction. The Health Care Provider may also Disclose health information about you if you need emergency treatment, even if the Health Care Provider has agreed to a restriction. You also have the right to request that the Health Care Provider not Disclose PHI to a health plan for the purpose of carrying out payment or health care operations if such Disclosure is not otherwise required by law and the PHI pertains solely to a health care item or service for which you or someone on your behalf (other than a health plan) has paid the Health Care Provider in full. In such event, the Health Care Provider must agree to abide by your request.

### Right to receive confidential communications of your health information

If you think that Disclosure of your health information by the usual means could endanger you in some way, the Health Care Provider will accommodate reasonable requests to receive communications of health information from the Health Care Provider by alternative means or at alternative locations. For example, you may request that the Health Care Provider only contact you at work and not at home. If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form and you must include a statement that Disclosure of all or part of the information could endanger you.

### Right to inspect and copy your health information

With certain exceptions, you have the right to inspect and obtain a copy of your health information that the Health Care Provider maintains in a Designated Record Set or direct that they be provided to a third party. This may include medical and billing records maintained for a Health Care Provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by the Health Care Provider; or a group of records the Health Care Provider Uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of Psychotherapy Notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Health Care Provider may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form. Within 30 days of receipt of your request, the Health Care Provider will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no\_more than 30 more days, along with the reasons for the delay and the date by which the Health Care Provider expects to address your request.

The Health Care Provider may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Health Care Provider also may charge reasonable fees for copies or postage as may be allowed by law. If the Health Care Provider doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request. You have the right to request a copy of such records in a specified form and format, and the Health Care Provider will provide same if they are readily producible in such form and format; and, if not, they will be provided in a mutually agreeable manner.

### Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Health Care Provider amend your health information if you believe that the information the Health Care Provider has about you is incomplete or incorrect. The Health Care Provider may deny your request for a number of reasons. If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form, and you must include a statement to support the requested amendment. The Health Care Provider will notify you of its decision to grant or deny your request. Within 60 days of your request, the Health Care Provider will:

- Make the Amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Health Care Provider expects to address your request.

### Right to receive an accounting of Disclosures of your health information

You have the right to a list of certain Disclosures the Health Care Provider has made of your health

information (including PHI maintained electronically and Electronic Health Records if maintained by the Health Care Provider). This is often referred to as an "accounting of Disclosures." The accounting will not include: (1) Disclosures made for purposes of Treatment, Payment or Health Care Operations (unless the records are Electronic Health Records); (2) Disclosures made to you; (3) Disclosures made pursuant to your authorization; (4) Disclosures made to friends or family in your presence or because of an emergency; (5) Disclosures for national security/law enforcement purposes; (6) Disclosures as part of a limited data set; (7) Disclosures occurring prior to the compliance date; and (8) Disclosures incident to other permissible Disclosures.

You may receive information on Disclosures of your health information going back for six (6) years from the date of your request, but not earlier than the date upon which the Health Care Provider became a Covered Entity subject to the HIPAA privacy rules.

You may make one (1) request in any 12-month period at no cost to you, but the Health Care Provider may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

### Right to access/copy of electronic records

You have the right to access and request a copy of your health information which is maintained electronically in one or more designated record sets or you may request that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.

### Right to obtain a paper copy of this notice from the Health Care Provider upon request

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

To contact someone to exercise your rights as listed above, you may contact the Secretary of the Department wherein the Health Care Provider is located, same being:

Individual/Phone No. Clinic secretary / 270/809-2446

Address: 125 Alexander Hall, Murray, Kentucky 42071

### Changes to the information in this notice

The Health Care Provider must abide by the terms of the Privacy Notice currently in effect. This notice takes effect on September 23, 2013. However, the Health Care Provider reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Health Care Provider maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. Before we make a significant change in our policies, we will change our notice and post the new notice in the Clinic and on our website at <a href="http://www.murraystate.edu/SpeechandHearingClinic">http://www.murraystate.edu/SpeechandHearingClinic</a>

### **Complaints**

If you believe your privacy rights have been violated, you may complain to the Health Care Provider and to the regional office for Civil Rights of the United State Department of Health and Human Services. Information on how to file a complaint is available on the Department of Health and Human Services website at <a href="www.hhs.gov/ocr/hipaa/">www.hhs.gov/ocr/hipaa/</a>. You won't be retaliated against for filing a complaint. To file a complaint with the Health Care Provider, contact the Complaint Manager, Clinic Director, same being:

Name/Phone No. Dr. Stephanie Schaaf / 270/809-3783

Address: 111 Alexander Hall, Murray, Kentucky 42071

You will be provided with a HIPAA complaint form to be completed, signed by you, and returned to the Complaint Manager.

For more information on the Health Care Provider's privacy policies or your rights under HIPAA, contact the HIPAA Privacy Official, Murray State University, 100 Pogue Library, Murray, Kentucky 42071; 270/809-3399.

### **Appendix J: Student Clinical Offsite Placement Agreement**

### **Student Clinical Offsite Placement Agreement**

Please review this clinical placement agreement thoroughly. Once you have reviewed all terms of the agreement, you will sign and date the document. By signing the document, you are acknowledging that you understand the information presented and agree to meet the expectations required for offsite clinical placements.

Even though assignments are planned and arranged carefully with communication between supervisors, facilities, and the clinic director; placements assigned in advance can in no way be absolutely guaranteed. Clinical assignments frequently change due to external factors such as facilities being bought out, a facility choosing to terminate a contract, supervisors changing positions, or personal factors that prevent supervisors from accepting students as planned. In these situations, please know that the clinic director will work with you to secure an alternate placement.

### Prior to the start of offsite placements

- Students are responsible for meeting offsite placement requirements 4 to 5 weeks in advance. All documents must be submitted to the MSU Speech and Hearing Clinic office; however, some offsite facilities require that the documents are also submitted directly to them in addition to being on file in the MSU Speech and Hearing clinic. Once you communicate with your supervisor or facility contact, they will let you know if you need to submit documentation directly to the facility. Just be aware of this possibility and maintain copies. If you do not submit the requested documentation within the specified timeframe or if you are missing any requirements, your placement start date may be delayed.
- Students are responsible for contacting offsite supervisors approximately 2-3 weeks before your
  placement is scheduled to begin, unless it is a school placement and you will need to contact
  supervisors/sites sooner for background check completion.
- When contacting supervisors, students should ask immediately for preferred method of communication (call, email, text). Always be mindful of HIPAA regulations when corresponding with supervisors.
- Students should carefully review dates of offsite placements. When completing offsite
  placements, students may be required to follow a schedule that differs from the Murray State
  University calendar. For example, spring break for students completing two placements in the
  spring will be taken between those placements and not during the scheduled spring break for
  Murray State University.

### **Maintain Ethical and Professional Behavior**

Many aspects of professionalism are covered within the clinic handbook and dictated by ASHA standards. Students should maintain the highest levels of ethical behavior and professionalism. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.

The following elaborates on specific areas of attendance, communication, and independence:

- Attendance: Attendance at clinical placements is mandatory and necessary for students to gain clinical competencies. Attendance requirements are not impacted by the amount of clinical hours a student needs. Clinical placements are an academic course and attendance could impact grading.
  - As the handbook states, in your final semester you are allowed two days for professional interviews.
  - During a single eight-week placement, if a student is absent for more than two days without a university approved excuse, they will be required to make up missed clinical time and their grade will be lowered one letter grade. Make-up time can be completed on campus or within a facility as arranged.
  - o If a significant number of absences occur, it will result in an incomplete grade assignment for a student until experience is made up and clinical competencies can be demonstrated. Again, even if the student has acquired 400 clock hours, make-up time will still be required as ASHA and the accredited program expect competencies to be met and that will not be possible without sufficient breadth and depth of experience.
  - When absent from an offsite placement, it is Clinic policy that you notify your offsite supervisor as well as the clinic director immediately. Notification of absence is required for all hours missed, including taking half a day for an appointment or taking one of the approved excused interview days.

### Communication:

- Communicate professionally in all contexts: Maintain professional tone and content throughout correspondences
- Students are responsible for clearly communicating with supervisors regarding academic schedules/class times so that schedules can be arranged accordingly.
- Immediately discuss expectations of your placement with your supervisor. Expectations
  might include but are not limited to the daily schedule, hours per week, level of
  independence and goals for the placement as a whole.
- Communicate early and often with supervisors and with the clinic director.

### • Independence and initiative:

- The field of Speech-Language Pathology is broad, and even as licensed professionals, we act independently in areas we are appropriately trained in, and we need support and peer supervision with areas we are still developing. Students should emulate this in their placements and take initiative demonstrating independence when appropriate.
- Demonstrate initiative and work to gain independence at every placement

### **Grading Procedures**

- Grades assigned in Calipso: Your offsite supervisors will use Calipso to provide feedback
  during your placement. Calipso automatically assigns a grade; however, offsite supervisors are
  not responsible for final grades. Many facilities specifically request that the supervisors are not
  responsible for providing grades at the end of a placement. This request can be found in the
  signed contracts for the placement and must be upheld.
  - The feedback provided by the offsite supervisor is heavily weighted. However, if there
    are significant concerns reported to the assigned faculty supervisor in clinical

competencies or professional behavior standards, a grade will be adjusted as appropriate based on Murray State's faculty discretion. Grades assigned will not always be the same grade as generated by Calipso. Calipso's rating system is not weighted appropriately for the level of expectations (in skill and professionalism) that second year offsite students should demonstrate.

- Conversely, as a student, if you feel that you have been unfairly evaluated or have concerns about the information presented by your offsite supervisor, please contact the clinic director immediately to discuss those concerns.
- Any grade below a B, or consistent ratings of 2 or below in Calipso during your offsite
  placements could be grounds for repeating or extending a clinical assignment, which may delay
  graduation in some situations.

### **Removal from Placement**

- Faculty will remove any students from their placement who are not maintaining professionalism and demonstrating an appropriate level of clinical performance and knowledge.
- Every facility, as stated in their offsite placement contractual agreement, reserves the right to terminate a student placement if their terms of agreement have not been met or if a violation has occurred.

### Clinical Clockhours and Clinical Competencies

Every student must complete a minimum of 400 clinical hours in order to meet standards for graduation, certification, and licensure as a speech-language pathologist. However, clinical hours are not equivalent to clinical competency and every student must also demonstrate clinical competency in the areas identified by ASHA in the 2020 standards.

- Students are responsible for tracking clinical hours and maintaining proper documentation of clinical hours individually as well as through Calipso.
- Hours should be entered into Calipso and submitted to supervisors as requested (weekly, bi-weekly, monthly). Hours that are not submitted and approved on appropriate timelines are at risk for not being approved.

### Providing Appropriate Learning Environment for Students

- All supervisors will meet the ASHA guidelines and requirements for supervision.
- Students should be able to demonstrate initiative and significant levels of independence while in their 8-week placements; however, they are not employees of the facility and should work under the guidance of a supervisor.
- Students cannot receive payment during their offsite placements since they are not employees.
- Students should report any concerns regarding their offsite placement immediately to the clinic director.
- Students are encouraged to complete supervisor evaluations at the end of their placement in Calipso.

| Student Printed Name | Student Signature |
|----------------------|-------------------|
| Date                 |                   |