

**Speech and Hearing
Graduate Student Clinician
Clinic Manual
Speech and Hearing
Sciences
West Texas A&M
University
2026-2028**

Students should easily be able to access the following documents:

1.Clinic Manual

2.Important Copies

1.CPR certification

2.Certificates of Completion for online trainings (HIPAA, Hep B, etc.)

3.TB skin test

4.Immunization records

5.Undergraduate Observation Hours

3.Clinical Hours

2026-2028
Graduate Clinic Manual
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GENERAL POLICIES REGARDING CLINICAL TRAINING

The department chair and coordinators of the department are to determine, manage, and direct procedures which will guarantee that graduates acquire the correct allocation of supervised clinical practicum hours as well as the clinical competencies mandatory for certification and licensure in Speech-Language Pathology. In addition, the department chair and coordinators are also responsible for determining and managing procedures that require students to obtain **25** hours of clinical observation before they enroll in clinical practicum. All students are educated of the affirmed procedures and assume the responsibility for documenting and retaining copies of all clinical observation and clinical practicum hours.

A. Observation Requirements

*In keeping with ASHA certification guidelines, the West Texas A&M University Speech and Hearing Sciences Program (WT-SHSP) requires that **25** hours of clinical observation be obtained before students will be allowed to enroll in graduate clinical practicum coursework during which direct client contact hours may be earned. Observation hours will be obtained as part of course requirements for the following undergraduate courses: SHS 4374 or SHS 4398*

Only guided observations with an Audiologist or clinical instructor who meets the ASHA standard (CCC-SLP, 2 hrs. of continuing ed in supervision/clinical instruction post certification) will be accepted.

Students may also observe at external affiliated facilities. *All external* observations must be pre-arranged and approved by the clinical coordinator or program director.

Observation hours from other university programs will be accepted, documented, and approved.

B. Undergraduate Clinical Practicum

1. The program will determine annually if there is an opportunity for undergraduate students to be placed in senior clinic (SHS 4398). They will then be paired with a clinical instructor/supervisor.
2. In keeping with ASHA certification guidelines, WT-SHSP will accept no more than 50 hours of undergraduate clinical practicum from an ASHA accredited university. These hours should include the following required information:
 - *Facility in which therapy hours were obtained*
 - *Type of disorder (e.g., language, speech, swallowing)*
 - *Type of session – Treatment or Evaluation*
 - *Age group of client*
 - *Signature of supervising SLP*

C. Graduate Clinical Practicum

1. **Coursework:** Graduate students obtain clinical experiences through SHS 6398 (Application of Clinical Principles), SHS 6399 and SHS 6699 (Advanced Application of Clinical Principles). SHS 6398 is designed for internship (under the direct instruction/supervision of individuals who understand and uphold WTAMU clinic's standards and are in frequent communication with the clinical coordinator and program director). SHS 6399 and 6699 are designed for externship (under the direct clinical instruction of approved clinical instructors from current WT-SHSP affiliated facilities). All graduate students pursuing clinical clock hours must be enrolled in SHS 6398, SHS 6399, or SHS 6699. These courses require instructor approval before enrolling. SHS 6398, 6399 and 6699 courses include clinical practicum experience and formal class meetings and/or assignments.
2. **Practicum:** *There are 5 clinical levels of practicum: Intern I, Intern II, Intern III, Extern I, and Extern II.* Graduate student clinicians start their first practicum semester at the Intern I level. The student is evaluated at midterm and at the end of the semester based on competencies and standards in accordance with ASHA certification guidelines. Based on the student's performance and development of the clinical skills and competencies, a decision is made to advance student's level of practicum for the next semester by the current clinical instructor and the clinical coordinator.

Internship- Graduate students (Intern I, Intern II, and Intern III) will obtain clock hours through the WT Speech and Hearing Clinic or through closely affiliated clinic site *staffed by WT-SHSP clinical instructors and professional partners who uphold the guidelines outlined by WT-SHSP and working closely with the clinical coordinator.* During SHS 6398 practicum, clinical competencies related to ASHA *Knowledge and Skills Assessment standards* are acquired.

Once a graduate student clinician reaches the level of Extern I, the clinical coordinator will *assign students* to external clinic placements where the student will obtain the clock hours and *ASHA-KASA related* clinical experiences and competencies. Students must enroll in SHS 6399 and SHS6699 (with instructor approval) to participate in clinic at external placement sites.

Externships are completed only at facilities which have a current and valid Affiliation Agreement with WTAMU-SHSP. Externship student clinicians (Extern I and Extern II) contract with the externship clinical instructor(s) to obtain a minimum of 50 clock hours during the semester. Externship clinical instructors agree to follow ASHA and WT-SHSP Guidelines for Clinical Instruction; they must be (1) licensed by the state (if applicable), (2) ASHA certified with completion of a minimum of 9 months of full-time clinical experience (or its part-time equivalent) post certification, and (3) have completed a minimum of 2 hours of professional development in clinical instruction/supervision.

D. Clinical Grading Policies:

1. **Performance Evaluations:** Clinical instructors are expected to communicate with student clinicians routinely regarding clinical skills. Using the CALIPSO Performance Rating Scale, formal summative feedback is provided at midterm and at the end of the semester.

Personal and medical issues that affect performance:

If there is a personal or medical issue that can affect performance, it is the responsibility of the student to reach out to the Office of Student Accessibility to determine if related accommodations are necessary for clinical practicum.

2. ***Clinic Review Meetings:*** A Clinic Review meeting is held for each student before the completion of each semester. Along with the student and assigned clinical instructor/supervisor(s), participants at this meeting can include the Clinical Coordinator and/or Program Director. A self-evaluation will be completed by each student acknowledging their areas of strength and needs for improvement. During the meeting additional strengths and goals for improvement may be added by all meeting participants. The *Performance Evaluation* is digitally signed in CALIPSO by both the student clinician and clinical instructor.

Each clinical instructor/supervisor will review each graduate student clinician at mid-semester to determine if the student is at risk for course incompleteness based on the following areas: (a.) CALIPSO skill rating, (b.) attendance, (c.) writing, (d.) interpersonal skills, (e.) professionalism, (f.) other

If a student is determined to be at risk, the clinical instructor/supervisor will schedule a meeting with the student to present recommendations and plan of action. This will be documented on the *Student Clinic Review Mid-Semester* form and signed by the student and the clinical instructor; it will be documented in the student's record.

At the conclusion of the semester, the *Student Clinic Review End of Semester* form will be used to recommend and document the student's action plan or remediation plan. It will be signed by the student and the clinical instructor and documented in the student's record.

3. ***Grade Assignment:*** In keeping with ASHA-KASA standards, descriptions of required clinical competency achievements for graduate students in SHS 6398, 6399, and 6699 change with each succeeding semester. Performance evaluations will be based on acquisition of new competency levels as well as maintenance of previous levels. Achievement of goal performance standards and competencies is the basis of grading. Grade assignments are "Satisfactory" or "Fail" based on student's achievement of the passing scores on the final Performance Evaluation (see CALIPSO Performance Rating Scale). A "Fail" in clinical practicum could result in postponement /termination of additional clinical practicum experiences.

A grade of "C" or below in academic courses is not an acceptable performance for a graduate student. Such performance will result in postponement of clinical practicum experiences. Under extenuating circumstances, a student may contract for a grade of "I" (incomplete) and continue in clinical practicum. This is assigned only in accordance with university policy and approval by the Program Director and Clinical Coordinator.

E. Professional Behavior:

1. Conflict Resolution

Conflicts may arise for a variety of reasons including differing expectations between supervisor/instructor and student, lack of communication, misunderstanding of procedures, different personality types, etc. Bad feelings between members of the community can be detrimental to the entire community.

When you feel that a person has wronged you, talk to the person. Using the guidelines below, explain your feelings and try to work out a mutually beneficial outcome.

Do not take the problem to a higher level unless you have talked to the people directly involved and cannot work out a compromise.

The following guidelines were authored by Mediate.com and can serve as important steps for constructively mediating conflict:

- a. Ask yourself what it is you don't know yet.** Keep in mind that you don't know what story is foremost in other persons mind. Each individual has his or her own story about what is important and why. Insight into these different stories can make a great difference for how you and other people handle the conflict. Approach these situations with an intention to understand more about what is going on. Ask open-ended questions and/or questions that help you to understand the background of the conflict better. People's images of what is significant in specific situations are important reasons for their actions. These images can change, thereby changing the parties' attitudes and actions. Remember also to remain open to learning new things about yourself and how other people perceive you. Maybe other parties feel that you have contributed more to the problems than you are aware of.
- b. Make a distinction between the problem and the person.** Formulate the conflict issues as shared problems that you have to solve cooperatively. Abstain from blaming and voicing negative opinions about others. State clearly what you feel and want and invite your counterpart to help in finding solutions. Opinions and emotions should be expressed in ways that facilitate the process of achieving satisfying outcomes. Keep in mind that there is always some kind of positive intention behind people's actions, even if unskillfully expressed.
- c. Be clear, straightforward and concrete in your communication.** State clearly what you have seen, heard, and experienced that influenced your views in the matter at hand. Tell the other person what is important to you, why you find it important, what you feel and what you hope for. Express your own emotions and frustrated needs in clear and concrete words. Ask for the counterpart's fears and needs in a way that conveys that you care about them.
- d. Maintain the contact with your counterpart.** Breaking off the contact with the counterpart in a conflict often leads to a rapid conflict escalation. Do what you can to keep the communication going. Work to improve your relationship even if there are conflict issues that seem impossible to resolve. Offer to do something small that meets one of your counterpart's wishes and suggest small things your counterpart can do to meet your own needs and wishes. Even if marginal, such acts can strengthen the hope that it will be possible to change the nature of the relationship in a positive direction.
- e. Look for the needs and interests that lie behind concrete positions.** Bargaining about positions often leads to stalemates or unsatisfying solutions. Inquire into what needs and interests would be satisfied by certain concrete demands and explore if there are alternative and

mutually acceptable ways of satisfying those needs and interests. Regard blaming, accusations, and negative opinions as unskillful ways of expressing emotions. Show understanding for the feelings of the other party without letting yourself be provoked by their attacks. Inquire into what is really important and significant for yourself and keep those values and needs in mind during the course of the conflict.

- f. Make it easy for your counterpart to be constructive.** Avoid triggering the defensiveness of your counterpart by blaming, accusing, criticizing, and diagnosing. Extend appreciation and respect for the counterpart where you can do so sincerely. Show your counterpart that you care about the issues and needs that are important to him or her. Take responsibility for your own contributions to the conflict events.
- g. Develop your ability to look at the conflict from the outside.** Review the conflict history in its entirety. Notice what kinds of actions influence the tensions of the conflict in positive and negative directions. Take care to develop your awareness of how you can influence the further course of events in the conflict in a constructive direction. Test your own image of what is going on by talking with impartial persons. Assume responsibility for what happens. Take on problems you see as early as possible, before they have a chance to develop into major conflict issues.

2. Respect

Therapy sessions should be conducted with respect and professional behavior regardless of the age or diagnosis of the client. You should be prepared for the session with your area clean and neat. If not being utilized in therapy, phones should be put away out of sight. Water bottles, coffee cups, food, etc. should be out of the immediate area where you will be interacting with the client.

Everyone has duties that must be completed within a given time frame. Be respectful of each other's time. You may have time to talk, but another person may need to be getting ready for a client. Don't make it difficult for others to do their job.

Clinical instructors/supervisors have many tasks that must be completed in a timely manner. While talking to students is important, it is not their only duty. Be respectful of your instructor's time and contact him/her for an appointment when needed. Be mindful of contacting after hours unless there is an emergency.

3. Social Media

Social media is a huge part of people's lives. The improper use of these sites can cause irreparable damage to a person's professional reputation; remember that anything posted on the internet can be there forever and can be seen by anyone, including clients/patients and potential employers.

Any information about a client/patient that is posted on the internet, even if the name is not used, will be cause for dismissal due to violation of confidentiality. If someone even thinks they can recognize the person you are talking about, they can file a grievance. Emails should also be scrutinized. Patient/client names or other personally identifying information should not be used in an email and certainly should not be used in the subject line. Confidential information should be de-identified if electronic communication is necessary.

4. Addressing instructors and supervisors

Students should err on the most respectful and formal means to address their educators. This often includes addressing an educator by their title (e.g. Mr./Ms./Dr.) followed by last name. Individual educators and supervisors will notify students on their preferred address, which may include first name basis.

5. Dress Code

You are entering a professional healthcare field guided by a code of ethics. ASHA's Code of Ethics states that "individuals shall honor their responsibility to hold paramount the welfare of the persons they serve", which involves culturally responsive practice. Cultural diversity is respected in the WT-SHSP. Student clinicians must consider the patient population being served to ensure that their appearance does not distract or interfere with the clinical services provided and that patient care is applied with sensitivity and respect. With these things in mind, the following dress code is required at **clinical intern sites**:

- a. WT Clinic name badge should be worn at intern sites.
- b. Solid color scrub pants or dress pants/slacks and WT Clinic polo shirt must be appropriate and be clean with no holes or rips. Denim or leggings are not appropriate.
- c. Exposed undergarments, midriff, or chest/breast areas are not appropriate.
- d. WT Clinic pullover sweatshirt should be worn (if needed for additional warmth)
- e. Footwear must be closed toed and low heel (not to exceed 2") to be appropriate for a health care setting (i.e. tennis shoes, clogs).
- f. Hair should be groomed, well-kept and not distracting.
- g. Facial hair should be trimmed so as not to distract or interfere with speech reading.
- h. Tattoos that include profanity, obscenity, or other unprofessional graphic content should be concealed from view.
- i. Bracelets, necklaces and facial jewelry should not be distracting or pose a risk of injury.
- j. Fingernails should be clean, trimmed, and not pose a risk of injury.
- k. Overall grooming and hygiene should be professional and not distracting.

Special events such as summer clinic, community screenings, and evaluation events may warrant modifications to the dress code. Any modifications to the dress code will be communicated to student clinicians by the Clinical Coordinator, Clinic Director, and/or clinical instructor.

Extern sites:

- a. Student clinicians are responsible for understanding and complying with the dress code of their extern site.
- b. Failure to comply with extern site dress code may result in termination of the clinical placement, which could delay the student's graduation if program requirements are not met.

6. Patient Confidentiality

De-Identification Policy for emails, lesson plans, SOAP notes and other written client documentation:

In order to remain HIPAA compliant with clinical documentation, graduate clinical students and clinical instructors/supervisors will "de-identify" all documentation relating to clients they are treating and/or evaluating. This de-identification should occur with anything related to assigned clients including files on personal computers, USB drives, paper documents and email communications.

Process: The code for de-identification at the WTAMU Speech & Hearing Clinic is first letter of first name in upper case, second letter of first name in lower case, first letter of last name in upper case and second letter of last name in lower case. For example a client named Robert Smith will be coded as RoSm.

a. Cell Phones

Student's cell phones should not be used to record patient/client during sessions. If recording is essential, student should discuss and arrange with clinical instructor/supervisor, to ensure that HIPAA is followed.

7. Clinic Attendance Policy

Regular attendance is essential to successful clinical training and the development of professional knowledge, skills, and behaviors required for entry-level practice in speech-language pathology, consistent with **ASHA 2020 Standards for Certification (Standards I, IV-F, and IV-G)**.

Excused Absences for Illness

Absences due to illness or death in immediate family are considered excused when the student submits appropriate documentation (e.g., a doctor's note, obituary) in accordance with program procedures. These absences do **not** count toward the additional excused absence described below and support compliance with **ASHA Standard IV-G (professional conduct and responsibility)**.

Additional Excused Absence

In addition to illness-related absences, each student may be granted **one additional excused absence across the three consecutive semesters of CD6398**, provided the student:

- a. Student notifies clinical instructor of need for absence.
- b. Student submits an Application for Excused Absence (form available from Clinical Coordinator)

- c. Receives preliminary approval from the clinical coordinator. Approval is not guaranteed and is finalized at the discretion of the program director/department chair. This policy aligns with **ASHA Standard I (program structure and supervision)** and **Standard IV-F (accountability and ethical practice)**.

Unexcused Absences

Absences that do not meet the criteria above will be considered unexcused will result in clinical warning/reprimand as outlined in the Clinic Manual.

F. Clinical Reprimand Policy:

In keeping with the *ASHA Certification Guidelines for Knowledge and Skills*, specifically standards:

IV-E The applicant must have demonstrated knowledge of standards of ethical conduct;

V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

V-E Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.

The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.

The WT-SHSP has put into place the following policy in the case of unprofessional/unethical behavior occurring during clinical training. Behaviors can include, but are not limited to, not implementing supervisor instructions, clinic absences, inappropriate attitude/interactions and breaking dress code.

1. Upon the first instance of unprofessional/unethical behavior, depending on the severity of the offense, the student may receive any of the following:

- written warning in program folder
- written reprimand in program folder
- clinic remediation
- termination of clinical placement.

2. Upon the next instance of unprofessional/unethical behavior, depending on the severity of the offense, the student may receive any of the following:

- written reprimand in program folder
- clinic remediation
- termination of clinical placement.

These actions may be taken regardless if the second instance is a new behavior or a reoccurring behavior. An immediate reduction of 1.0 will be taken from the score for the appropriate item(s) on the student's performance evaluation as measured in CALIPSO.

3. If a third instance of unprofessional/unethical behavior occurs, this will be grounds for immediate removal from clinical placement and/or program regardless if the third instance is a new behavior or a reoccurring behavior. Removal from clinic will result in a failing grade.

PROCEDURE

First Instance: The clinical instructor/supervisor will provide the student with a written warning and the clinical coordinator will be provided with a copy for documentation in the program folder.

Second Instance: The clinical instructor/supervisor will provide the student with a written reprimand; the clinical coordinator and program director will be notified, and a copy of the documentation will be placed in student's program folder. A meeting with the student, clinical instructor/supervisor, clinical coordinator, and program director may be held to discuss a plan of action and implications of behavior.

Third Instance: The clinical instructor/supervisor will remove the student from clinical placement, and a meeting will be scheduled with the student, clinical instructor/supervisor, clinical coordinator, and program director to discuss a course of action.

G. Student Grievance Process

1. A grievance can be brought as a result of an unauthorized or unjustified act or decision by a member of the faculty, staff, or an administrative officer, which in any way adversely affects the status, rights, or privileges of a student. Examples of grievances include:

- Inconsistent application of announced requirements.
- Belated imposing of requirements not originally made clear.
- Assignment of grades based on criteria other than academic performance in the course.
- Grading criteria that do not provide dependable methods of evaluating student work or performance.
- Violation of student rights to an explanation of how course grades were determined.
- Registration and application problems.
- Complaints about discrimination and racism.
- Assistance with concerns that have not been resolved by other regular university procedures.

Except in unusual circumstances, only petitions filed within six months after completion of the course in which the alleged injustice occurred will be considered. Before making a formal written petition, the student must exhaust all available avenues for informal resolution (i.e., following the WTAMU Chain of Command prior to following a petition), consult with an instructor or supervisor first, followed by the Communication Disorders Department Head, then the Dean of the College of Nursing and Health Sciences, and finally the Provost/Vice-President of Academic Affairs about the specific complaint.

2. Process for filing a complaint or grievance for clinic related issues:

Discuss the concerns directly with the clinical supervisor of the practicum site in which the concerns arose. If the complaint remains unresolved, the student may then request a meeting between the student, clinical instructor/supervisor, and clinical coordinator to resolve the issue. If the complaint remains unresolved, a similar process may be followed using the appropriate chain of command identified above. If student satisfaction is not achieved after following this procedure, then the student is encouraged to follow the procedure outlined in Appendix II in the Code of Student Life (for students who challenge

semester grades); or Appendix III in the Code of Student Life for Complaints (for students who need assistance in determining how to proceed with a complaint); or Appendix IV in the Code of Student Life (for students whose grievances are not related to semester grades).

Students may file a complaint with the Council on Academic Accreditation (CAA) by writing to:

Chair, Council on Academic Accreditation in Audiology and Speech-Language
Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850

H. Removal from the program:

The graduate school requires a 3.0 CUM GPA to graduate. The student must earn a B or better on all academic coursework to successfully meet standards. If a student earns a C in a course they will be removed from clinic in the next semester to focus on their didactic courses. The class must also be repeated with a passing grade the next time it is offered. This will likely extend your program. The student who completes a semester under a 3.0 GPA will go on probation with the graduate school. If the student does not complete the next semester with a 3.0 GPA or higher they will be removed/suspended from the program. A suspension will restrict your ability to take any class at WTAMU for 1 academic year and will remove you from the CD graduate program.

I. Non-Discrimination Policy:

The Department of Communication Disorders complies with WTAMU's policy which states that we do not refuse admission or service on the basis of race, color, religion, sex, sexual orientation, national or ethnic origin, age, veteran status, or against qualified disabled persons except as provided by law. The University clinics comply with nondiscrimination regulations under Title VI and Title VII, Civil Rights Acts of 1964; Title IX, Education Amendments Act of 1972; Vietnam Era Veterans' Readjustment Assistance Act of 1974; Sections 503 and 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act of 1990; the Age Discrimination Act of 1967; and other applicable statutes.

Clinical Practicum

Requirements Necessary to Begin Clinical Practicum Experience

- ☐ **ATTEND Clinic Orientation:** This is a mandatory training generally held the week prior to the first week of classes during the fall semester.
- ☐ **ASHA Observation Hours:** Copy of the form documenting completed 25 hours of guided clinical observation as required by ASHA. Please contact the clinic coordinator as soon as possible if you have not completed your 25 hours of observation.
- ☐ **CPR certification:** Must be current and include CPR with AED
- ☐ **Online Trainings: HIPAA/Hepatitis C/Blood Borne training/ Child Protection Training/Clery Act:** You will receive an email with a link and instructions for completion of the trainings. You will need to pass all tests before beginning clinic. These must be updated annually.
- ☐ **Liability Insurance:** This insurance is purchased through WT for \$13 during orientation

- **CALIPSO:** This is an online tracking program that is used at WTAMU for tracking clinical hours and competencies as well as academic competencies that are required by ASHA. You will receive a separate email with instructions on how to sign up for the program.
- **Criminal Background Check:** The program contracts this through Verified Credentials. The Clinical Coordinator will provide students with instructions; this must be completed and cleared prior to clinic orientation.
- **Forms: Program Disclosure, Program Confidentiality Agreement, Student Consent, Student Internship Agreement, Confirmation of Clinic & Graduate Academic Handbook, Student Code of Conduct-** these will be provided and signed during clinic orientation.
- **WT-DCD Codes for Professional Dress Communication and Behavior:** These will be reviewed at clinic orientation and are accessible in the clinic manual. There are clinic shirts, outerwear and solid color scrubs, which you may need to purchase during clinic orientation.

Shots/Vaccinations

- Measles, Mumps and Rubella (MMR) - A copy of your immunizations record or letter from your doctor stating you have had this immunization.
- TB test – document stating you have been tested for TB and are clear. You can get this done at WT Student Health Services or from your family doctor. *Good for 1 year*
- Hepatitis (series of 3 shots 1st, 2nd 2 months later, 3rd 6 months later) - You can get this done at WT Student Health Services or from your family doctor. You need to have a document stating that you have started the series prior to being able to begin clinic.
- Varicella (chickenpox; 2 doses or 1 dose plus titer)
- Tdap (tetanus, diphtheria, pertussis within the last 10 years)

Recommended:

- **Personal Medical Insurance:** Many of our extern sites require that a student have their own medical insurance.
- **National NSSLHA Membership:** National membership saves you \$ when you eventually apply for ASHA certification

Appendix A

Student Clinical Practicum Guide

INTERNSHIP CLINICAL INSTRUCTION

1 st , 2 nd , and 3 rd Semester Internship			4 th and 5 th Semester Externship
400 Hours of Practicum			
6398 - 01	6398 - 02	6398 – 50	6399/6699 - 70
Internship Intern I ***** Orientation – All new graduate student clinicians are required to attend. Training -CPR Training Renewal every 2 yrs Safety Training Videos - HIPAA, Hepatitis C, Blood borne, Child Protection, Clergy Acts- accessed online through WT & need passing score-Renew every 1 yr CALIPSO Simucase Student Handouts -Clinic Manual Student must turn in: 25 Complete Observation Hours and entered in CALIPSO Hepatitis B Series 1,2,3 MMR Varicella Tdap TB test CPR Verification Criminal Background Check Program Disclosure, Program Confidentiality Agreement, Student Consent, Student Internship Agreement, Confirmation of Clinic Manual & Grad Academic Handbook read and reviewed forms, Student Code of Conduct form Clinic Hours submitted through online tracking program –CALIPSO End of Semester Clinic Review Meeting ☐ Meet with clinical instructor(s) ☐ Clinical Performance Evaluation submitted through CALIPSO ☐ Self-Evaluation & Supervisor Feedback form submitted through CALIPSO	Internship Intern II ***** Orientation – held at practicum site with clinical instructor. Must be current: CPR, TB test, Safety Training Videos - HIPAA, Hepatitis C, Blood borne, Child Protection, Clergy Acts Student Handouts -Clinic Manual – Clinic Hours submitted through online tracking program -CALIPSO End of Semester Clinic Review Meeting ☐ Meet with clinical instructor(s) ☐ Clinical Performance Evaluation submitted through CALIPSO ☐ Self-Evaluation & Supervisor Feedback form submitted through CALIPSO	Internship Intern III ***** Orientation – held at practicum site with clinical instructor. Must be current CPR, TB test, Safety Training Video - HIPAA, Hepatitis C, Blood borne, Child Protection, Clergy Acts Student Handouts -Clinic Manual – Clinic Hours submitted daily through online tracking program -CALIPSO End of Semester Clinic Review Meeting ☐ Meet with clinical instructor(s) ☐ Clinical Performance Evaluation submitted through CALIPSO ☐ Self-Evaluation & Supervisor Feedback form submitted through CALIPSO	Externship Extern I and II ***** Initial meeting for Extern 1 with clinical coordinator; Extern II orientation at clinic site with clinical instructor. Training CPR needs to be current Renewal of trainings: Safety Training Video - HIPAA, Hepatitis C, Blood borne, Child Protection, Clergy Acts- accessed online through WT Renew every 1 yr TB testing must be current Extern site may have additional requirements Student Handouts -Clinic Manual Student Must Turn in Student Externship Agreement & Extern Supervisor Agreement forms, Standards & Implementation Procedures form, Copy of all supervisor's current ASHA certification card, verification of clinical instructors' completion of required professional development in supervision, current state SLP license Copy of current CPR Verification - Renew every 2 years Clinic Hours submitted through online tracking program –CALIPSO and approved by extern site supervisor End of Semester Clinic Review Meeting ☐ Meet with clinical instructor(s) ☐ Clinical Performance Evaluation submitted through CALIPSO ☐ Self-Evaluation, Supervisor Feedback form, & Student Evaluation of Clinical Placement submitted through CALIPSO ☐ Meet with clinical coordinator to review status and determine needs

Clinical instruction in the WT SPEECH & HEARING CLINIC and any closely affiliated clinical sites is conducted in accordance with guidelines set by the Council of Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). Each clinical instructor must hold a current Certificate of Clinical Competence (CCC) in the appropriate area of clinical instruction [speech-language pathology (SLP) or audiology (A)], must hold a current license from the Texas Dept. of Licensing & Regulation (TDLR) for Speech-Language Pathology and Audiology, and must have completed the ASHA requirement of a min. 2 hours professional development in the area of clinical instruction/supervision.

Clinical instruction is tailored to each student's level of competence. As the student progresses through each semester of clinical practicum, they are expected to maintain skills that were previously acquired. Students should demonstrate growth through the clinical process. Beginning clinicians may receive more hands-on clinical instruction with demonstrations and/or specific instruction. As the student progresses, clinical instructors will put more emphasis upon students being able to self-evaluate. In this manner, students should be able to guide themselves as they progress through the program; and then be able to assess their own performance upon graduation.

As set forth by the CAA, clinical instructor observation time requirements are specific to the ability level of the student, but never less than 25%. The 25% clinical instruction time may be averaged over the semester with periodic check-ins. Clinical instructors are expected to provide both written and verbal feedback to student clinicians on an individual basis to discuss client/patient progress, future treatment plans and clinician performance.

Clients assigned to clinical instructors are the responsibility of that clinical instructor until treatment is terminated, or they are transferred to another clinical instructor. Although student clinicians are directly involved, clinical instructors are ethically responsible for conferences with parents or family members of clients, and for conferring with other professionals involved with clients. The clinical instructor will make decisions regarding missed sessions in the event that the clinician or the client is unable to attend. It is up to the discretion of the clinical instructor as to whether the session will be rescheduled. Clinical instructors are ultimately responsible for record keeping related to their clients.

At the end of each semester, a "Supervisor Feedback" form will be completed by each student clinician for each of his/her clinical instructors through CALIPSO. In this manner, clinical instructors may receive feedback from students regarding the supervisory experience.

When evaluating your clinical instructor, please keep in mind that this is a time for the student clinician to give constructive feedback on the clinical instruction provided by the clinical instructor during the semester. Please be professional in your feedback. The student's name is not required and every effort is made to keep the feedback confidential while providing the instructor with information that will aid in supervisory growth.

EXTERNSHIP CLINIC INSTRUCTION

Clinical instruction in the externship setting will be provided by speech-language pathologists who are employees of an affiliated facility, and who have the same credentialing and experience required for internship clinical instructors. ASHA requires all supervisors to complete a continuing education on supervision and ethics.

The student in an externship setting will follow the policies and procedures of the facility. The student will deliver services under the direction of the facility SLP, who maintains full responsibility for the planning and administration of services.

At the end of each semester, a “Supervisor Feedback” form will be completed by each student clinician for each of his/her clinical instructors as well as “Student Evaluation of off Campus Placement”. In this manner, clinical instructors may receive feedback from students regarding the supervisory experience.

When evaluating your clinical instructor, please keep in mind that this is a time for the student clinician to give constructive feedback on the clinical instruction provided by the clinical instructor during the semester. Please be professional in your feedback. The student name is not required and every effort is made to keep the feedback confidential while providing the instructor with information that will aid in supervisory growth.

Use of Equipment/Materials

Student clinicians will be informed of materials and equipment available to them at their respective intern clinical sites, as well as the procedures for accessing these.

In most instances, extern sites are expected to provide the essential materials, supplies, and equipment necessary for service provision. In the event a student needs materials from the WT Clinic, they must request access from the clinic director or program director.

Documentation of Knowledge and Skill Outcomes

Knowledge & Skill Outcomes (ASHA 2020)

IV-A	The applicant must have demonstrated knowledge of statistics as well as the biological, physical, and social/behavioral sciences.
IV-B	The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
IV-C	The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas: • Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification • Fluency and fluency disorders • Voice and resonance, including respiration and phonation • Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing • Hearing, including the impact on speech and language • Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span • Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning • Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities • Augmentative and alternative communication modalities
IV-D	For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
IV-E	The applicant must have demonstrated knowledge of standards of ethical conduct.
IV-F	The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles in to evidence-based clinical practice.
IV-G	The applicant must have demonstrated knowledge of professional contemporary issues.
IV-H	The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as, local, state, and national regulations and policies relevant to professional practice.
V-A	The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
V-B	The applicant must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

	1. Evaluation 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, nonstandardized 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 <i>Code of Ethics</i>, and behave professionally.
V-C	The applicant for certification in speech-language pathology 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/patient contact.
V-D	At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.
V-E	Supervision of students must be provided by a clinical educator who holds the ASHA certification in the appropriate profession, and completed: (1) a minimum of 9 months of full-time clinical experience, or its part time equivalent, and (2) a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare

	of the individual receiving services.
V-F	Supervised practicum must include experience with individuals across the lifespan and from culturally/linguistically diverse backgrounds. Practicum must include experience with individuals with various types and severities of communication and/or related disorders, differences, and disabilities.

****Individuals applying for ASHA certification after Aug. 1, 2027 must meet the ASHA 2027 standards. At the time of revision to this manual, the remarkable changes to the standards above can be found at the link below:**

https://www.asha.org/certification/2027-slp-certification-standards/?srsltid=AfmBOoprcSgK-DRhKp_8NUadYJphn5e3gMfGtlOtJqYM3bcEVNeu4OJ_#StdIV

Documentation of Knowledge and Skills

The WTAMU-SHSP uses the online documentation program CALIPSO to document the acquisition of knowledge and skills as outlined by the American Speech Language and Hearing Association, the Council for Clinical Certification, and the Council on Academic Accreditation.

Each graduate student is sent the registration information by the clinical coordinator prior to the beginning of graduate clinical training.

The types of documentation included in the CALIPSO program that are utilized by the WTAMU-SHSP are listed below.

Clinical Clock Hours

All clock hours are tracked, submitted, approved, and calculated within CALIPSO.

Clinical Performance Evaluation

Clinical performance evaluations are aligned with the CFCC standards. Performance scores are entered on the performance evaluation by the assigned clinical instructor(s) in the areas where a graduate clinician has had experience during the practicum semester. The rating scale can be found on the clinical performance evaluation page. The form auto-calculates and produces average scores based on WTAMU-SHSP's grading scale. See CALIPSO Performance Rating Scale for scoring criteria.

KASA Summary Form

This auto-populated form serves as a formative and summative assessment and provides documentation of both knowledge and skills obtained through academic and clinical courses.

Cumulative Evaluation

This form serves as a summative assessment and provides ongoing feedback on a student's progress toward meeting clinical skills and enables a student to advocate for their clinical education needs.

My Checklist

A feature included in the CALISPO that will assist the clinical coordinator and student in tracking the student's progress toward meeting all of the requirements for the successful completion of the clinical education program and graduation.

Supervisor Feedback

Through CALISPO, students are able to anonymously submit feedback to clinical instructors at the end of the semester. Feedback submitted via CALISPO, is sent directly to the clinical coordinator. After reviewing the feedback, the clinical coordinator will send the information to the clinical instructor which is provided without any student names. The clinical coordinator will send feedback information to the clinical instructors after grades are posted.

CALISPO Performance Rating Scale

1= **Early Emerging:** The clinical skill/behavior is early emerging and not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor/clinical educator must model behavior and implement the skill required for the client to receive optimal care. Supervisor/clinical educator provides numerous instructions and frequent modeling. Critical thinking/problem solving is early emerging. Student primarily observes and states facts. (Skill is present <25% of the time).

2= **Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor/clinical educator input. Supervisor/clinical educator frequently provides instruction and support for all aspects of case management and services. Critical thinking/problem solving is emerging. The student is beginning to identify problems. (Skill is present 26-50% of the time).

3= **Developing:** Skill is present and needs further development. Student is aware of the need to modify behavior, but does not make changes independently. Supervisor/clinical educator provides ongoing monitoring and feedback; focusing on increasing student's critical thinking on how/when to improve skill. Critical thinking/problem solving is developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (Skill is present 51-75% of the time).

4= **Refining:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in the session, and can self-evaluate. Supervisor/clinical educator acts as a collaborator to plan and suggest possible alternatives. Critical thinking/problem solving is refining. The student analyzes problems and more consistently reaches appropriate conclusions. (Skill is present 76-90% of the time).

5= **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor/clinical educator serves as consultant in areas where the student has less experience. The supervisor provides guidance on ideas initiated by the student. Critical thinking/problem solving is independent. The student identifies and analyzes problems, reaches appropriate conclusions and adequately communicates to others. (Skill is present >90% of the time).

Scoring Criteria for Calipso; Passing per semester at final evaluation:

1st semester passing criteria for Treatment Skills and Additional Clinical Skills- 2.5 section average; PIPQ -3.5 section average; minimum evaluation score not required for passing course

2nd semester passing criteria for Treatment Skills and Additional Clinical Skills- 3.0 section average; PIPQ -3.5 section average; minimum evaluation score not required for passing course

3rd semester passing criteria for Treatment Skills and Additional Clinical Skills- 3.5 section average; PIPQ -4.0

section average; minimum evaluation score not required for passing course

4th semester passing criteria for Treatment Skills and Additional Clinical Skills- 4.0 section average; PIPQ -4.0 section average; minimum evaluation score not required for passing course

5th semester passing criteria for Treatment Skills and Additional Clinical Skills- 4.0 section average; PIPQ -4.0 section average; minimum evaluation score not required for passing course

NOTE: Scores can be given in increments of .25 i.e. 1.25, 2.50, 3.75.

West Texas A&M University
Department of Speech and Hearing Sciences
INFECTION CONTROL POLICIES AND PROCEDURES

INTRODUCTION

GENERAL POLICIES

The Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC) have developed standards for minimizing the risk of exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other blood borne pathogens and infectious diseases. There is increasing concern in the field of speech-language pathology related to possible occupational exposure to these contagious diseases. The American Speech-Language-Hearing Association (ASHA) has also been active in pursuing adequate infection control procedures and in providing the profession with educational materials regarding this subject. In order to comply with OSHA and CDC regulations, the program of Speech and Hearing Sciences has mandated the following standard practices. Additional precautions and procedures are likely required and mandatory at each respective clinical site.

Standard Practice for All Procedures

1. Clinicians must wash hands thoroughly with a disinfectant soap before and after each client contact.
2. Clinicians may use gloves in any client contact situation, if desired. Gloves must be worn when conducting an oral mechanism evaluation, a videostroboscopic examination or when in close contact with patients performing oral exercises.
3. Toys, materials, and equipment exposed to blood, saliva, mucous, urine, or vomit must be washed with disinfectant soap, if washable, or disinfected with designated spray. Each clinician should manage their own materials and ensure that they are properly disinfected for the next clinician. Equipment requiring cleaning should be cleaned immediately after use. If a clinician thinks it is likely that toys will be soiled by a particular client (e.g., a client who typically puts toys in the mouth), clinic materials that require machine washing should be avoided.
4. Any clinician with exuding lesions or weeping dermatitis should not have direct contact with any client until the problem is resolved. Clinicians should notify their clinical instructors immediately if such a condition exists.
5. In the event that a client bleeds, urinates, defecates, or vomits while in therapy, initial efforts should be made to contain the problem by having the client remain in that room and isolating him/her from other

clients. An accompanying family member should be called in to assist the client, if possible. Any soiled tables, chairs, or equipment should be disinfected immediately. The facility housekeeping department should be notified for cleanup of any soiled carpeting or upholstered furniture. Clinicians who assist clients in such situations MUST wear gloves. The gloves or other soiled disposable materials, such as paper towels should be double-bagged.

6. If exposure to an infectious agent occurs after hours, seek medical attention immediately. Notify the clinical instructor and clinical coordinator within one hour of the incident if such an incident occurs.

Diagnostic and Treatment Sessions

1. Surfaces used (table tops, chairs) should be disinfected after each patient contact, using the following procedure:
 - a. Spray or wipe the surface with disinfectant cleanser.
 - b. Immediately wipe surface with paper towels that should then be discarded in plastic-lined wastebasket.
 - c. Lightly mist the surface and leave it moist.
 - d. Notify a clinical instructor if cleaning materials are needed.
2. See previous section for instructions in proper cleaning of any soiled toys, materials or equipment.

Oral Mechanism Examinations/Oral Exercises

1. If visual inspection of oral mechanism reveals a sore, non-intact skin, or bleeding, consult a clinical instructor before proceeding with the oral examination.
2. Gloves must ALWAYS be worn during oral mechanism examinations.
3. Use individually wrapped sterile tongue depressors for the examination.
4. Do not permit children to place penlights or other test equipment in the mouth.
5. If assisting a client in performing oral exercises using a tongue depressor or manipulating the client's articulators, gloves should be worn. Use individually wrapped, sterile gauze pads for manipulating client's articulators.
6. All gloves, tongue depressors, paper cups, towels or other disposable materials should be discarded in a plastic-lined wastebasket after use.
7. While conducting oral examinations or exercises, take care not to contaminate other materials or equipment with used items, such as gloves or tongue depressors.

Cleaning of Equipment

- **Reusable equipment**, such as penlights, digital audio devices, and microphones should be wiped with disinfectant after use.

Graduate Student Forms

Graduate Student Forms

- 1. Speech and Hearing Sciences Program Disclosures**
- 2. Student Consent**
- 3. Speech and Hearing Sciences Program Confidentially Agreement**
- 4. Internship Agreement**
- 5. Externship Agreement**
- 6. Clinic Manual Read and Abide**

West Texas A&M University
Speech and Hearing Sciences Program Disclosures

Name: (Mr., Mrs., Miss, Ms.) _____
Last Name First Name MI

Buff ID Number: _____ DOB: _____

Address: _____
Street / Apartment No.

City State Zip Email Address

West Texas A&M University classification

As a provider of Speech and Hearing Sciences (SHS) education and training, West Texas A&M University strives to ensure its students demonstrate adherence to the American Speech-Language Hearing Association (ASHA) Code of Ethics, federal law, and state law. A criminal history report showing a conviction, and/or deferred adjudication, may result in a student being dismissed from the West Texas A&M University SHS Program and/or a clinical practicum. West Texas A&M University requests a SHS Program applicant or enrolled student fully disclose any conviction, and/or deferred adjudication. If after enrollment in the SHS Program a student is convicted and/or subject to deferred adjudication, the student should inform the West Texas A&M University SHS Program, in writing, of the date and nature of the incident.

The facility with whom the student seeks placement in a clinical practicum may require the West Texas A&M University SHS Program to supply the facility with any information the student has disclosed to West Texas A&M University to obtain a criminal history background history report on a student seeking a clinical placement and to supply the facility with such report. To provide such information to a facility, West Texas A&M University requires a signed consent from the student to release any information collected by West Texas A&M University. A student's refusal or failure to consent to such a release may result in not being able to participate in a clinical practicum and/or complete the West Texas A&M University SHS Program.

Pursuant to the ASHA Code of Ethics, West Texas A&M University, and the facility, it may be required to report to the licensure board, TDLR, if the student discloses information indicative of, or engaged in behavior indicative of the student clinician: a) unnecessarily exposing a patient or person to risk of harm, b) engaging in unprofessional conduct, c) failing to adequately care for a patient and/or d) showing impairment or likely impairment due to chemical dependency (e.g., drinking, drugs).

By signing below, student agrees he/she has read and understands the above disclosures.

Signature

Date

West Texas A&M University
Department of Speech and Hearing Sciences
STUDENT CONSENT

Name: (Mr., Mrs., Miss, Ms.) _____
Last Name First Name MI

Buff ID Number: _____ DOB: _____

Address: _____
Street / Apartment No.

City State Zip Email Address

By signing this “Student Consent” form, you are authorizing West Texas A&M University to: 1) obtain a criminal history report on you, 2) disclose and release copies of that report to any facility with which a clinical practicum is being sought, and 3) disclose and release certain information and/or educational records, you provided to West Texas A&M University while enrolled as a student, to a facility with whom a clinical practicum is being sought.

Please read this document carefully before signing.

I, _____, am a student at West Texas A&M University, participating in the Speech and Hearing Sciences Program. I hereby give my voluntary consent for West Texas A&M University employees to disclose to a facility, at which my placement for clinical practicum is being sought, my student information and education records, and for West Texas A&M University to discuss such records with the facilities employees and agents and/or the Texas Board of Examiners for Speech Language Pathology and Audiology.

I understand that under the Family Educational Rights and Privacy Act of 1974, that without this release, West Texas A&M University may be prevented by law from releasing my student information or educational records. I understand that without such information being provided to the facility, I may be prevented from participating in a clinical practicum. Additionally, I understand that if I do not participate in a clinical practicum, I cannot complete educational requirements to be eligible for certification by ASHA.

I understand that I may revoke this consent at any time by providing West Texas A&M University with a written request; however, such revocation will have no effect to any records released after my signing this Consent and Release and before West Texas A&M University’s receipt of my revocation.

Signature

Date

Witness

West Texas A&M University
Department of Speech and Hearing Sciences
Program Confidentiality Agreement

Name: (Mr., Mrs., Miss, Ms.) _____
Last Name First Name MI

Buff ID Number: _____ DOB: _____

Address: _____
Street / Apartment No.

City State Zip Email Address

CONFIDENTIALITY AGREEMENT

Student agrees and understands client and employee information is confidential. This information may be from any source and in any form. Student understands confidential information may include, but is not limited to, the examples of breach of confidentiality noted below, and the following types of information:

1. Patient/student/client and/or Family Member information such as patient/student/client records, conversations with education, clinic personnel, health care providers, and financial records.
2. Employee, Volunteer, Student, and Contractor information such as salaries, employment records, and disciplinary actions.
3. Business Operations Information such as financial records, business reports, memos, contracts, computer programs, software, and technology.
4. Third Party information such as vendor contracts, computer programs, and technology.
5. Operations, Improvements, Quality Assurance, and Peer Review information such as reports, presentations, and survey results.

6. Examples of breaches of confidentiality; what a student should not do

A. Accessing information you do not need to accomplish your learning objective;

- Unauthorized reading of a patient's/student's/client's account information
- Unauthorized patient's/student's/client's medical chart
- Accessing information about yourself, your children, your family members, your friends, or other students

B. Sharing copying or changing information without proper authorization:

- Making unauthorized marks or comments on a patient's/student's/client's chart
- Making unauthorized changes to an employee file
- Discussing confidential information in a public area such as a waiting room or elevator
- Unauthorized disclosure of patient's/student's/client's account information
- Unauthorized disclosure of patient's medical/educational/clinical information and/or chart

C. Sharing of sign-on code and password if student has been given computer access at the facility:

- Giving anyone your password, so he or she can log into your files
- Giving an unauthorized person the access codes for employee files of patient's/student's/client's account
- Using someone else's password to log into the facility computer system
- Unauthorized use of a login code to access employee files or patient's/student's/client's account
- Using someone else's computer after she/he has logged in, to access information for which you do not have authorization
- Allowing anyone to use your computer after logging for him/her to access information for which he/she does not have authorization

7. Student agrees to:

Only access confidential information if necessary to accomplish the learning objectives of the clinical program and to not release any information that may be confidential without verification that the release is authorized.

Follow any and all licensed health care facility/educational system/clinic procedures for dealing with confidential information, including the destruction of such information.

Keep computer access passwords a secret and to not use anyone else's computer access password, if applicable.

Notify clinical instructor of any known or suspected misuse of confidential information

Student agrees he/ she has read and understands this agreement and agrees to comply with its terms. Student understands that failure to comply with this agreement may result in expulsion from Clinical Practicum, and/or civil. and/or criminal penalties. Student understands he/she will adhere to all federal and state regulations and standards of ASHA, the Texas Department of Licensing and Regulation in Speech Language Pathology and Audiology, and the Joint Commission for Accreditation of Healthcare Organization.

Signature: _____

Date: _____

Print Name: _____

Witness: _____

SHS 6398 – Student Internship Agreement

1. Interns are assigned to a clinical site a minimum of 2 days a week unless modified by Clinical Coordinator. _____
2. Interns must be available at clinic on their assigned clinical practicum day(s) for **the duration of the scheduled clinic hours**. _____
3. Treatment Plans are due as assigned by your clinical instructor. _____
4. Evaluations, Progress Reports and Discharge Summaries rough drafts are due as assigned by your clinical instructor. _____
5. SOAP or Session notes are to be written by the end of each clinic day or as assigned by your clinical instructor. Check with your clinical instructor regarding submissions for approval requirements. _____
6. Corrected drafts of all reports are due to your clinical instructor the next day. _____
7. Departmental/site dress code requirements must be followed. _____
8. Absences are highly discouraged. Family trips, weddings, etc., should be scheduled on weekends, holidays, or during semester breaks so as to not interfere with academic or clinical education. _____
9. You are expected to attend clinic on the days you are scheduled. If for any reason you are unable to attend clinic on your assigned days, you must contact your clinical instructor and the clinical coordinator **by phone** as soon as you are aware of your inability to attend. An excused absence from clinic due to illness requires a note from physician/medical provider.
10. If the clinic site is open, you are expected to be there. You will be notified of any delays, closures, or other changes due to inclement weather. You will need to monitor the weather, maintain contact with your clinical instructor, and plan accordingly. _____
11. All assigned clinical documentation must be completed before semester grades can be posted. _____
12. A grade of “S” or passing is required for all practicum experiences. Internship students not making a grade of “S” will not be allowed to proceed to external placements until 3 internship semesters have been passed. _____
13. If clinical and/or professional skills are found to be in need of remediation, a plan will be developed with guidelines for required performance. Lack of adequate progress in the remediation plan will result in repeating a clinical semester or dismissal from clinical practicum. _____
14. Completed clinic practicum hours are to be submitted daily or as assigned by your clinical instructor. Failure to enter hours as required will result in a forfeit of those hours. _____
15. Interns should be aware that all recorded sessions and documentation related to clinic practicum may be used by instructors for teaching purposes. _____

I have read and understand and agree to follow the general guidelines for SHS 6398.

Student

Clinical Coordinator

Date

Semester

Date

Semester

SHS 6399 – Student Externship Agreement

1. WTAMU-SHS Program externship practicum may only be completed at the sites with which the Program has a formal affiliation agreement. _____
2. WTAMU-SHS Program students must register for SHS 6399 practicum course every semester in which clinic hours are accrued. _____
3. SHS 6399 course and externship are a full semester requirement. _____
4. Absences in general are not recommended and may result in an “incomplete” grade for the semester requiring an additional semester of clinical practicum. _____
5. Requests for planned absences from an externship must be **submitted to the clinical coordinator in writing prior to the beginning of your externship and approved by your extern clinical instructor.** _____
6. Clinic site dress code requirements must be followed. _____
7. The “400 hours” of clinical practicum is a **minimum – not a maximum.** _____
8. The midterm performance evaluation is due in CALIPSO by the date designated in the course syllabus. _____
9. Clinic Review meetings are scheduled during the last weeks of the semester. Final performance evaluations from externship clinical instructors are prior to your scheduled clinic review.

10. A grade of “S” or passing is required for all practicum experiences. Extern students not making a grade of “S” will be required to repeat that externship semester. _____
11. Completed clinic practicum hours must be entered routinely and approved by the clinical instructor monthly at a minimum. Failure to enter and gain approval for hours by this schedule will result in a forfeit of those hours. _____
12. Required training and documentation must be current prior to starting an externship semester.

13. Required clinical documents, including supervisor agreements, are due completed to the clinical coordinator by the date designated in the course syllabus. _____

I have read, understand and agree to follow the general guidelines for SHS 6399. _____

Student

Clinical Coordinator

Date

Semester

Date

Semester

SHS 6699 – Student Externship Agreement

1. WTAMU-SHS Program externship practicum may only be completed at the sites with which the Program has a formal affiliation agreement. _____
2. WTAMU-SHS Program students must register for SHS 6399 practicum course every semester in which clinic hours are accrued. _____
3. SHS 6399 course and externship are a full semester requirement. _____
4. Absences in general are not recommended and may result in an “incomplete” grade for the semester requiring an additional semester of clinical practicum. _____
5. Requests for planned absences from an externship must be **submitted to the clinical coordinator in writing prior to the beginning of your externship and approved by your extern clinical instructor.** _____
6. Clinic site dress code requirements must be followed. _____
7. The “400 hours” of clinical practicum is a **minimum – not a maximum.** _____
8. The midterm performance evaluation is due in CALIPSO by the date designated in the course syllabus. _____
9. Clinic Review meetings are scheduled during the last weeks of the semester. Final performance evaluations from externship clinical instructors are prior to your scheduled clinic review.

10. A grade of “S” or passing is required for all practicum experiences. Extern students not making a grade of “S” will be required to repeat that externship semester. _____
11. Completed clinic practicum hours must be entered routinely and approved by the clinical instructor monthly at a minimum. Failure to enter and gain approval for hours by this schedule will result in a forfeit of those hours. _____
12. Required training and documentation must be current prior to starting an externship semester.

13. Required clinical documents, including supervisor agreements, are due completed to the clinical coordinator by the date designated in the course syllabus. _____

I have read, understand and agree to follow the general guidelines for SHS 6399. _____

Student

Clinical Coordinator

Date

Semester

Date

Semester

West Texas A&M University
Department of Speech and Hearing Sciences
Clinic Manual

I have read and reviewed the West Texas A&M University 2026-2028 Clinic Manual. I understand all of the provisions and agree to abide by the codes listed therein.

I also understand that failure to comply with these codes can result in one or all of the following:

- Clinical suspension
- Loss of clinical hours
- Extra assignments
- Potential loss of academic standing.

Student's Signature

Date

Professional Resources

ASHA Code of Ethics: <https://www.asha.org/policy/et2016-00342/>

ASHA Practice Portal: <https://www.asha.org/practice-portal/>

ASHA Scope of Practice in Speech-Language Pathology: <https://www.asha.org/policy/sp2016-00343/>

ASHA Standards for Certification: <https://www.asha.org/certification/2020-slp-certification-standards/>

National Student Speech, Language, and Hearing Association (NSSLHA): <https://www.nsslha.org/>

Verification of ASHA Certification <https://www.asha.org/certification/cert-verify/>

TX Dept. of Licensing & Regulation homepage for SLP: <https://www.tdlr.texas.gov/slpa/>

