DEPARTMENT OF
Communication Sciences
and Disorders
UNIVERSITY OF WISCONSIN–MADISON

UWSHC Handbook

Speech-Language Pathology

2017-2018

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WELCOME

Welcome to graduate school! We are pleased that you have decided on a career as a speech-language pathologist. The next two years will be challenging and exciting as you gain the knowledge, skills, and independence to attain that career. Your first clinical experiences will take place here in the UW Speech and Hearing Clinic (UWSHC). You will work closely with a clinical professor in gaining clinical competence. Your clinical professor has a wealth of knowledge and experience and will be your mentor throughout the experience. There is so much to learn and, at times, it may seem overwhelming. This manual is to help guide your work in the UWSHC and has many of the answers related to policy and procedure in the Clinic. Remember to check here if you have a question. It is likely that you will have questions that are not addressed in these pages. If you need an answer, check with your clinical professor, the clinic office manager, or the director of clinical education. In addition, your Graduate Student Handbook, which is located on the department's website (https://csd.wisc.edu/masters.htm), has information that has not been replicated here. You are responsible for the content in your Graduate Student Handbook and the answer may be there as well.

Training Mission

The mission of the UW-Madison Department of Communication Sciences and Disorders clinical training program is to provide the highest quality clinical training for students, instill the highest standards of professional ethics, and inspire a need for life-long learning in order to best serve those who seek clinical services. This mission guides our services within the UWSHC.

Clinic Personnel: Who's Who in the UWSHC

> **Commented [HAI1]:** Update.

	E-mail	Room	Work Number
Director of Clinical Education Amy Hartman	amy.hartman@wisc.edu	373	(608)262-6481
Audiology			
Melanie Buhr-Lawler	melanie.buhr@wisc.edu	365	(608) 890-1504
Jon Douglas	jon.douglas@wisc.edu	374	(608) 318-3493
Amy Hartman	amy.hartman@wisc.edu	373	(608) 262-6481
Amy Kroll	amy.kroll@wisc.edu	331	(608) 890-0992
Speech-Language			
Kimberly Caul	caul@wisc.edu	326	(608) 262-1382
Alyson Eith	alyson.eith@wisc.edu	366	(608) 262-6479
Heather Krug	heather.krug@wisc.edu	335	(608) 262-6476
Michelle Quinn	michelle.quinn@wisc.edu	370	(608) 262-0303
Courtney Seidel	courtney.seidel@wisc.edu	471	(608) 265-4809
Administrative Support Staff			
Michael Block – IT Specialist and Building Manager	michael.block@wisc.edu	310	(608) 262-1515
Sherie Felicijan - Clinic Office Manager	sheryl.felicijan@wisc.edu	110	(608) 262-3951
Tim McCarty- Department Administrator, HR	timothy.mccarty@wisc.edu	305	(608) 262-6462

Clinic Space: Where's What in the UWSHC

At fall orientation, you received a handout containing Goodnight Hall Room Locations and Functions (see Appendix A). It is helpful to take time to check out the resource rooms to know what is available to you, especially as you begin to plan for your client sessions.

Taking Clinic Sessions Outside the UWSHC

There may be times that your client is better served outside the walls of the UWSHC. For example, you might want to plan a game to work on a vocabulary unit on bugs or a functional interaction with an unfamiliar listener (e.g., a scavenger hunt on the grounds of Goodnight Hall, requesting a cup of coffee at the local cafeteria or an ice cream at Babcock Dairy). Make sure you have parent or guardian written permission prior to the outing.

As part of authentic assessment and team training, we often observe and provide instruction to team members outside of the Clinic. Your supervisor will have communicated UWSHC policy related to interagency collaboration outside of UWSHC. If you are observing or working with a client outside of UWSHC, staff member(s) must be present at all times. In the event of an emergency or intervention for managing challenging behaviors, on-site staff will provide the necessary support. Your supervisor may be with you for your community-based sessions, but if not, you are required to have your cell phone and supervisor's phone number with you at all times in the event you have questions or immediate needs.

Client Rights and Responsibilities

The UWSHC supports the equitable treatment of all clients. No individual shall be discriminated against based upon race or ethnicity, religion, age, gender, disability, or sexual orientation. The UWSHC uses multiple measures in assessment in accordance with recognized standards of ethical practice and relevant federal and state regulations. Treatment is planned with family, caregiver, and patient preferences in mind following an evidence-based practice approach.

Each client is sent the *UWSHC Patient/Client Rights and Responsibilities* handout prior to the initiation of services. This information is also posted in the Clinic and contains the following:

You have the RIGHT to:	You have the RESPONSIBILITY to:
• be treated with dignity, consideration, and respect without regard to your race, religion, national origin, age, sex, sexual orientation, or ability, or any other characteristic; • privacy and confidentiality; • receive high quality, humane treatment that respects your opinions and beliefs;	• treat UWSHC professional and support staff, trainees, and other patient/clients with respect and consideration; • keep your UWSHC appointments or cancel as far ahead as possible as repeated cancellations or missed appointments may result in dismissal from services;

• know the name, title, and professional qualifications of the person (s) providing your care;	• provide complete and accurate information about your health and communication status and history;
• refuse observations by persons in a learning situation;	• tell your provider if there are changes in your health or communication status;
• receive assistance and /or accommodation if you have a disability or need an interpreter;	• ask questions if you do not understand your assessment or treatment plan;
• be part of treatment decisions;	• be part of your treatment decisions;
• receive information regarding your condition, communication disorder and recommended treatment that is complete, to the degree known, and presented in a way that is understandable to you;	• tell your provider if you are unable or unwilling to follow a recommended treatment plan;
• voice complaints or suggestions regarding the services you receive;	• express your concerns and suggestions about your care; and
• refuse to participate in research studies (if applicable);	• promptly pay any UWSHC fees.
• receive information about your fees for service;	
• request information about UWSHC Policies & Procedures;	
• receive services from professionals practicing standard infection control methods; and	
• receive copies of and examine your clinical and billing records.	

The initial client correspondence also includes an accommodations statement:

> The UWSHC will make every effort to honor requests for reasonable accommodations made by individuals with disabilities. Requests can be responded to more effectively if received as far in advance of the appointment as possible, preferably at least a week. Direct accommodation requests to Sherie Felicijan (608) 262-3951.

Patient Confidentiality Guidelines

This section describes how the UWSHC may maintain, use, and disclose confidential patient information and patient healthcare records. All employees, trainees, and students who have access to confidential patient information and/or patient healthcare records must familiarize themselves with and follow these guidelines (Last revised and reviewed by the UW-Madison Office of Legal Affairs, 2/7/2014).

A. DEFINITIONS

Patient healthcare records: Any recorded information, regardless of form (documents, photographs, audio/video recordings, etc.), prepared by employees, trainees, or students for purposes of treatment or billing that contains confidential patient information.

Confidential patient information: Medical or payment information that identifies or can be used to identify an individual patient is confidential. Identifiers include: patient's name, name of any of patient's relatives, name of patient's employer, social security number, birthdate, age if over eight-nine years' old, medical record number, insurance account numbers, geographic location more specific than a state, phone numbers, fax numbers, e-mail addresses, treatment dates, vehicle identifiers, device numbers, biometric information, photographs, and voices or images on tapes or electronic media. Confidential patient information includes spoken, written, and electronic information.

Patient's authorized representative: A person with authority under state law to act on behalf of the patient. Examples include a court-appointed guardian of the person, a person holding a valid and activated power of attorney for healthcare, and the parent of a minor. A parent who has been denied physical placement or legal custody of a child may not have a right to access his/her child's confidential patient information and/or patient healthcare records. Please contact the UW-Madison Office of Legal Affairs at (608) 263-7400 if you have questions about whether an individual constitutes an authorized representative.

B. PROTECT CONFIDENTIAL PATIENT INFORMATION

Take the following commonsense steps to prevent others in the Clinic from seeing or overhearing confidential patient information, unless accessing that information is necessary to complete patient care, administrative functions, or assigned educational activities.

- If you see a patient healthcare record in public view, where patients or others can see it, cover the file, turn it over, or find another way to protect it.

- If you talk about patients as part of your job, try to prevent others from overhearing the conversation. Whenever possible, hold conversations about patients in private areas.

- When patient healthcare records are not in use, store them in offices, on shelves, or in filing cabinets. Lock these areas when possible, especially after business hours.

- Remove documents that contain confidential patient information from fax machines, copiers, and printers as soon as you can.

- When you throw away documents that contain confidential patient information, put the documents in confidential bins for shredding.

- Allow patients to make reasonable requests for alternative means of communication. For example, a patient may ask a receptionist to contact the patient at work rather than leave a message on the patient's home voicemail.

- Do not leave detailed information about patient's medical condition or healthcare on an answering machine or in a voicemail. State only that the patient should return a call to the Clinic.

- Discourage patients from communicating with the Clinic by e-mail.

- Do not remove patient healthcare records (or copies of patient healthcare records) from the Clinic.

- Do not save confidential patient information to portable discs, zip drives, or any other portable media.

- Students are only permitted to create/edit documents containing confidential patient information on computers in the Clinic or the Clinic's instructional technology lab. Those documents should be saved to the student server.

C. USE OR DISCLOSE ONLY THE MINIMUM NECESSARY INFORMATION

Use or disclosure of confidential patient information to Clinic employees, trainees, and students is permitted as necessary to carry out patient care, administrative functions, and assigned educational activities. Use or disclosure of confidential patient information outside of the Clinic is permissible under certain circumstances, which are described later in this handout. When using or disclosing confidential patient information, use or disclose only the minimum information necessary to accomplish the task for which the information is being disclosed.

Example:
A receptionist is asked to schedule an appointment for a patient, and the receptionist recognizes that the patient is a neighbor.

The receptionist may open the patient's medical record and write the appointment time inside. The receptionist should not read the patient's medical history because it is not necessary to record the appointment time.

D. DISCLOSURES THAT DO NOT REQUIRE PATIENT CONSENT

Wisconsin law permits, and sometimes requires, the disclosure of confidential patient information. Listed below are the most common scenarios in which confidential patient information may be disclosed without patient consent. Prior to disclosing confidential patient information outside of the Clinic (without written patient consent) in other circumstances, please contact the UW-Madison Office of Legal Affairs at (608) 263-7400.

1. Disclosure amongst Clinic employees, trainees, and students for the purposes listed below. When using or disclosing confidential patient information for reasons other than patient care, use or disclosure only the minimum necessary information.
   - Patient care
   - Clinic operations, including scheduling, billing, and business planning
   - Record keeping
   - Development of Clinic guidelines
   - Evaluation of patient outcomes for clinical (not research) purposes
   - Evaluation of employees, trainees, and students
   - Assigned educational and training activities

2. Disclosure to governmental or accreditation bodies carrying out legally authorized audits or program monitoring. (A private pay patient may deny access to governmental bodies by annually submitting to the Clinic a signed form denying access, which is obtainable from the WI Department of Health Services.)

3. Disclosure pursuant to a lawful order from a court of record. A subpoena for medical records, unaccompanied by written consent from the patient/patient's authorized representative or an order signed by a judge, does not meet this standard. Such subpoenas should be referred to the UW-Madison Office of Legal Affairs.

4. If the patient/patient's authorized representative is incapacitated, a limited amount of confidential patient information (not patient healthcare records) may be released to help ameliorate the emergency if, in a <u>licensed</u> staff member's professional judgment, release is in the best interest of the patient.

   Example: A patient suffers a heart attack during an appointment, loses consciousness, and is transported to a hospital by ambulance. It is permissible to call the patient's family member or friend to notify them of the situation and provide information about the patient's condition and location if, in the opinion of a licensed speech-language pathologist or audiologist, it is in the best interest of the patient to do so. It would not be permissible to provide the patient's friend or family member a copy of the patient's healthcare records under these circumstances.

5. Disclosure to child protective services or law enforcement for purposes of reporting child abuse or neglect or abuse of an unborn child.

6. Disclosure to designated county agencies for purposes of making an elder abuse report or an adult at risk report.

7. If a patient poses a foreseeable risk of harm to him/herself or others, you may have a legal duty to take steps to mitigate the risk. Therefore, if a patient engages in violent conduct during an appointment or threatens to harm him/herself or others, you should contact the police and provide the minimum information necessary to address the situation. If information is to be disclosed in such a situation, please contact the UW-

Madison Office of Legal Affairs at 273-7400 prior to disclosure, if practicable, or as soon after the disclosure as possible.

8. The following information (not complete records) may be disclosed to a treatment provider outside of the Clinic without written consent if necessary to coordinate care. Complete records may be disclosed with written consent from the patient/patient's authorized representative.
   - Patient's name, address, date of birth
   - Name of provider at the Clinic
   - The date of services provided at the Clinic
   - List of the patient's medications, allergies, diagnosis, diagnostic test results, and symptoms

E. DISCLOSURES THAT REQUIRE SPOKEN CONSENT

Generally, before discussing confidential patient information with a patient in the presence of the patient's family member or friend, the patient must give spoken permission (except in emergencies when the patient is incapacitated as described above).

> **Example:** A patient is driven to the appointment by his/her spouse. Best practice would be to ask the patient whether it is okay to discuss care in front of the spouse before doing so.

F. DISCLOSURES THAT REQUIRE WRITTEN CONSENT

There are certain things Clinic employees, trainees, and students cannot do with confidential patient information or patient healthcare records, unless the patient/patient's authorized representative consents in writing.
   - Research activities (unless there is an IRB waiver of consent)
   - Marketing activities
   - Fundraising communications
   - Making disclosures to a patient's attorney or employer

Blank written consent forms are available at the Clinic. If a patient/patient's authorized representative signs a written consent form drafted by a third party, the consent must contain the following elements in order to meet the requirements of Wisconsin law:
   - The name of the patient whose confidential patient information or patient healthcare records is to be disclosed;
   - The type of information to be disclosed;
   - The individual or category of individuals authorized to make disclosure (e.g., Dr. Doe or UW-Madison Speech and Hearing Clinic);
   - The purpose of the disclosure, such as for an insurance application, to obtain payment of an insurance claim, for a disability determination, for a vocational rehabilitation evaluation, for a legal investigation, or for other specified purposes;
   - The individual, agency, or organization to which disclosure may be made;

- The signature of the patient/patient's authorized representative and, if signed by the patient's authorized representative, the relationship of that person to the patient or the authority of the person (e.g., parent, legal guardian, or activated health care power of attorney);
- The date on which the consent is signed; and
- The time period during which the consent is effective.

The Clinic shall retain a copy of any written consent for disclosure of confidential patient information or patient health records for the same time period that it retains the healthcare records of the patient to whom the consent pertains.

G. KNOW PATIENTS' RIGHTS TO USE AND INSPECT THEIR RECORDS

1. **The right to look at (and obtain copies of) records**. A patient/patient's authorized representative can ask to inspect the patient's medical and billing records and have copies made. Copies of video recordings requested will incur charges to the patient/patient's authorized representative.

2. **The right to ask for changes to medical and billing records.** The Clinic should evaluate and respond to any such request in writing within 30 days. If the request is denied, the patient/patient's authorized representative shall be allowed to submit one statement about the information at issue and the statement shall become part of the patient healthcare record and released whenever the information at issue is released. The patient's provider may respond once to the statement, which shall also become part of the patient's healthcare record.

3. **The right to receive a list of certain disclosures.** The Clinic shall record disclosures <u>outside of the Clinic</u> of confidential patient information or patient healthcare records, including disclosure of patient healthcare records to the patient/patient's authorized representative. A list of such disclosures made regarding a particular patient should be made available to the patient upon request. For each such disclosure, the Clinic shall record:
   - The date and time of the request for disclosure;
   - The individual or agency to which information was disclosed;
   - The date and time of the disclosure;
   - A description of the information disclosed; and
   - The purpose of the disclosure.

H. REDISCLOSURE

Confidential patient information and patient healthcare records received by the Clinic from another healthcare provider may only be disclosed if:

- The patient/patient's authorized representative provides written consent to the redisclosure of those records,

- A court orders redisclosure, or
- Redisclosure is limited to the purpose for which the confidential patient information or healthcare record was initially received.

Confidentiality in the UWSHC Treatment Rooms – Sound System

When a conversation is occurring in the UWSHC room and can be heard in the hallway because speakers in the observation room have been left on and the door is open, close the observation room door. If there are conversations in a treatment or observation room that are heard in the hallway, respectfully close the door. Remember to turn off the sound system in the observation room when not in use.

Patients Under the Care and Custody of the State of Wisconsin

When persons who are under the care and custody of the State of Wisconsin are patients at the UW Speech & Hearing Clinic ("Clinic") these procedures will be followed:

- Depending upon the policies of the State facility where patients reside, patients may be accompanied by one or more escorts (depending upon security level). It is the responsibility of the State facility to inform Clinic of its security requirements.

- When appropriate, as determined by the State facility where patient resides, escorts will be permitted to be present with patient at all times so as to permit the escort to observe patient.

- It is the responsibility of the escorts to monitor patient's restraints and monitor the surroundings to ensure that anything that might pose a risk is out of the reach of the patient.

- A graduate student, under the supervision of a clinical professor, meets the patient and their escort/s to provide a parking pass.

- Patients are escorted into the Clinic using the entrance to the right of the UWSHC lobby entrance and brought into separate waiting area or the clinic room.

- Patients in wheelchairs due to disability or restraints are brought into the lobby entrance via the ramp. Patients are roomed immediately, instead of going to the lobby waiting room.

- Patients in restraints are directed to use the bathroom in Room 111 (unless the room is otherwise occupied by other Clinic staff, visitors or patients). In this case, patients in restraints will be directed to the Men's Room off the front lobby.

Clients Using Paratransit

A number of our clients use paratransit agencies to provide transportation services, as they cannot access the public transit system due to their disability. If your client uses paratransit, by contract the transportation service has a 15-minute grace period (clients can arrive 15 before or 15 minutes after their scheduled appointment).

Late Arrival: If your client has not arrived within the 15 minutes of scheduled arrival time, contact the ride service and report the delay. They will be able to inform you of the estimated time of arrival. If you need to go into the therapy session to begin services with other clients, notify the clinic office manager of the client's estimated time of arrival and ask that she notify you when the client's van arrives. Meet your client in the lobby and proceed with services. On a rare occasion, the ride will indicate that the client was not picked up. Contact the client's broker/case manager immediately and report the absence.

Late Pick-up: If your client has not been picked up within the 15 minute of the scheduled pick-up time, the student clinician should contact the ride service and report the delay. There are phones in Rooms 158 and 174. They will be able to inform you of the estimated time of arrival. If the service cannot guarantee pick-up within 30 minutes of the scheduled pick-up time, contact the client's broker or case manager so that alternative transportation can be arranged. Inform the clinical supervisor of the transportation issue. It is important that someone (either you or your supervisor) monitor the client while he/she is waiting in the lobby. If you are able to stay with the client, you can use this time to continue addressing clinical goals informally while waiting in the lobby if that is appropriate.

Managing Threatening Confrontations

Sometimes clinicians may provide services to a client with challenging behaviors. Before initiating services, the student clinician and clinical professor should discuss pro-active supports and review any existing behavioral support plan for the client. It cannot always be predicted when challenging behaviors from our clients may occur. If a situation arises that may result in personal injury or an inappropriate violation of your space, follow these suggested guidelines:

- Remain calm and maintain a "neutral presence."
- Gain distance between yourself and the client.
- Remove all materials that may result in injury.
- If a caregiver, supervisor, or team member is watching the session, ask that he/she step into the room and lend support.
- Open the therapy door and ask for help.
- Use a calm voice and visual supports, if they are available, speak calmly to the client and provide reassurance to decrease behavioral escalation.
- Report the incident immediately to your clinical professor so an incident report can be filed. The professor will contact the client's team to discuss additional behavioral support

strategies or arrange for modifications in the treatment service delivery plan as deemed necessary.

If you feel you need more information or practice on managing threatening confrontations, talk to your clinical professor. We may seek a consultation on the topic or suggest you attend a workshop such as those provided through the Waisman Center on campus (see http://cow.waisman.wisc.edu/behavioralsupport.html). If you have an incident when providing services to your client with threatening or challenging behaviors, follow the procedures outlined in the section above.

Client Allergies

Remember that clients may have allergies that can affect the materials you use in your treatment or assessment sessions. If the medical history of your client indicates any type of allergy (food, latex, etc.) be mindful of this when selecting materials. Always check with the patient, caretaker, or guardian before using food in your treatment sessions.

UWSHC Semester Operations Checklist

The UWSHC has a standard set of procedures that should be completed by graduate students each semester to ensure the smooth functioning of the Clinic. This list may not be exhaustive depending on the specific practicum you are enrolled in or the individual client you are assigned. Your clinical professor will alert you to additions or exceptions to this checklist.

Prior to Appointment

1. Make sure you complete your *Student Emergency Form* (on Student Server) and turn it in to the Clinic Manager.

2. Check client information from the database (check with clinical professor).
   - Intake
   - Client Data Form
   - Broker/Referral/Primary
   - Emergency Contact
   - Transport Issues (as needed)

3. Retrieve and read client file.

   NOTE: Make certain to follow the procedures posted for check out of files.

4. If the file is not found, notify the Clinic Manager and your clinical professor.

5. Place reminder appointment call or send e-mail to family/client as directed by clinic professor.

6. Collect forms from Room 157.
   - Intake information

- A-V, observation (updated on a yearly basis)
- Release (updated as indicated on the form signed by the client)
- Case History

    NOTE: Some forms all clients will be asked to complete, others will be at the
    discretion of your clinical professor.

7. Prepare assigned room.
   - Infection control
   - Room arrangement
   - Materials and equipment readied
   - Tissues and sanitizers, gloves

        NOTE: If in need of replenishing tissues, sanitizers or gloves, ask the Clinic Manager.

8. Schedule and set up ISR.
   - Video system ready
   - Use the file identifier format described on p. 26.

First Meeting

1. Greet client.

2. Check on:
   - Parking permit acquired
   - Whether the client needs to talk with Clinic Manager about Fee Agreement form or fees

        NOTE: The Clinic Manager or designee will have asked about these things when
        checking in, however you need to confirm that this has been done.

3. Verify information:
   - Broker/referral/primary
   - Emergency contact
   - Transport issues (as needed)

        NOTE: If client is unable to verify information, telephone verification may be needed
        (e.g., guardian or broker).

4. Acquire needed signatures on permission and release forms.

        NOTE: For children, if only the name, address, and phone number of one parent,
        obtain the information for the other parent. If someone other than the
        parent (e.g., a grandparent) will bring the child to the Clinic, obtain the name
        and phone number of that person.

Throughout the Semester

1. Prepare room. Remember to put all furniture back in the original configuration, if you
   have moved it for your session. Configurations are posted on the room door.

2. Apply infection control procedures posted in the room.

3. Alert Clinic Manager of scheduling changes (i.e., day or time of session, added session).

4. File progress notes or other client information properly in the client file.
    - Reports from community.
    - Assessment data.
    - SOAP/Treatment/Progress notes.

5. Update database with information from first meeting.

    NOTE: Within one week of obtaining the information, email the Clinic Manager with the changes for updates in the database.

6. Update CALIPSO with your ASHA hours.

7. Retrieve parking permits from client.

End of Semester

1. File client reports properly.
    - Assessment/progress data.
    - Final reports.

    NOTE: Two-hole punch signed master copy of final (progress) report and SOAP notes and put into client file.

2. Provide database updates for next semester (discharge, inactive, etc.).

    NOTE: Make changes within one week of obtaining the information.

3. Complete supervising clinical professor's evaluation.

4. Update CALIPSO and ensure ASHA clock hours are approved.

5. Schedule final conference with supervising clinical professor.

Correspondence with Clients

Likely, you will have correspondence with the clients with whom you work (e.g., mailing final reports, e-mails or phone contact about schedules). Your clinical professor should approve all correspondence. Written correspondence via mail should be reviewed and approved by your clinical professor. Materials for preparing mailings are found in the 3rd floor Copy Room. Prepare enclosures, address and seal the envelope and put in the "Outgoing US/Foreign Mail" box in the 3rd floor copy room. The clinic office manager will add postage. Prior to telephone calls to clients, make certain you have discussed the content of the phone call with your supervising clinical professor.   For e-mail correspondence, your clinical professor should know about the communication prior to sending it and should be copied on the e-mail message.

Professionalism

The following description of professionalism is excerpted from an article by Michael R. Chial, Ph.D., Professor Emeritus, Department of Communication Sciences and Disorders at University of Wisconsin-Madison and should be read in full on our CS&D website. Dr. Chial writes:

Audiology and speech-language pathology are professional disciplines. Professions require certain behaviors of their practitioners. Professional behaviors (which may or may not directly involve other people) have to do with professional tasks and responsibilities, with the individuals served by the profession, and with relations with other professionals. Included among professional tasks are education and training. The following conveys expectations about the behaviors of those who seek to join these professions.

i. You show up on time.

ii. You show up prepared.

iii. You show up properly attired.

iv. You show up in a frame of mind appropriate to the professional task.

v. You accept the idea that "on time," "prepared," "appropriate," and "properly" are defined by the situation, by the nature of the task, or by another person.

vi. You accept that your first duty is to the ultimate welfare of the persons served by your profession, and that "ultimate welfare" is a complex mix of desires, wants, needs, abilities, and capacities.

vii. You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.

viii. You place the importance of professional duties, tasks and problem solving above your own convenience.

ix. You strive to work effectively with others for the benefit of the persons served. This means you pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for others to accomplish their work.

x. You properly credit others for their work.

xi. You sign your work.

xii. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.

xiii. You do not accept professional duties or tasks for which you are personally or professionally unprepared.

xiv. You do what you say you will do. By the time you said you would do it. To the extent you said you would do it. And to the degree of quality you said you would do it.

xv. You take active responsibility for expanding the limits of your knowledge, understanding, and skill.

xvi.   You vigorously seek and tell the truth, including those truths that may be less than flattering to you.

xvii.   You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.

xviii. You value the resources required to perform professional duties, tasks, and problem-solving, including your time and that of others.

xix.   You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.

xx.   You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served.

xxi.   When you attempt a task for the second time, you seek to do it better than you did it the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practice.

xxii.   You accept the imperfections of the world in ways that do not compromise the interests of those you serve, or your own pursuit of excellence.

xxiii. You base your opinions, actions and relations with others upon sound empirical evidence, and upon examined personal values consistent with the above.

xxiv.   You expect all of the above from other professionals.

Professional Code of Conduct for Students

The UWSHC and your clinical professors expect that you will demonstrate the professional behaviors described above in all your clinical work. In addition, you must adhere to department's professional behavior code of conduct for students. Refer to the CS&D website for further details about student conduct: LINK to our MS handbook

Students in the UWSHC are expected to conduct themselves in a manner consistent with the ASHA Code of Ethics at all times. The ASHA Code of Ethics identifies four areas where professional behavior is required:

- Holding paramount the welfare of the members of the public being served.

- Maintaining professional competence in the delivery of services.

- Promoting understanding of the disciplines of speech-language pathology and audiology.

- Honoring professional responsibilities and demonstrating respect for colleagues.

Specific rules related to each of the areas are elaborated in the ASHA Code of Ethics.

Dress Code Policy

Students shall be clean and dressed professionally when providing services within the UWSHC. Wear your name tag in an easily viewable location. Do **not** wear low cut/low rise pants, shirts or dresses with low necklines, denim (including any denim capris or skirts), sweatshirts, sweatpants, tops that expose the midriff, shorts (including Bermuda shorts), t-shirts with printed pictures or words, short skirts and/or dresses, tank tops, thin or "spaghetti style" straps on tops, bandanas, hats, and plastic or rubber flip-flops. Undergarments should never be visible. Clothing should not have rips, tears or frayed edges. Oral or facial piercings (tongue, lip, eyebrow, nose, etc.) must be removed. Students at off campus sites must adhere to the dress code of the facility at which they are placed. If a student violates the dress code the following steps are taken:

> **First violation:** a verbal and written (documented in student file) warning is given to the student following the clinic session.

> **Second violation:** 3 percentage points are deducted from the student's clinic grade.

> **Additional violations:** 3 additional percentage points are deducted from the student's clinic grade for each violation.

If the student attire is deemed completely unacceptable by the clinical professor, the student may be asked to not participate in the clinic session.

Absences and Punctuality – Students

Attendance and punctuality is required for all clinic sessions and meetings with your clinical professor. Any absences must be approved by your clinical professor. Students are responsible for contacting all appropriate individuals in the case of an absence. Students should first attempt to contact a fellow classmate to cover the session. They must then contact the clinic receptionist (608-262-3951) and their clinical professor when unable to meet an appointment. It is your responsibility to be prepared and ready to start clinic before the scheduled appointment time.

Absences on clinic days just prior to or immediately following university recesses are not permitted. Students are expected to be present for the entire period the clinics are in operation.

Attendance at Head Start Screenings

All graduate students are expected to participate in the Head Start Speech-Language and Hearing Screening program. Top priority is given to second year graduate students who need ASHA clock hours by their graduation date.

Speech-Language students are required to complete a total of five audiology screening sessions by the time of their graduation. Audiology students are required to complete a total of five speech-language screenings by the time of their graduation. Students are required to attend the screening times for which they have been scheduled. Should a student need to miss a scheduled Head Start screening session with advance warning, it is that student's responsibility to find another student to fill in for them. Further, the student is required to inform the Audiology Head Start Coordinator of the switch in the schedule prior to the date of the screening. Once the

schedule change has been acknowledged by the Audiology Head Start Coordinator, the student who is filling in is now considered the student assigned to the screening slot. The student who is filling in is required to attend the screening and the policy and procedure for missed screenings applies to him/her.

A no-show for an assigned screening slot will result in a lowered clinic practicum grade. A no-show is defined as an unexcused absence from a Head Start screening session.

Students are expected to attend assigned screenings. Excused absences will be granted for reasons such as illness or family emergencies.

In order for an absence to be excused, the student MUST notify the Audiology Head Start Coordinator and the front desk (608-262-3951) by 8:00 a.m. on the day of their absence. If an emergency or illness develops after 8:00 a.m., notify the Audiology Head Start Coordinator and the front desk as soon as possible.

A student's failure to attend an assigned screening without an excused absence will result in a lowered grade for his/her clinical practicum (CS&D 891, CS&D 892, CS&D 790) for the semester. The student's final grade will be lowered one-half of a letter grade for each unexcused missed Head Start screening (e.g., a final grade of A will be lowered to a grade of AB).

Absences and Cancellations – Clients

The UWSHC Attendance Policy is sent to each new client and at the outset of each semester of services. Clients read the policy, sign the form and return it to the clinic office manager. The policy states that:

- If unable to attend their session, they should call the Clinic office. A make-up session may be scheduled depending on the student therapist and supervisor schedules. Whether or not a make-up session can be scheduled will be determined on a person-by-person basis.

- If **two** scheduled sessions are missed without contacting the Clinic office, the staff will try to determine why the client was absent. One of the following may happen:

    o If the client or guardian cannot be reached or if they would like to stop therapy, they will be discharged from the Clinic.

    o If they would like to stay in therapy, services will be continued with the understanding that if another session is missed without letting us know, services will be ended.

- The UWSHC policy requires clients to pay a one-time fee at the start of each semester. No money will be reimbursed for missed sessions.

- The client discharged due to missing sessions can re-start therapy services when requirements of this policy can be met.

When a client phones to cancel an assessment or treatment session, the clinic office manager will post a cancellation notice on the message board in her office. Clients are identified by their

initials and the session starting time. Students should notify their clinical supervisor when their client has cancelled a session.

Client Tardiness

If the client has called to let the clinical professor and/or student clinician know they will be late, you can be prepared to meet them at the predicted time. If there has been no communication about being late, the waiting periods for clients are:

> 20 minutes for a 50-minute session
>
> 30 minutes for a 90-minute session
>
> 30 minutes for a diagnostic session

Students or supervising clinicians need to communicate this policy to their clients at the beginning of the semester. In addition, clients need to understand that the session cannot be extended past the scheduled time if the client is late. While waiting for a client, remain available in the lobby. Please notify the clinic office manager at the front desk when you leave after the waiting period. Your clinical professor may ask you to contact the client to determine the reason for their absence. If the client has not arrived within 15 minutes of the start time, the student clinician may contact the client. There are clinic phones in Room 158 and Room 174.

Client Dismissal Policy

Clients are dismissed from therapy at the UWSHC when one or more of the following indicators have been achieved:

1. Progress/Prognosis
   a. The client has developed communication skills within the upper limits of his/her capacity.
   b. The client is not demonstrating further qualitative changes in his/her ability to communicate.
   c. The client has achieved communication skills that allow for effective communication within his/her environment (determined by the client, and/or parents, spouses, educators, employers, group home supervisors, caregivers).
   d. Duration of services has exceeded predicted functional outcomes based on the above criteria.
2. Alternative Programs
   a. The client's needs are currently being met in alternative programs, and therapy at the UWSHC is not resulting in additional benefits.
   b. The client's needs could be better met through an alternative service delivery model.
3. Client Commitment: The client will be dismissed if his/her actions do not indicate commitment to the therapy process. These actions may include the following:
   a. Failure to follow through on assignments.

b. Irregular attendance and/or consistently late for appointments.

c. Non-payment of fees.

d. Behaviors (not explained by client diagnosis) that are counter-productive to progress in therapy.

e. Poor client motivation (not explained by client diagnosis) that is counterproductive to progress in therapy.

4. Criteria for dismissal can be measured by one or more of the following indicators:

a. IEP Goals/Treatment Plans.

b. Informal and formal testing measures.

c. Parental/other professional/family/client input.

d. Functional outcome measures.

Accident/Incident Report Policy and Procedure

It is the policy of the UWSHC to document and track accidents that occur in the Clinic space. All UWSHC students, faculty, and staff are responsible for reporting all accidents or incidents that result in injury or illness, regardless of the severity.

If an accident or incident occurs in the UWSHC, it is the responsibility of all clinicians, students, or other faculty/staff members to fill out the Clinic's Accident/Incident Report. The Accident/Incident Report is saved on the shared drive in the Clinic/Forms/Client Administration under Accident Report. There are hard copies of this form as well as the protocol in the front office. Fill out the form, place a copy in the client's chart, and give a copy to the Director of Clinical Education.

Infection Control Procedures and Procedures for Patient/Client Safety

It is important to protect your health and safety as well as the health and safety of the clients you serve during your practicums in the UWSHC. Due to the increased prevalence of infectious diseases and the expanded scope of practice for speech-language pathologists and audiologists, infection control and prevention of disease transmission are crucial concerns for the practicing clinician. ALWAYS follow the procedures for infection control and client safety as you provide clinical services in the UWSHC. You received information about infection control during your fall orientation to graduate school. The infection control procedures for speech-language clients are posted in each clinic room. The department has a set of standard precautions that should be used when providing services in the UWSHC. See Appendix B: Infection Control Policy and Procedures.

UWSHC clinic rooms are compliant with the American with Disabilities Act of 1990 standards and the Rehabilitation Act of 1973 relevant to the year of their construction. All UWSHC clinic rooms are accessible to persons with disabilities, inclusive of the Clinic entrance, bathrooms, and waiting room. The doors for rooms 165 and 125 are widened to allow easy access and egress for group sessions for clients in power chairs.

Emergency Procedures

If you are in a client session and have concern for the client's health or well-being (e.g., neurological signs or suicidal ideation), alert your clinical professor immediately. If the clinical professor is observing remotely, ask aloud that she join you in the treatment room. If you are unsure whether or not you are being observed by your assigned clinical professor, ask anyone in the observation room to alert the clinic office manager to contact your clinical professor. Alternatively, open the treatment door and get the attention of a fellow student or clinical professor or if you have a phone contact the front desk to ask for assistance. Do not let the client leave the UWSHC without alerting your clinical professor to your concerns about the client.

In case of an emergency in which outside medical or other intervention is needed the *UW-Madison Police Emergency Procedures Guide, 2012 Edition* ([www.uwpd.wisc.edu)](www.uwpd.wisc.edu) provides the following advice.

You should call 911 in ALL emergencies. An emergency is any immediate threat to life and/or property that requires immediate response from police, fire, or EMS. Some examples of emergencies are crimes in progress, any kind of fire, or a serious injury or illness. If you are not sure if an incident falls into an emergency classification, feel free to call 911 when an immediate response is needed. When reporting an emergency:

- Stay on the line with the dispatcher.

- Provide the address, location and a description of the emergency.

- Provide the phone number at your location.

- Provide a through description of the incident to assure appropriate resources are dispatched.

Throughout the Clinic, there are posted evacuation routes in the event of an emergency. Familiarize yourself with how to evacuate yourself and your clients.

Tornado Warning Alarm – If a tornado is identified, the outdoor emergency sirens will sound a steady tone for three minutes or longer if there is danger in the immediate area. Take the following actions:

- SEEK IMMEDIATE SHELTER. Go with your clients to the basement level via the stairways. Stay in the hallways away from outside walls, exterior doors, and glass windows or partitions. If you or your clients do not have the ability to take the stairs to the basement, move to the women's or men's room, which are away from outside walls, exterior doors, and glass windows or partitions.

- When safe to do so, leave badly damaged buildings. Elevators may not work in damaged buildings (the electrical power may be out or there may be damage to the elevator equipment).

- If you are surrounded by debris, be aware that removing some of it can cause other debris or part of the building to collapse. If it is not safe or possible to leave the area, stay there until assisted out.

- DO NOT attempt to turn on or off any utilities or other equipment.

- Report all injuries and damage to the University Police by calling 911. Give the following information:
  - Your name
  - Building name
  - Type of injury or damage
  - The location of injured person(s) or building damage
  - Room number you are calling from

Fire Alarm – If the fire alarm sounds, immediately follow the evacuation route posted in the Clinic. Assist your clients away from the building. Wait until the fire fighters give you the approval to reenter the building.

UWSHC Etiquette

The UWSHC is a professional space. Here are some general policies to follow in the Clinic lobby:

- Greet your clients and make sure they have checked in and signed out a parking permit at the front desk.

- See the "Operations Checklist" for other tasks upon meeting clients.

- Discuss any issues or home assignments prior to entering the lobby.

- Collect the client's parking permit at the end of the session and note that it was returned on the clipboard at the front desk.

- Keep conversations with your fellow student clinicians to a minimum.

- Have a seat in the lobby when waiting rather than sitting on counters.

- Use cell phones for client-related reasons (e.g., emergencies, contacting tardy clients or checking on client transportation). Texting and personal calls are not allowed.

- Wait with clients who are transported by parents, guardians, care staff, or transport company (see page 17 for Clients Using Paratransit) until you are certain the client's transportation has arrived. If they are late and you or your clinical professor cannot wait with them:

  1. Do not leave them alone.

  2. Ask the clinic office manager to contact the person responsible for transporting.

  3. Have the clinic office manager contact another clinical faculty member who can assist.

Use of Clinic Rooms

Therapy rooms are to be left in order and free of equipment and materials upon completion of all therapy sessions. Return all materials and equipment to their assigned storage spaces, so others can readily locate and use them. Use infection control procedures as listed in the clinic room. At UWSHC, after completing a therapy session, **close the windows and turn off the lights**. If you brought furniture into the room from another therapy/observation room, return it immediately upon completion of the session. Make certain the sound system in the observation room is off. During peak Clinic times, clinic rooms may be used back-to-back. This means you will need to efficiently clean and vacate the room for the next clinician to set up. Do not use tape, adhesive of any sort or Velcro on the painted walls in the clinic rooms (or hallways).

UWSHC Clinic Room Cleaning Schedule
Each student clinician is charged with cleaning the clinic room in which they have had a session. This includes always following infection control procedures. To ensure that all clinic spaces stay clean and organized, three students are assigned to overseeing therapy, observation, and resource rooms. The weekly cleanup schedule is posted in Room 150. A list of the tasks for each room assignment is also posted. Students will complete their tasks at the end of the assigned week (*Thursday or Friday*), then initial and date the posted schedule in Room 150. Inquiries about supplies, damaged items, or other concerns should be brought to the attention of the clinic office manager. Failure to complete the assignment will be brought to your attention by e-mail from the clinic office manager.

Clinic Room Assignments
Your clinical professor will assign your clinic rooms for your assessment or treatment sessions. This information is in the UWSHC database. A room cannot be changed unless your clinical professor has approved the change, checked the room's availability in the database, entered the newly assigned room into the database, and informed the clinic office manager of the change.

Observation of Client Sessions

No one may observe client sessions without the written consent of the client and the approval of the clinical professor. Make sure each client's file has a written consent for observers. If this form is not in the file, consult with your clinical professor. If the client withdraws permission to observe during a session, observers must leave the room immediately.

Observers should be notified prior to their observation in the UWSHC that they must:
- Respect the privacy and confidentiality of the client: what is seen or heard must remain in the clinic.

- Not ask questions, make comments, or criticize the student clinician while observing. Observers may ask questions of the student clinician or the clinical professor only when relatives of the client are not present.

- Enter and exit the observation room quietly. If it is necessary to speak while in the room, they must do so softly, as the wall are thin and voices carry easily to the adjoining therapy room. They must also keep the observation door shut.

- Learn how to turn on and adjust the loudness on the speaker system, and shut off the system when they leave the observation room.

You are obliged to question the presence of observers if it is not known who/why they are there. Sometimes students from *CS&D 371: Pre-clinical Observation of Children and Adults* may contact you via e-mail to set up an observation. They have been provided with information about client privacy, confidentiality, and appropriate etiquette in the Clinic. It is helpful if you take a few minutes prior to and after your session to give them information to support their observation and to provide them with a lesson plan (without identifying information). After the observation, the CS&D 371 student will put an observation-recording sheet in the clinical professor's mailbox for initialing.

Client Files

Checking Out and Returning Client Files

Remember client files are confidential and following privacy policies is essential. Active client files are found in Room 155. This room is locked and should be kept so upon leaving the room. Posted on the active client file cabinet in this room are the instructions for filing and signing out a client file. The instructions are as follows:

- Files are alphabetic by last name. Find the appropriate green hanging folder. Within that folder, you will find the client file. Directly behind the client file is the client **OUT** card**.** Put the **date** and your **name** on the **OUT** card and leave the card in the green hanging folder. Remove only the client file.

- You may review a file anywhere in the building except the client waiting room. It is prohibited to photocopy or remove any or all of a client file from the Department of Communication Sciences and Disorders or the UWSHC.

- When you return the file, place the file in front of the **OUT** card in the appropriate green hanging folder and cross your name off the **OUT** card.

- Clinical files or parts of files may not leave the building. Items in the files are confidential and must not be taken out of the file or photo copied. Students are advised to take notes and use only client initials on documentation. Any notes taken on file data must be turned in at the end of the semester for shredding. Failure to follow Clinic policy and procedures will be reflected in your clinical supervisors' evaluation of your performance.

Client Progress, SOAP and planning Notes

You must complete progress and/or planning notes and your clinical professor will inform you of the format and content required for each client. You are urged to complete notes immediately after the session, while your memory is freshest. Follow the timeline set up by your clinical professor. Place completed notes in the client's clinic file. Your clinical supervisor will review and sign the notes on a weekly basis.

Client File Format

The client file format is listed below. File the most recent information on top in each section. All materials are to be hole punched and inserted in the appropriate place by the student clinician. If you are unsure where to place client information, check with your clinical professor.

Left Side of File Folder	Right Side of File Folder
Initial Intake Form	Client data form (top sheet), Therapy, Diagnostic, Audiology, IEP, and other agency records and reports
Attendance Record	Client session notes SOAP notes Treatment plan
Consent Form	Progress reports/Final Reports
Authorization to Release Information	Test protocols and data

Clinic Materials and Checkout Procedures

Equipment, tests, and materials are available for your assessment and treatment sessions. Several rooms are organized to group materials for easier planning of your sessions. These rooms are: Toy Room 150, Young Child Resource Room 332, Language & Literacy Room 330, and Test Materials Room 447. Each room has instructions for checking out and returning materials, tests, etc. Make sure you understand and follow the procedures. Remember your infection control procedures, too!

Technology and Equipment

Some of our clinic rooms are equipped with desktop computers with AAC-specific software preloaded. The clinic computer lab in room 178 has several computers available for observation needs and AAC software. Clinic iPads are available for check out in room 330. If you need to purchase and upload a new app, work with your clinical professor to complete and submit the App request form. There are two Apple TVs located in the clinic on moveable computer/AV carts. The AAC Lab (located on first floor) has many tools for working with clients.

Please note: Only the iPad Airs are compatible with the Apple TVs when using the mirroring function.

Toy, Child Resource and Language Literacy Rooms

Often students re-create materials, taking lots of time in preparing their materials. You can save time by spending some time upfront to see what materials exist in these rooms. If there are other clinic materials that would benefit your work with your client that are not found in the various resource rooms, bring this to the attention of your clinical professor. She can evaluate your request and submit a purchase order for that material. If you discover materials or equipment that is damaged, broken, or have missing parts, inform your clinical professor.

Test Room

You have access to a wide range of current standardized assessment tools. These materials are organized alphabetically on the shelves in this room. The test forms for each test are in the cabinet drawers. If you see that there are only a few forms left follow the posted procedure. Do

not use the last form. On the table is a test inventory and sign out sheet. The student server "Speech Language Pathology" folder has a test inventory, listing tests available in Room 447. There is also a *Clinical Software Inventory* document in the same folder. Tests are not to be taken from Goodnight Hall without permission from your clinical professor.

Video Recording – Intelligent Stream Recorder (ISR)

Most rooms in the Clinic have cameras mounted on the wall for digital recording through a within-department network. Using ISR, clinical faculty can record and view clinic sessions from the desktop computers in their offices. The recorded sessions are stored on a secure, dedicated, password-protected drive in the department. Desktop computers in the Instructional Technology Lab (Room 403) allow students access to their video-recorded sessions for viewing and self-evaluating clinical performance. Check with your clinical professor for information on the use of ISR for recording and viewing your treatment sessions.

File Identifier Format for Treatment Sessions

Use of a consistent way to label the video sessions captured via ISR will help with retrieval for assessment and training purposes and help with the deletion process. Use the following file identifier format:

Full last name of clinical professor in caps

Date (month/day/year) 07232014

C or A (caps) for child or adult client

Disorder (lower case) Big 9 (articulation, fluency, voice/resonance, receptive/expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, or communication modalities)

Client Initials (caps)

For example: QUINN_07232014_A _voice _AK

Policy for Deleting Videos from the ISR

Remember to delete video sessions immediately (at least weekly) that are not being archived for teaching or training. The ISR system will be emptied three times a year in order to maintain adequate space for new videos. Video deletions will take place one week prior to the start of spring, summer and fall semesters. All videos one year or older will be deleted. A four week and two week reminder email of when video deletion is scheduled will be sent to clinical faculty. If a video needs to be kept longer than one year, it is the responsibility of the clinician to save videos to another location before the date of deletion. Departmental drives **are** an acceptable location for saving videos. It is not recommended to save on local computer hard drives, external hard drives, DVDs, etc. Refer to Confidential Patient Information and Protect Confidential Patient Information on page 4.

Procedures for Use of SALT Software LLC Transcription Services

Language sample analysis captures a speaker's typical and functional language use. *Systematic Analysis of Language Transcripts* software measures oral language and "standardizes the entire

LSA process from selecting the sampling context to interpreting the results, thus giving consistent and reliable measures of oral language" (Miller, Andriacchi, & Nockerts, 2011, p.1).

If you have a client for whom SALT analysis is appropriate, we can send the recordings to SALT for transcription. Remember for this transcription service that there is a fee that the UWSHC must pay. So the sample needs to be appropriate and the information salient to your clinical question. Before making this determination:

1. Review chapter 2, pp. 11-27, from the text, "Assessing Language Production Using SALT Software." The text can be found in Room 447.

2. For further information and examples see the free on-line tutorials at: http://www.saltsoftware.com/onlinetraining/
   SALT analysis fundamentals can be learned from Course 1401.

3. Make sure you are prepared to collect the sample in the manner (e.g., length of sample, topics, materials, books) suggested for the age of the client and type of sample. Use the "Summary of the SALT 2012 Reference Databases" and "Summary of the SALT 2012 References Databases by Grade in School" (see Appendix C and D) to assist in eliciting the proper type of sample. Ideally, you should select an elicitation context that fits the speaker's oral language abilities *and* will reveal language difficulties. If comparison to a SALT reference database is an option (for the elicitation context and speaker's age/grade), this is optimal for quantifying results.

4. Prior to sending a sample to SALT Software LLC for transcription, ask these questions:
   a. Is it a valid sample, representative of the client's abilities?
   b. Did I collect the appropriate type of sample for the client's age/grade and linguistic ability?
   c. Is the sample at least 80% intelligible?
   d. Did the target speaker/child produce close to 50 utterances, the preponderance of which were not interrupted or overlapped by the examiner/student?

5. Discuss the SALT procedures with your clinical professor. Your clinical professor should listen to the recording segment to be transcribed. If your clinical professor approves sending the recording for transcription, she will give approval (SOAP or Progress/Treatment notes record approval). Transcription by SALT Software is a fee for service so there should be appropriate rationales for sending the language sample.

6. Digital samples should be uploaded to the SALT transcription site at www.saltfiles.com. It is a simple web page and should be self-explanatory once you create a username/pw. It allows SALT to obtain all the information needed to create the correct SALT transcript header, which directs SALT to the correct database for comparison during analysis, if apropos. Before uploading, audio files should be named accordingly: UW-your initials-date of elicitation (e.g., UW-MR-8-5-14). The website form requires information about

the client including Sample ID. Use the audio file name for the Sample ID (e.g., UW-MR-8-5-14). Your clinic professor's name should be typed into the comment box on the upload page. Other pertinent information can be included in the comment box such as, "please start transcribing the conversation at 1:35 into the sample", or, "I am particularly interested in rate of speech." If there are two samples on one recording that are approved by the clinical professor for SALT transcription services, note this in the comment box. If sending more than one sample on the same date, add a number following your initials (e.g., UW-MR2-8-5-14).

7. In five to seven business days, you will receive a digital .SLT file. You and your clinical professor can run your own analyses. SALT is installed on the IT Lab computers, which are used to open/work with the transcript. Note that .SLT files only open in SALT.

Record Keeping and Reporting

Reports and Notes

The format of the documents you write related to your clinical work in the UWSHC will vary based on the clinical population with whom you work. Clinical professor's requirements for the type, format and timeline of this documentation will be provided to you in your CS&D 790 syllabus, Learn@UW or Canvas site or in meetings with you. In general, you will prepare a treatment and lesson plans prior to your session, SOAP or progress notes during the course of the semester and a final report by semester's end.

Due to confidentiality and privacy policies, students will write their clinical reports and notes in Goodnight Hall. The shared drive Clinic/Client Documentation and Reports/SLP is secure and password-protected. This is where all client treatment or SOAP notes and reports must be written. These reports should be written in Goodnight Hall in the IT Lab. **De-identified** client treatment or SOAP notes and reports can be submitted to your clinical professor for review and revision via the Learn@UW Dropbox or other electronic means but must be moved into the shared drive Clinic/Client Documentation and Reports/SLP at semester's end.

ASHA Clock Hours

Student ASHA clock hours are tracked, submitted, approved, and calculated using the *Clinical Assessment of Learning, Inventory of Performance and Streamlined Office-Operations* (CALIPSO). Students should keep an account of the amount of time spent with each client, throughout the semester. **Only direct contact with the client or the client's family in assessment, management, and/or counseling, may be counted as ASHA clock-hours**. For example, if you spend 50 minutes providing therapy with a client, you count only 50 minutes; you may not count 50 minutes as an hour.

Check with your clinical supervisor if you have any questions regarding the tabulation of clock-hours, the distribution of child or adult clock hours, and/or the appropriate designation of evaluation vs. management clock-hours. A more detailed explanation of the manner in which ASHA counts clinical experience may be found in ASHA's 2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology. Your clinical

professor will review and approve your clinical clock hours at midterm and at the end of the semester.

Student Supervision Policy

The Clinic's student supervision policy is in accordance with the *Council on Academic Accreditation Standard 3.5A* and the *Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) Standard V-E.*

- Supervision is provided by individuals who hold both the Certificate of Clinical Competence in speech-language pathology and/or audiology and are licensed by the State of Wisconsin Department of Safety and Public Services (DSPS). In Wisconsin, public school supervisors must also have taken a course or workshop in supervision, have at least 3 years of professional experience, and hold a *Wisconsin Department of Public* Instruction license (rather than a DSPS license).

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

- Direct supervision is in real time. A supervisor is available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

- The 25% supervision standard is a **minimum** requirement and will be adjusted upward whenever the student's level of knowledge, skills, and experience warrants. At the conclusion of the practicum, the supervisor approves and signs the ASHA hours accrued under her/his supervision. This signature confirms that their supervision has met or exceeded the policy for amount and type of supervision.

Evaluation

We are interested in ensuring that our services are meeting the needs of our clients, that students are growing in independence and skill, and that our clinical professors are providing the types and amount of support you need to develop your skills and knowledge. There are three evaluations that are completed at semester's end:

Client Satisfaction Survey
This survey asks clients to provide us with feedback on the treatment or evaluation services provided. The survey is distributed to the client and they can complete it anonymously. They can return the survey in an envelope either to the front desk or in a stamped-addressed envelope to the Director of Clinical Education. The evaluations are used for continuous improvement to our services.

Supervision Evaluation

It is important that students evaluate their experience with each practicum and clinical supervisor to assist us in ongoing evaluation of our training program. We value your feedback. At the end of each semester, you will receive an e-mail letting you know you have an online evaluation ready to complete for CS&D 790. The evaluation period is the last two weeks of classes and you can complete the evaluation at any time during that period. Complete the evaluation prior to meeting with your clinical professor for the final conference. If you do not complete the evaluation, you will receive one e-mail reminder. If you have registered and are working with two clinical professors during a semester, you should complete one for each supervisor.

Student Clinician Evaluation

Your supervising clinical professor will provide you with formative assessment throughout the semester. You will have a mid-semester and final conference. Clinical professors may use differing tools to provide you feedback during the semester. All students will be assessed using the evaluation tools on CALIPSO.

CALIPSO

The *Clinical Assessment of Learning, Inventory of Performance and Streamlined Office-Operations* (CALIPSO) is a web-based application that manages key aspects your academic and clinical education during your graduate training program. CALIPSO tracks your:

- competency development
- ASHA hours
- immunization and compliance records

Getting Registered

You register for CALIPSO, in the first semester of graduate school. The year you enter graduate school and register for CALIPSO is your "Year." You will be designated throughout graduate school as 2017. You will receive a PIN in the beginning of this semester and instructions to register. The one time registration fee is $85. There are systematic instructions both on the student server and on the CALIPSO student page (also known as 'Lobby').

Each CS&D 790 section led by a different clinical supervisor is associated with a number. This number is important as you enter ASHA clock hours into CALIPSO.

Clinical Professor	CS&D 790 Section #	CALIPSO #
Krug	001	1
Caul	002	2
Eith	003	3
Quinn	004	4
Cohen	007	7
Seidel	009	9

Competency Development: Student Performance Evaluation

The goal of your graduate training is to prepare you to enter the field with "emerging" competency to evaluate and treat individuals of all ages who have communication disorders. Specifically the skill areas ("Big 9") in which you will gain competency are:

1. articulation
2. fluency
3. voice
4. language
5. hearing
6. swallowing
7. cognition
8. social aspects
9. communication modalities

In addition, your competency is determined by ensuring that you possess foundational knowledge about basic human communication, can integrate research into practice, understand contemporary professional issues, demonstrate professionalism, and communicate in a professional manner.

Throughout your graduate training your academic classes and clinical practicum will guide you in building these competencies. Your progress towards independence across the "Big 9" will be measured via CALIPSO and is expected to develop as you complete your program and clinical fellowship year (CFY) culminating in an ASHA certificate of clinical competence (CCC).

The *Performance Evaluation* that is part of CALIPSO is used to guide student assessment at both mid and final conference time.

- Clinical professors may have other evaluation formats that they use. Any additional documents should be uploaded to the *My Student Evaluation* section.

- The Performance Rating Scale's rubric (1 – Not Evident to 5- Independent) is defined as:

    o **Not Evident** - Skill is not evident. Specific direction or demonstration does not alter ineffective performance.

    o **Emerging** - Skill is beginning to develop, but is inconsistent or inadequate; needs specific direction and or demonstration to perform effectively.

    o **Developing** - Skill is present but requires further development or increased consistency; needs general direction to perform effectively.

    o **Refining** - Skill is present but occasionally needs general direction to perform effectively; is self-reflective; takes initiative in refining skills.

    o **Independent** - Skill is well developed. Independently performs effectively; may need consultation; is self-reflective.

Clinical professors rate the student's Evaluation Skills and Treatment Skills only for the skill areas that students had experience with for that semester. Preparedness, Interaction and Personal Qualities are scored 1-5. The ratings equate to a grade as indicated below:

4.00-5.00	A	2.00-2.49	C
3.50-3.99	AB	1.50-1.99	D
3.00-3.49	B	1.00-1.49	F
2.50-2.90	BC		

The clinical professor uses this data in determining your final grade but likely considers other factors (as indicated on their syllabus) in determining the final course grade. Therefore, the letter grade received in CALIPSO may not be the final grade given for the semester.

Documenting ASHA Hours

See Student Step-by-Step Instructions either on the CALIPSO Student page.

Record your ASHA hours using CALIPSO by following Step 6a: *Enter Daily Clock Hours*.
Prior to your midterm conference with your clinical professor:

- Update the *Daily Clock Hours* in CALIPSO (online).

- Your undergraduate observation hours will be entered into CALIPSO by the graduate student coordinator by the start date of clinic in your first semester of the program. You are responsible for ensuring these hours have been entered correctly. Review the hours in the UG field under "Observation – Evaluation" or Observation – Treatment.

At mid-term conferences with the clinical professor:

- Update your ASHA hours in CALIPSO, check with your clinical professor that how you are counting and categorizing your hours is accurate.

- Complete any additional tasks requested by your assigned clinical professor in preparation for the midterm conference.

At final conferences with the clinical professor:

- Update all *Daily Clock Hours* on CALIPSO and select "submit selected clock hours for supervisor approval" button located on the Daily Clock hour page (after selecting supervisor from dropdown menu). After final conference, any adjustments are made and resubmitted to the clinical supervisor by the end of the final conference day. The clinical professor approves CALIPSO hours by the end of the exam period for the semester.

- Hearing Screening hours should be added to the summary form in the semester in which they were completed. Bring both the hours and rating sheet that are signed by audiologist who supervised the screening (follow the Head Start process for obtaining the ASHA hour and Rating Form).

- Complete and bring the "*Performance Evaluation*" form and any other information you have been asked to prepare.

- Complete course evaluation (online) provided by the university for clinical practicum CS&D 790 **prior** to final conference.

- Optional: complete Supervisor Feedback form on CALIPSO

Student Teaching

During the semester that you student teach (C&I 720 Student Teaching in Communication Sciences & Disorders), you will take CS&D 714 School Methods and Procedures in Speech-Language Pathology. Through this school methods class you will build a portfolio that illustrates how you have gained competencies which align with the University of Wisconsin-Madison Teacher Education Standards (TES), WI Rules and Statutes (RS), Teaching Standards stipulated in PI 34 Legislative Rules, and standards established by the American Speech Language Hearing Association (ASHA). This portfolio is critical to your application for licensure in an educational setting (i.e., working in the schools).

During this semester, you should enter your ASHA hours into CALIPSO as in other semesters. The school site coordinator will approve these hours at the final conference. Your school supervising clinician will complete a *Clinical Skills Appraisal Form (CSAF)* containing the competencies needed. This form will be uploaded to your portfolio and the school site coordinator will translate your performance on the CSAF into a competency rating in CALIPSO.

Gifts and Gratuities

Student clinicians and clinical professors are not allowed to accept gifts of any monetary value from clients or their family members. This includes cash, checks, gift cards, gift certificates, etc. Tokens of appreciation (e.g., cards, baked goods, candy, and child's artwork) are allowed. If clients want to show appreciation for services, they may make monetary donations to the UWSHC or donate children's toys or books.

UWSHC Parking Policy and Procedure

Policy

The UW Speech & Hearing Clinic pays to secure eleven parking stalls in front of Goodnight Hall. Parking stalls are reserved for clients and patients receiving services through the clinic. Clients and patients have priority for parking and must be accommodated first.

Given reasonable notice to determine parking availability, the UWSHC will accommodate research participants, guest lecturers, faculty, staff, and guests meeting with faculty and staff.

During low volume times in the clinic (for example semester breaks), faculty and staff may park in client/patient stalls after inquiring with clinic office manager about availability and will follow procedures for use of permit as detailed below. Faculty/staff parking requests when clinic is in

session, will be honored if the clinic office manager determines there is sufficient parking for client/patients, research participants, guest lecturers, and guests meeting with faculty and staff.

When Clinic is in session a faculty/staff member or student may need temporary (multi-day) use of client/patient stalls due to special circumstances (e.g., medical condition). These requests should be made to the Director of Clinical Education.

For classes held in Goodnight Hall, students should not park in the client/patient stalls but may use Lot 57, 58 and Lot 62 in accordance with the posted parking regulations.

Procedures for Use of Permits

The client/patient parking stall hangtags are located in the UWSHC clinic office. The clinic office manager or her designee distributes the hangtags. The hangtags must be signed out and displayed appropriately for each vehicle parked in the client/patient parking stalls.
Clients/Patients receive a hangtag from the clinic office manager or her designee upon arrival at the front desk lobby.

Those responsible for scheduling research participants, guest lecturers, and guests meeting with faculty and staff, should contact the clinic office manager in advance. Reasonable notice must be given to determine whether there are parking spaces available. If no spaces are available due to client/patient need, parking must be secured through Transportation office, or by use of the Service hangtag in the administration office, Room 306.

**Effective: 2015-8-06**

Appendices

Appendix A

Goodnight Hall Room Locations and Functions
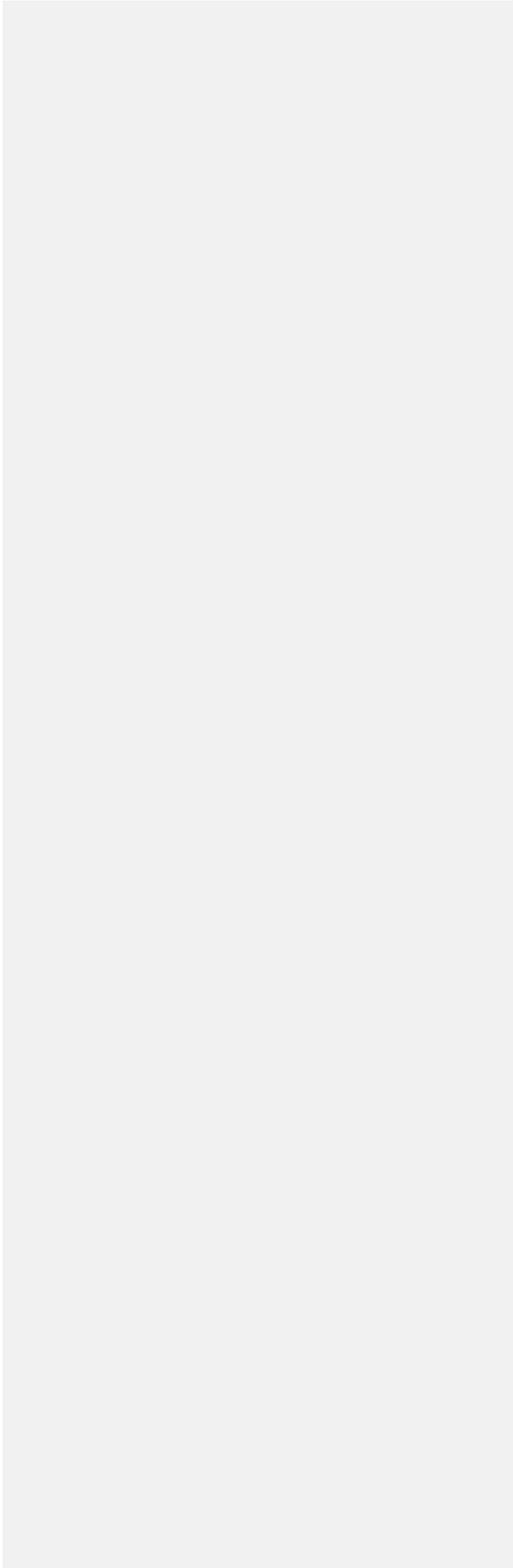
Goodnight Hall Room Locations and Functions

FIRST FLOOR

Audiology Suites

Suite 101 (*code is JTA*)
- Hearing evaluations (adult and pediatric)
- Hearing aid troubleshooting and electroacoustic testing
- CAPD Testing
- OAEs

Suite 102 (*code is 102*)
- Hearing evaluations (mainly adults)
- ALD display

Suite 157 (*code is MTV*)
- Hearing Aid Lab

Suite 174
- Hearing evaluations (adult)
- Hearing aids

Clinic Office (#110)
- Sherie Felicijan, Clinic Manager
- Clinic Operations

West Clinic Wing (#120-146)
- Head Start screenings rooms
- Therapy and Observation rooms

North Clinic Wing (#158-178)
- Therapy and Observation rooms

Craft/Toy Room (#150)
- Toys
- Arts and crafts materials
- Puzzles
- Games
- Gloves and tongue depressors
- Office supplies

Client File Room (#155)
- Client files
- Clinical paperwork

Observation Room (#161) (*code is SNG*)
- Additional hearing aid company materials

THIRD FLOOR

Language & Literacy Room (#330)
- Literacy kits
- Children's and adolescent's books
- Activity books

Child Resource Room (#332)
- Articulation and language materials organized by category on each shelf
- Spanish materials
- Stuffed animals
- Puppets & dolls
- Pawns and game pieces
- Laminator

Department Chair (#301)
- Katie Hustad

Director of Clinical Education (#373)
- Amy Hartman

UWSHC Coordinator (#365)
- Melanie Buhr-Lawler
- Oversees HARP and Head Start

IT Office (#310)
- Michael Block
- Technical support
- Videoconferencing issues
- Technology checkout (netbooks, laptops, projector, conference phone, flip camera)

Graduate Coordinator (#318)
- Amanda Talbert
- Academic policies and procedures questions
- If needing to communicate with the entire class or faculty

THIRD FLOOR (CONTINUED)

Administrative Support Staff
- Tim McCarty, Department Admin. (#305)
- Maureen Garity, Financial Specialist (#302)
- Michael Block, IT Specialist and Building Manager (#310)
- Rhonda Jacobs, Administrative Coordinator (#306)

Copy Room (#320)
- Copy machines (obtain code from supervisor)
- ASHA Clock Hours Form
- UWSHC letterhead and department envelopes
- Paper cutter
- Mailboxes for faculty and staff
- Fax machine

FOURTH FLOOR

IT Lab (#403)
- Computers
- Printers: color, black & white
- Co: Writer and Write: OutLoud binders

Classroom–Distance Learning (#412)
- Videoconferencing with Stevens Point
- Majority of AuD classes held here
- SAA meetings

Classroom (#420)
- Meeting room

Study Room (#428)
- Quiet room for study
- Group meetings

Library (#444)
- Study area/group meetings
- Resource reading material, including text books, dictionaries, and informational books on specific disorders

Test Room (#447)
- English standardized tests (on shelves on left)
- Spanish standardized tests (on shelves on right)
- Duplicate copies of tests (in cupboard above filing cabinets)
- Test forms (in filing cabinets)
- Dissertations (in the closet)

Conference Room (#401)
- Meeting room

Student Lounge (#413)
- Meeting area
- Student lockers
- Coat hooks
- Vending machines

Student Kitchen Area (#416)
- Fridge/freezer and microwaves
- Student mailboxes

BASEMENT LEVEL

Large Lecture Hall (#B62)
- Classroom
- Prosem
- NSSLHA meetings

B1–Dr. Fowler's Lab (*code is 382*)
- Electrophysiologic testing
- Tympanometer and audiometer

B32 (*code is 798*)
- Audiometers
- CI and BAHA materials/demos
- VNG testing

B36 (*code is RHO*)
- ABR testing
- Audiometer

FACULTY & STAFF DIRECTORY

A directory of Department of Communication Sciences and Disorders faculty and staff names and office numbers is located across from the elevator on the third and fourth floors.

Faculty

Sriram Boothlingam (#482)
Melanie Buhr-Lawler (#365)
Kimberly Caul (#326)
Michelle Ciucci (#362)
Stacy Cohen (#344)
Nadine Connor (#361)
Jon Douglas (#374)
Viji Easwar (#475)
Alyson Eith (#366)
Susan Ellis Weismer (#369)
Mianisha Finney (#479)
Cynthia Fowler (#382)
Amy Hartman (#373)
Katie Hustad (#301)
Rita Kaushanskaya (#343)
Amy Kroll (#331)
Heather Krug (#335)
Caroline Niziolek (#474)
Ben Parrell (#347)
Rachel Lee (#338)
Ruth Litovsky (#378)
Michelle Quinn (#370)
Carrie Rountrey (#341)
Courtney Seidel (#337)
Audra Sterling (#381)
Susan Thibeault (#5107 WIMR)

Staff

Michael Block (#310)
Sherie Felicijan (#110)
Maureen Garity (#302)
Rhonda Jacobs (#306)
Timothy McCarty (#305)
Amanda Talbert (#318)

Appendix B

Infection Control Policy and Procedures
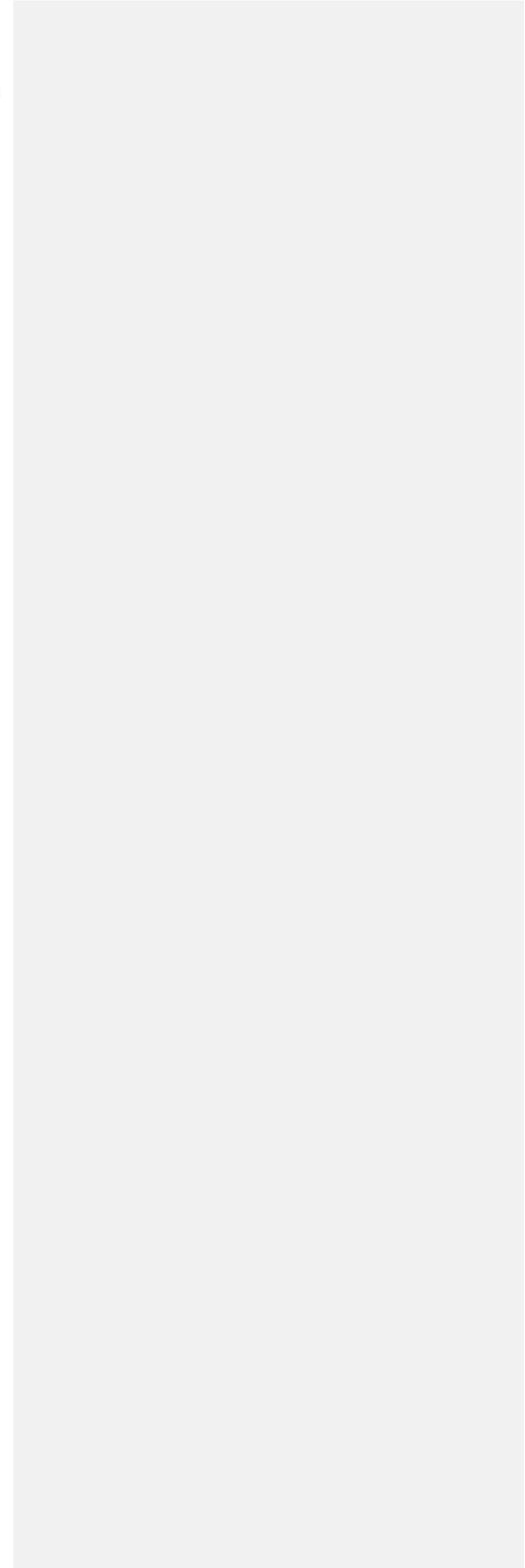
INFECTION CONTROL POLICY AND PROCEDURES
University of Wisconsin Speech & Hearing Clinic
Speech & Language Pathology

See http://www.asha.org/slp/infectioncontrol.htm for ASHA Resources.

Introduction

The incidence of communicable diseases, such as cytomegalovirus (CMV), hepatitis B (HBV), herpes simples, tuberculosis, influenza, and acquired immune deficiency syndrome (AIDS) are increasing. These diseases, in addition to other infections, are contagious and can be life threatening. In light of the increased prevalence of infectious diseases and the expanded scope of practice for speech-language pathology, infection control and prevention of disease transmission are important concerns for the practicing clinician.

Speech-language pathologist may handle hearing aids, earmolds, headphones, earphones, tongue blades, toys, and other instruments that come in direct or indirect contact with their clients. As a result, it is important that they protect themselves and their clients from infection. Infection control programs can include routine preventative measures (hand washing, protective barriers, and immunizations) in addition to antimicrobial processes (cleaning, disinfection, and sterilization). The objectives of the Infection Control Policy and Procedures are to maintain a clean and healthy environment for client testing and treatment. Infection control policies should be implemented whenever students and faculty are in the clinic, both when doing labs and when seeing clients. Training on communicable diseases, policy, and procedures will be provided to staff and students prior to their participation in clinic.

Standard Precautions

Standard precautions were previously known as "universal precautions." The Centers for Disease Control and Prevention (CDC) recommend certain practices to prevent transmission of blood-borne pathogens. Standard precautions include using hand hygiene and isolation precautions; wearing personal protective equipment; and following appropriate procedures for needle and sharps safety and disposal, medical waste disposal, and sterilization of reusable equipment.

- **Hand Washing/Hand Hygiene** is the most effective way to prevent infection and is often considered the first line of defense against germs. Hand hygiene is important for the safety of health care workers and the patients they treat.

- **Isolation Precautions** are taken in health care settings to prevent the spread of an infectious agent from an infected or colonized patient to susceptible persons.

- **Personal Protective Equipment** includes gloves, face masks, gowns, protective glasses, and other equipment used to provide a barrier of safety between the health care worker and the patient.

Immunizations

In your various clinical practicums you may be placed in hospitals, schools, VA medical centers, specialty clinics, nursing homes, or rehabilitation centers. Many of these sites require proof of immunization for contagious diseases. If you have not been inoculated or do not have proof of

protection for the following diseases, please be aware that some sites may not be available to you.

The immunization requirements are typically for the following diseases: Tuberculosis, Measles, Mumps, Rubella, Polio, Hepatitis B, chicken pox verification and yearly TB tests. Immunizations shots are available through UW Health Services. For information and scheduling of inoculations, call: (608) 265-5600 or visit http://www.uhs.wisc.edu/index.jsp.

Student Teaching Practicum: All teacher education students working in the public schools during their student teaching or intern semester are required by the Department of Public Health to produce evidence that they are free of tuberculosis. All students seeking student teaching or intern assignments will need to provide the Education Academic Services Office with certification of a TB examination prior to beginning their student teaching or intern assignment. Results of TB examinations must have been obtained within a two-year period preceding the student teaching experience. Students may also consider taking the Hepatitis B series of immunization shots available through the University Health Services. However, only the TB skin test is required.

Employee & Student Categorization

Exposure Guidelines by OSHA (Occupational Safety and Health Administration)
- *Category 2:* All faculty & AuD students: some tasks in normal work routine may lead to exposure to blood or other infectious substances, but exposure is not inherent in the job.
- *Category 3:* Support staff: normal work routine leads to no exposure to blood, bodily fluids, or tissues.

Infection Control Policy and Procedures

Incidents (human bites, incidents involving bodily fluids): All incidents will be reported immediately to the clinical supervisor.

Human bites:
Anyone who receives a human bite is and will be advised to seek immediate medical care with their physician or University Health Services.

Incidents involving contamination of objects and/or by body fluids:
- The clinical supervisor will be contacted immediately.
- The object will be isolated using standard infection control procedures while wearing gloves.
- The contaminated items, areas, and objects will not be used until disinfected with a hospital grade disinfectant according to infection control guidelines.
- The clinical supervisor will notify the building manager.
- The building manager will contact janitorial services at UW-Madison to request appropriate clean up.
- If the items or objects must be discarded, they will be place in the appropriate infection control container.

Routine Preventative Measures

Hand Hygiene

Authorities and experts agree that hand washing is the single most important step in eliminating the possibility of infection or cross contamination.

To minimize the exposure to disease, faculty, staff, and students in speech-language pathology shall implement the following standard policy and procedures:

- Use the hand sanitizer or wash hands before and after each client

- Wash hands upon contamination or potential contamination with blood or bodily fluids

- Wash hands immediately after performing the following procedures: oral-peripheral examination, dysphagia management, feeding therapy or any procedure involving manipulation or touching the articulators

- Wash hands after removing gloves

- Hand washing technique:
  - Use medical grade antiseptic or germicidal liquid soap
  - Wash hands thoroughly for 30 seconds (wash for 60 seconds pending potential contamination)
  - Use vigorous movements utilizing the fingers
  - Hand washing includes hands, forearms, wrists and under fingernails
  - Rinse with warm water
  - Dry hands with paper towel
  - Use same paper towel to turn off the water faucet

- If disinfectant soap and water are not available a waterless "no rinse" hand disinfectant can be used

- If a sink is not available in your diagnostic or hearing aid room please utilize the first floor lavatories or hand sanitizer/disinfectant

Protective Barriers

- **Gloves**
  - Should be worn when there is potential contact with blood or bodily fluids, when a patient's skin is non-intact, when the clinician has an open wound/non-intact skin, or when handling items or conducting procedures noted accordingly under the work practice infection control procedures.

  - Proper Gloving Procedure:
    - Place gloves on a clean paper towel
    - Inspect for tears
    - Wash hands prior to putting on gloves
    - Wash hands after removing gloves
    - Dispose of gloves in trash receptacle
      - If gloves are contaminated with blood, ear drainage, or cerumen, place in a small plastic bag, separate from other trash
      - Gloves containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol

- **Eye Protection:** Diseases can be transmitted through the eyes.

    o Required when:
      - Treating high risk patients
      - Risk of splash or splatter of potentially infectious material
      - Clinician or patient is at risk of airborne contamination

    o Types
      - Eyeglasses worn for visual correction
      - Safety eyeglasses
      - Face shields

- **Masks:** Diseases such as airborne microorganisms (tuberculosis) can be transmitted through mouth or nose

    o Required when:
      - A patient reports a potentially contagious airborne microorganism disease

    o Procedure:
      - Surgical masks are single use
      - Dispose of masks in trash receptacle after use
      - Mask must fit snuggly over mouth and nose

Work Practice Infection Control Procedures

Note: Gloves should always be worn when there is potential contact with an HIV positive client, when the patient's skin is non-intact or when the clinician has an open wound/non intact skin. If these circumstances do not apply, please reference the following protocols for each specific testing procedure. It is also noted that while gloves are not required they are always available for use pending clinician preference.

Audiologic Measures for Hearing Screening

  Otoscopy:
  - If upon reviewing the external ear, drainage is noted, glove
  - Complete otoscopic procedure
  - Remove specula and dispose of in trash receptacle
      o If the tip is contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol.
      o If the tip is contaminated with blood or bodily fluids, and the external ear did not denote drainage, glove before removing specula and dispose of it in appropriate container.

  Tympanometry:
  - If otoscopy revealed drainage, infection, blood or foreign body, glove
  - Administer test

- Remove disposable ear tips and place in jar labeled "dirty"
  - If the tip is saturated with a significant amount of wax, throw away in the trash.
  - If the tip is contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol.
- Disinfect any hard level surface surrounding the equipment with disposable germicidal pre-moistened cloth (Sani-Cloth)

Headphones:
- Administer test
- Glove
- Disinfect with disposable germicidal pre-moistened cloth (Sani-Cloth) or spray
  - Wipe headband
  - Wipe headphone cushions (be careful not to wet the speaker component of the headphone)
- Hang in designated area and let dry
- Throw disinfectant cloth and gloves in trash receptacle
  - If cloth or gloves are contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol.

Speech-Language Measures

Protocol: Oral-Peripheral Examination
- Wash hands prior to procedure
- Glove
- Dispose of tongue blade or other disposable object used within the mouth
- Wipe flashlight with Sani-Cloth

Protocol: AAC Speech Generating Device (SGD) Management Computer Access/Speech/Voice Instrumentation
- Glove and disinfect materials (touch screen, mouse, adaptive peripherals, device) as per direction detailed in room

Protocol: Food Consumption
- Wash hands prior to procedure
- Glove
- Use sanitized dishes (client specific or disposable utensils and plates
- Dispose of all foods (liquids and solids) in appropriate receptacle
- Wash dishes and let dry and lay on appropriate surface
- Disinfect any hard level surface surrounding food/beverage items using germicidal pre-moistened cloth (Sani-Cloth)

Disinfecting Materials

Wear exam gloves when handling contaminated items or harmful chemicals

Protocol: Room Disinfection
- Glove and wipe table surfaces, keyboards, backs of chairs, doorknobs, light switches and other surfaces or objects touched by the client or clinician with SaniWipe. Disinfectant cloth and let dry.
- If a surface area has been contaminated with blood or bodily fluids the following is recommended:
  - Glove and isolate surface area in a designated room away from contact of others. If the surface is an unremovable item, the diagnostic or therapy room will be closed until University Janitorial Services can come and appropriately treat.
  - Dispose of gloves in an impermeable bag labeled with biohazard symbol.
  - Notify Building Manager (Dennis Grossman dcgrossm@wisc.edu) to call Janitorial Services for cleanup.

Protocol: Toy Disinfection
- Glove and wipe all surfaces of toy with SaniWipe Disinfectant cloth and let dry.

References

Bankaitis, A.U. & Kemp, R.J. (2002). Hearing Aid-Related Infection Control. In: M. Valente (Ed.), Strategies for Selecting and verifying Hearing Aid Fittings, Second Edition (pp.369-383). New York: Thieme Medical Publishers, Inc., New York: NY.

Updated 7/27/15

Appendix C

Summary of the SALT 2012 Reference Databases

Summary of the SALT 2012 Reference Databases

English-fluent Participants

Database	Context (Subgroup)	Age Range	Grade in School	# Samples	Location	SI, NSS, ESS
Play	Con (Play)	2;8 – 5;8	P, K	69	WI	SI
Conversation	Con	2;9 – 13;3	P, K, 1, 2, 3, 5, 7	584	WI & CA	SI
Narrative NSS	Nar (NSS)	5;2 – 13;3	K, 1, 2, 3, 5, 7	330	WI	SI
Narrative Story Retell	Nar (FWAY) Nar (PGHW) Nar (APNF) Nar (DDS)	4;4 – 7;5 7;0 – 8;11 7;11 – 9;11 9;3 – 12;8	P, K, 1 2 3 4, 5, 6	145 101 53 201	WI & CA	SI, NSS
Expository	Expo	10;7 – 15;9	5, 6, 7, 9	242	WI	SI, ESS

Bilingual Spanish/English Participants

Database	Context (Subgroup)	Age Range	Grade in School	# Samples	Location	SI, NSS, ESS
Bilingual Spanish/English Story Retell	Nar (FWAY) Nar (FGTD) Nar (FOHO)	5;0 – 9;9 5;5 – 8;11 6;0 – 7;9	K, 1, 2, 3 K, 2 1	2,070 1,667 930	TX & CA	SI, NSS
Bilingual Spanish/English Unique Story	Nar (OFTM)	5;0 – 9;7	K, 1, 2, 3	475	TX & CA	SI, NSS

Databases Contributed by Colleagues

Edmonton Narrative Norms Instrument (ENNU)
Phyllis Schneider, Rita Vis Dubé, & Denyse Hayward, University of Alberta

Database	Context (Subgroup)	Age Range	# Samples	Location
ENNI	Nar (ENNI)	3;11 – 10;0	377	Canada

Gillam Narrative Tasks Database
Ron Gillam, Utah State University
Samples used to standardize the Test of Narrative Language, Pro-Ed Inc.

Database	Context (Subgroup)	Age Range	# Samples	Location
Gillam Narrative Tasks	Nar (Aliens) Nar (Late for School) Nar (McDonalds) Nar (All 3 Stories)	5;0 – 11;11	500	USA

New Zealand English-fluent Participants
Gail Gillon, University of Canterbury & Marleen Westerveld, Griffith University

Database	Context (Subgroup)	Age Range	# Samples	Location
New Zealand Conversation	Con	4;5 – 7;7	248	New Zealand
New Zealand Story Retell	Nar (AGL)	4;0 -7;7	264	New Zealand
New Zealand Personal Narrative	Nar (NZPN)	4;5 -7;7	228	New Zealand
New Zealand Expository	Expo	6;1 – 7;11	65	New Zealand

Appendix D

**Summary of the SALT 2012 Reference Databases
by Grade in School**

Summary of the SALT 2012 Reference Databases
by Grade in School

English-fluent Participants

Grade in School	Database	Context (Subgroup)	Age Range	# Samples	Location	SI, NSS, ESS
Pre-K	Play Conversation	Con (Play) Con	2;8 – 5;5 2;9 – 5;7	56 51	WI WI & CA	SI SI
K	Conversation Narrative Story Retell Narrative SSS	Con Nar (FWAY) Nar (SSS)	5;0 – 7;5 5;0 – 7;5 5;2 – 6;5	170 79 107	WI & CA CA WI	SI SI, NSS SI
1st	Conversation Narrative Story Retell Narrative SSS	Con Nar (FWAY) Nar (SSS)	5;5 – 7;9 5;5 – 7;4 6;6 – 7;6	134 57 72	WI & CA CA WI	SI SI, NSS SI
2nd	Conversation Narrative Story Retell Narrative SSS	Con Nar (PGHW) Nar (SSS)	7;1 – 8;11 7;0 – 8;11 7;1 – 8;6	93 94 61	WI & CA WI & CA WI	SI SI, NSS SI
3rd	Conversation Narrative Story Retell Narrative SSS	Con Nar (APNF) Nar (SSS)	8;4 – 9;11 7;11 – 9;11 8;7 – 9;5	82 53 32	WI & CA CA WI	SI SI, NSS SI
4th	Narrative Story Retell	Nar (DDS)	9;3 – 10;0	46	WI	SI, NSS
5th	Conversation Narrative Story Retell Narrative SSS Expository	Con Nar (DDS) Nar (SSS) Expo	10;9 – 11;4 10;7 – 11;9 10;9 – 11;4 10;7 – 11;9	27 86 27 86	WI WI WI WI	SI SI, NSS SI WI, ESS
6th	Narrative Story Retell Expository	Nar (DDS) Expo	11;5 – 12;8 11;5 – 12;8	69 69	WI WI	SI, NSS SI, ESS
7th	Conversation Narrative SSS Expository	Con Nar (SSS) Expo	12;9 – 13;3 12;9 – 13;3 12;7 – 13;7	27 27 36	WI WI WI	SI SI SI, ESS
9th	Expository	Expo (ESS)	14;8 – 15;9	41	WI	SI, ESS

Bilingual Spanish/English Participants

Grade in School	Database	Context (Subgroup)	Age Range	# Samples	Location	SI, NSS, ESS
K	**Bilingual Spanish/English** **Story Retell** **Story Retell** **Unique Story**	Nar (FWAY) Nar (FGTD) Nar (OFTM)	5;0 – 6;8 5;5 – 6;9 5;0 – 6;9	617 719 155	TX & CA	SI, NSS
1st	**Bilingual Spanish/English** **Story Retell** **Story Retell** **Unique Story**	Nar (FWAY) Nar (FOHO) Nar (OFTM)	6;3 – 7;9 6;0 – 7;9 6;2 – 7;7	298 930 125	TX & CA	SI, NSS
2nd	**Bilingual Spanish/English** **Story Retell** **Story Retell** **Unique Story**	Nar (FWAY) Nar (FGTD) Nar (OFTM)	7;0 – 8-9 7;5 – 8;11 7;3 – 8;9	900 948 150	TX & CA	SI, NSS
3rd	**Bilingual Spanish/English** **Story Retell** **Unique Story**	Nar (FWAY) Nar (OFTM)	8;3 – 9;9 8;4 – 9;7	255 45	TX & CA	SI, NSS

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