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# CLINIC POLICIES AND PROCEDURES

## IMPORTANT NOTICE

This document is not a substitute for the Metropolitan State University of Denver's current graduate catalog or current student handbook or the MS SLP Graduate Student Handbook. Students must be familiar with both the University's and Program's specific policies and procedures.

Any substantive modifications to clinic policies and procedures will be promptly communicated to all students.

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## **A. Clinical Assignments (Requests & Confirmations)**

All MS SLP students at MSU Denver (henceforth referred to as “students” or “student clinicians”) complete clinical experiences within the onsite/internal SLHS clinic and at offsite/external facilities all of which are supervised by ASHA-certified and Colorado-licensed speech-language pathologists (SLPs). This is in line with ASHA’s certification requirement that students obtain a minimum of 400 clock hours of supervised clinical experience in the practice speech-language pathology across a variety of ages and disorders. A maximum of 25 clinical observation hours are included in this total. At least 325 of the 400 clock hours must be completed while the student is engaged in graduate study. A total of 75 clinical clock hours can be obtained in simulated environments, such as those offered by [Simucase](#), which has been incorporated into the curriculum at MSU Denver.

The Director of Clinical Education (DCE) coordinates all placements – internal and external. If students are assigned to a clinical experience before or concurrent with related coursework, the DCE and/or other faculty/staff members within the SLHS Department (henceforth referred to as “department”) will meet with the student no less than three weeks before the experience starts to evaluate the student’s readiness. If readiness is not demonstrated, additional activities will be assigned.

### **a. Internal Practicum**

All students will have the opportunity to be part of a screening team and diagnostic team as well as deliver intervention at the onsite clinic. Clinical educators are full-time or part-time members of MSU Denver’s SLHS department that fulfill a supervisory role for internal placements.

### **b. External Practicum**

External placements include both educational, private practice, and healthcare settings. Students typically transition into external practica during the last two semesters of their program. “Supervisors” refers to field-based supervisors who are employed at the external settings and oversee graduate students at these external placements.

Students will be assigned to established community partnerships based on interest and need for experience with different populations in alignment with

clinical competency requirements. Personal as well as academic experiences will be taken into consideration when determining an external placement. Students may suggest or provide connections to placements, but all external practicum sites must be officially requested, contracted and confirmed by the DCE.

Several external partners require an application and interview prior to accepting students as interns. Students will be provided with sufficient time to complete applications for sites where this is a requirement.

Each external site has different requirements for student interns to complete prior to beginning their placement, such as background checks and fingerprinting. Students may incur additional costs related to these requirements. The Department will make every effort to limit the cost to students for participation in externships.

Specific sites may have additional training or compliance requirements that go beyond the requirements to attend the university. These include but are not limited to HIPAA training, CPR or first aid certification, certification of immunizations and self-attestations or examinations of physical capacity to work in each setting. The DCE will inform students of all requirements prior to confirming a placement; however, students must agree to comply with all additional requirements of an external site in order to secure placement at that site.

## **B. Professional Appearance and Manner**

Students are required to adhere to a professional appearance for on-campus clinics, observation appointments, and external placements. Whenever working as a student clinician, you must have your MSU Denver ID visible. Be aware that external placements may have more stringent requirements; it is a student's responsibility to familiarize themselves with the expectations of any site to which they are a visitor.

On-campus clinic is an opportunity to develop your professional identity, style and appearance. We respect your autonomy and judgement; however, faculty/staff will discuss personal choices regarding appearance with you if changes need to be made to better represent yourself, your profession, and MSU Denver. You may be prevented from participating in clinical experiences if your appearance does not align

with professional standards and/or Department expectations.

All students will be provided with MS SLP shirts that may be worn for internal clinical experiences. The following guidelines provide the student clinician assistance in determining what is appropriate attire (“dress”) and appearance whenever engaging with clients and other professionals.

- Clothing/accessories/general appearance should be neat and clean without rips or tears.
- Shoes should be appropriate for a work setting, closed toed shoes (no sandals) are required at many off sites, particularly healthcare related settings.
- Strong cologne and/or perfume should be avoided due to allergies and preferences of clients and colleagues.
- Your midriff and back should be covered at all times, including when arms are raised and when bending over. Be aware of coverage when sitting on the floor in addition to when standing or seated in a chair.

The following are not considered professional attire:

- Revealing clothing, including see-through material, or plunging necklines. Be aware of coverage when bending over and sitting on the floor.
- Shorts or miniskirts
- Any tattoos that may be offensive to individuals or groups must be covered as much as possible.
- Flip-flops or crocks
- Visible undergarments, including bra straps or underwear. Be aware of this when bending over and sitting on the floor.

The guidelines are the minimum required and are not exhaustive or all- inclusive.

Speech-language pathology is a professional discipline. Professions require certain behaviors of those who practice them. These expectations apply to situations (which may or may not directly involve other people) that focus on professional tasks and responsibilities, on the people served by professional tasks or on relations with other professions. This includes education and training. The following conveys expectations

about the behavior of those who seek to join this profession.

- You show up.
- You show up on time.
- You show up prepared.
- You show up in a frame of mind appropriate to the professional task.
- You show up properly attired.
- You accept that “on time,” prepared,” “appropriate,” and “properly” are defined by the situation, by the task, or by another person.
- 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, ability, and capacity.
- 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.
- You place the importance of professional duties, tasks and problem solving above your own convenience.
- 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.
- You properly credit others for their work.
- You sign your work.
- You take responsibility for your actions, your reactions, and your inaction.
- You do not accept professional duties or tasks for which you are not personally or professionally prepared.
- 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 level of quality you said you would do it. You will seek support as needed.
- You take responsibility for expanding the limits of your knowledge, understanding, and skill.
- You vigorously seek and tell the truth, including those truths that may be less than flattering to you or to others.
- You accept direction (including correction) from those who are more

knowledgeable or more experienced in a particular skill area. You provide direction (including correction) to those who are less knowledgeable or less experienced.

- You value the resources required to provide professional duties and tasks, including your time and that of others.
- 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.
- You accept the fact the others may establish objectives for you. While you may not always agree with these goals, or may not fully understand them, you will pursue them as long as they are not objectively harmful to you or to the persons served.
- 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 duties, tasks, and problem solving in consideration of best practices and previous feedback.
- You accept the imperfections of the world in ways that do not compromise your values or the pursuit of excellence. You seek to change systems that oppress others and perpetuate inequity in line with your education, training, skills and best practices.
- You base your opinions, actions, and relations with others upon empirical evidence, and upon examined personal values consistent with the above.
- You expect all of the above from your peers and other professionals.

*(Adapted from Michael R. Chial, Ph.D., University of Wisconsin, 4/96)*

## **C. Supervisory Meetings**

### a. Internal Practicum

Your CE is a valuable resource for you. You should actively participate in all meetings with your CE by identifying where you need help, bringing up your concerns, and sharing your thoughts and rationales. You should plan to accept feedback and suggestions and to think critically about questions posed by your CE.

At least two days prior to the first session with a client, students are responsible for

making an appointment with their assigned CE. Some of these meetings may take place virtually, or you may be asked to communicate over email with your CE. In preparation for this meeting, students are expected to:

- Review client file
- Formulate tentative plan for session
- Consider materials, activities and room set-up for client

During the initial meeting, students will share with their CE information about the client including current concerns and relevant history. Students will present the recommended plan and discuss goals and session management.

Based on feedback from the CE, the student will modify the plan accordingly and in accordance with session plan requirements (see Section H “Client Engagement”).

During the semester, students will meet bi-weekly with their CE. These meetings provide you with an opportunity to ask questions, seek feedback and discuss how to apply theory to practice. All members of the team agree to arrive on-time to meetings and with an open mind, prepared and with the ability to focus. To respect the time of everyone involved, meetings must be cancelled 24 hours prior to their scheduled time if you are unable to attend a designated meeting.

#### b. External Practicum

Students in external clinical experiences will meet with their supervisors on an ongoing basis. Students will also meet monthly with department faculty/staff and peers as part of their practicum seminar to discuss current clinical issues.

### **d. Session Observers**

As a student clinician, your clinical sessions will be observed regularly. Your CE will carefully monitor your work. All observation and supervision takes place via video using VALT technology. Once student clinicians are assigned to a particular client the student clinician will schedule a recurring recording for their sessions in VALT. This will allow CEs to move efficiently between sessions and will ensure that all sessions are recorded for review later if needed. If a session is cancelled for any reason, student clinicians should cancel the recording in VALT (occurrence only - not series).



This ensures space on the server is not wasted with blank session videos. Any questions about use of VALT should be directed to the DCE.

Parents, spouses, and other people with a significant interest in your client's progress may also observe your sessions. Questions concerning requests for observations from anyone other than immediate family members should be referred to the CE. MSU Denver restricts observers to individuals affiliated with the university or related to a client. Any other observers must be HIPAA trained and sign a confidentiality agreement.

Other students in the SLHS department may also observe you (either live or recorded) to advance their own learning. Students will be restricted in what sessions they may observe; the DCE will determine what sessions are eligible to be viewed. Limitations will be put on how many students may view a live session. Student observers must adhere to confidentiality policies and are prevented from discussing specifics of case management with any individuals outside of the department.

## E. Evaluation

### a. Student Clinician

Clinical educators and field supervisors will offer continuous informal feedback at all one-on-one meetings with student clinicians as well as in practicum seminars. Clinical Competency Rating Scales (CCRS) are the formal rubrics that will be used to evaluate task-specific clinical skills and professional behaviors for all clinical practicum experiences. The following scale will be used for both on and off campus evaluation of student's clinical skills and is provided to CEs and supervisors in CALIPSO.

#### Clinical Competency Rating Scale MSU Denver 2022

**1.0 Not evident:** Skill absent most of the time. Student requires direct instruction to modify behavior; is unable to change techniques or carry over behavior(s) without direct input from supervisor. Supervisor must model behavior(s) and implement the skills required for client to receive optimal care.

**1.50 Use this rating if you are observing emerging skills in restricted instances without carryover across sessions, clients, and/or settings.**

**2.00 Emerging:** Skill is emerging, yet inconsistently demonstrated. Student needs supervisor input to change behavior and shows periodic carry over of behavior. Supervisor frequently provides instructions/models to student clinician in session to ensure client receives optimal care.

**2.50 Use this rating if you observe student approaching yet has not achieved skill maintenance. Student demonstrates independent attempts to modify behavior in select instances. Supervisor infrequently provides instructions/models to student clinician in session.**

**3.00 Present:** Skill is maintained yet needs further development and refinement in line with best practices. Student consistently demonstrates ability to modify instructions/models in session based on client response, modifications are generally successful. Supervisor provides on-going monitoring and feedback on session/skill progression. Feedback focuses on increasing student's critical thinking on how/when to improve skill.

**3.50 Use this rating if the skill is well developed and the student is moving toward independence with the ability to apply critical thinking skills.**

**4.00 Developed:** Skill is consistent and well developed. Student can independently modify/adapt as needed in session(s) to address needs of clients/students, and independently applies critical thinking skills. Students can maintain skills across clients and settings. Supervisor serves as collaborator; provides guidance on ideas initiated by student.

CEs or field supervisors will provide formative evaluations of student performance at midterm and summative evaluations of student performance at the end of each practicum. CALIPSO will average scores from the supervisor evaluation scores to create an average score for each semester. The composite score along with performance in the practicum seminar will determine the final grade awarded for a given practicum experience. For additional information on how clinic coursework is assigned a grade and/or concerns about a grade assigned in a

clinical course see the MS SLP Program Handbook.

### **b. Clinical Educator and Supervisor**

Students will complete CE/supervisor evaluations at the end of each semester. These evaluations will be reviewed by the DCE and Program Director as well as shared with the supervisor. These evaluations will not impact the grade given to the student and will be delivered anonymously and after the semester concludes.

If the evaluation shows below expected ratings, a meeting will be held with the CE/supervisor and DCE to discuss areas for improvement. The only exception to this would be if the CE/supervisor is appointed to a tenure-line position in the Department. In this case, the meeting will be held with both the supervisor/faculty member, the DCE, and the Program Director.

If at any time during the course of clinical practicum experience, a student experiences challenges/difficulty with his/her supervisor that respectful dialogue does not resolve, the student should promptly schedule an appointment with the DCE to discuss. Typically, the DCE will ask what steps the student has taken prior to bringing the concern to the DCE.

### **F. Documenting Clinical Hours**

The Department has adopted CALIPSO as a method to collect, track, analyze, and report student's achievement of the ASHA standards and accumulation of clinical clock hours. CALIPSO is a web-based application that provides an efficient and secure system that is available 24/7 to faculty, supervisors, clinical educators, and students. Once enrolled in the graduate program, students will complete training on use of CALIPSO. After training has been completed, it is the responsibility of the graduate student to enter their clinical clock hours earned during all clinical experiences, including simulated clients into CALIPSO. At the end of each semester, clinical educators or field supervisors will approve the saved clock hours.

The DCE, in conjunction with the Program Director, will routinely review the amount and type of hours in CALIPSO to verify that each student in the MS SLP program successfully completes the minimum clinical experience requirements prior to graduation. If a student is unsure how to count or document hours, is concerned about the number of hours they are accruing, or has difficulty with the use of CALIPSO, it is

the responsibility of the student to contact the DCE or Program Director for additional support.

## **G. Telepractice with Telesupervision**

The MS SLP program, including clinical training, is intended to be an in-person program. Due to conditions imposed by COVID-19, graduate students may obtain clinical clock hours via teletherapy. The Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA), which accredits our MS SLP program, has approved of delivering clinical services in a virtual format due to the ongoing COVID-19 pandemic as outlined below.

*The CFCC has determined that all students who begin their graduate program at a CAA-accredited or CAA-candidacy program on or before December 31, 2022, may engage in telepractice and telesupervision using the 2022 guidelines below for the entirety of their graduate academic and clinical practicum experiences.*

- Multiple students may participate in the same session. Each participating student will earn the full hour toward the completion of their clinical practicum. Program and clinic directors have the authority to determine how many students can appropriately take part in an online teletherapy session with one client, keeping quality patient care, safety, and optimal clinical education in mind.
- Clinical educators may supervise more than one telepractice session concurrently, provided they (a) are available 100% of the time to each session and (b) provide a minimum of 25% direct supervision of the total contact time with each client/patient, similar to in-person supervision requirements.
- For programs engaging in on-site and in-person therapy visits, up to two SLP graduate student clinicians who are actively engaged with one client/patient during a session may each count the full hour toward their minimum supervised clinical practicum hours.

## **H. Client Engagement**

### **a. Contacting Clients**

Prior to the pre-clinical experience (first summer on-campus), the DCE or CE will contact the appropriate person to confirm the client's treatment schedule for the semester. For subsequent semesters, this responsibility may shift to the graduate student clinician.

If you are given approval by the DCE or CE to contact clients or family members, follow the preferred mode of contact for the client (i.e. email or phone call). In your initial contact, be sure to mention:

- Your name and spelling, if necessary.
- The scheduled days and times of treatment for the semester.
- The date and time of the first session.
- Parking information: provided via email by the DCE
- Restate your name, the first appointment date and time, and instruct clients to call or email the clinic [slhsclinic@msudenver.edu](mailto:slhsclinic@msudenver.edu) or 303.605.5782, if they must cancel an appointment.

Do not connect with clients or their families on social media, even if they initiate the request. If a client or family member attempts to contact you or connect with you on social media you can either decline or ignore the request. If you need assistance communicating about this with families, please schedule an appointment with the DCE.

### **b. Accessing Clinic Records**

The information contained in clinic files is confidential. Information from clinic files may not be duplicated in any form. Duplication or removal of file materials is a blatant and gross violation of a client's privacy and legal rights.

Removal or duplication of file materials will result in an immediate continuation review (see Program Handbook Section VI. Student Rights and Responsibilities).

Clinical documents may not be stored on personal computers unless the document is de-identified and the file encrypted, or password protected. Please note that the computers that are in a public area are not HIPAA-compliant. These computers may not be used for accessing clinic reports.

All clinic reports should only be accessed via ClinicNote, the program's electronic medical record. You must be on campus and signed into the VPN to access ClinicNote. This means that all documentation and planning that includes records review must be

completed on-campus from a private, secure area (such as the graduate student workspace). Students should be completing their documentation and chart/record reviews from the graduate student workspace, empty clinic rooms, or classrooms when other non-MS SLP students are not present.

## **c. Appointments**

### **i. Scheduling Sessions**

Clients have indicated their preferences regarding whether information about appointments can be left on voicemail or with an adult member of the household on their HIPPA compliance form in ClinicNote. If “yes” is indicated to this question, you may leave a detailed message for your client regarding their appointment. If “no” is indicated (or if there is no response here at all), you must leave a message that protects the client’s confidentiality, per HIPAA regulations. Specifically: If a message must be left on an answering machine/voice mail or with an individual other than the specific contact, the message should be generic so as not to interfere with client confidentiality. A message indicating your name and the supervisor’s name and that you are calling from Metropolitan State University of Denver or MSU Denver (not the Speech, Language Clinic) regarding scheduling (not therapy /treatment) and the contact phone number (not clinic) 303.605.5782. Students are encouraged to use the messaging function in ClinicNote as the primary means to communicate with their clients.

Under no circumstances should you give your personal phone number or your e-mail address to a client or their family members. Social media platforms may not be used as a means of communication with clients. All communication should take place via phone or by messaging the client/family member directly in ClinicNote.

### **ii. Rescheduling and/or Cancelling Sessions**

During the semester, if a client cancels an appointment, or if the client is not coming at the scheduled time, the clinician is to indicate this in ClinicNote. When a parent or client calls to cancel a session, whoever takes the call will mark this information on the ClinicNote schedule. Students are responsible for checking ClinicNote for cancellation of their session or of a session they planned to observe. Do not call the clinic and ask someone to check for you.

If the student clinician is ill or cannot attend a session, it is the clinician’s responsibility to notify the client or family and the CE/supervisor as far ahead of time as possible. Keep a de-identified copy of your clients’ phone number with you in case you need to cancel a session. To notify the supervisor, phone the clinic & e-mail your supervisor.

Sessions cancelled by the clinician must be made up. Sessions cancelled by the client should be

made up at the discretion of the CE. Check with your CE before rescheduling appointments to see if they are available to supervise you at that time. Check for room availability in ClinicNote. Confirm the new date and time with the parent or client, and then notify the CE of the make-up session. Please specify the new date, time, and room number in your written confirmation to the CE.

#### **d. Session Planning**

##### **i. Diagnostics**

There are two main diagnostics practica, Screening Teams and Diagnostic Teams. Student clinicians will work as a team to carry out diagnostic evaluations potentially with other students from related disciplines (i.e. social work, nursing, nutrition etc.). Teams will meet with CEs to discuss known and unknown information about forthcoming evaluations.

##### **1. Screening Teams**

Screening teams will use a protocol predetermined by the CE based on the location (school, mobile unit etc.) or population (school-age, adult etc.) being screened. CEs and student clinicians will discuss roles and responsibilities for a particular screening event. Students will record data and information following HIPAA and FERPA guidelines. No data should be stored on a personal computer.

##### **2. Diagnostic Teams**

These teams will meet weekly to discuss upcoming scheduled diagnostic evaluations. Tests or interview protocols will be developed to ascertain the main goals and purpose of each evaluation. Students will be assigned a particular role in the diagnostic process. These roles may include:

- Interviewing parent or client.
- Performing diagnostic tests.
- Scoring tests, interpreting and writing results.

The team will be responsible for completing a diagnostic report to be given to the family or client using the appropriate template provided in ClinicNote.

##### **ii. Intervention**

Session plans must be typed, using the session plan template provided by the DCE. Session plans are written outside of ClinicNote; they must NOT contain identifying information for the client. Instead, use client initials to indicate who the session plan is for. Student clinicians will



prepare a session plan in advance of each session with a client. Session plans must be submitted to the CE **24 hours prior to the scheduled session**. The CE will provide feedback on the plan and suggested changes should be made prior to the session. If a session plan has not been submitted prior to the session, the student clinician will not be allowed to conduct the session and must observe the session instead. This may result in loss of clinical hours.

Following each session, the student clinician will write a session note. These notes are written utilizing SOAP format. All notes should be written in Clinic Note. SOAP notes should be submitted via ClinicNote to the CE within 24 hours of session completion. CEs will provide feedback on SOAP notes and students will make edits/corrections. The editing process takes place entirely within ClinicNote and student clinicians must complete ClinicNote training prior to their first session in the on-campus clinic. SOAP notes should be finalized and signed by the CE no more than 48 hours after a session is completed.

iii. **SOAP** is an acronym that stands for Subjective, Objective, Assessment, Plan.

**S (Subjective Information):** This section includes behavioral descriptions (non-judgmental) and potential influences on the client's performance. This section also includes information reported by the client, family, physician, other professionals, etc. which is pertinent to the client's status/changes in status.

**O (Objective Data):** Information in this section is obtained clinically and is measurable. It contains statements of performance on specific treatment goals (which include behavioral measurements, procedures, parameters, and criteria) or diagnostic measures. Additional measurable clinical information such as attendance or length of the session may also be documented in this section.

**A (Assessment):** This section contains an interpretation and summary of the client's performance in the most recent treatment session compared to performance in previous sessions (i.e., improved, declined, maintained, etc.). This section may also contain statements of speech-language pathology diagnosis/change in diagnosis and functional statements about the client's communication or swallowing.

**P (Plan):** This section documents new professional recommendations and future treatment plans. This information may include specific treatment goals

for the next session, and/or additional recommendations regarding consultation, referrals, evaluation, treatment, home programs, and scheduling.

#### iv. Material Checkout

The SLHS Clinic has a library of testing materials, therapy materials, and supplies for our student clinicians' use in intervention. Clinic materials are in the department storage closet (Central Classroom 114A). The closet is accessible to student clinicians via their MSU Denver ID Badge.

It is the responsibility of all student clinicians to ensure that materials are well taken care of and available for use. The following policies ensure the protection of the materials for student use and for the benefit of the clients we serve. Students must attend a training session on accessing materials during orientation or the first clinic meeting. Instructions for material check-out/check-in are in the materials closet and available via Microsoft Teams. You are required to check out **all** materials by scanning your ID and the barcode of the materials being checked out. Be sure to scan-in materials when you return them. Items must be returned to the to the location where they belong. Failure to do so may result in you bearing responsibility for missing materials. Standard allotted time for materials to be checked out is 24 hours. The student who checks out the material will be responsible for its condition and the on-time return of that material. You are discouraged from sharing materials with classmates without first updating the check-out log. Loss or damage of any material is the responsibility of the student who last checked out the material. They may be charged for replacement costs of any lost or damaged materials.

You have access to clinical protocols for class and clinic. Reserve our protocols for client use only in order to reduce the operating costs of the clinic. See instructions in Canvas or talk to your professors about the procedures for the educational use of protocols during class time. Diagnostic materials may be checked out for up to 72 hours. **DO NOT** check out partial materials. Assessments are stored in plastic bins. You must take the entire bin when you check out an evaluation. Even if you will not use the whole assessment battery and/or manual, keep it together when checking it in or out. This ensures that all materials required to complete an evaluation are available when needed. If you use the last protocol in an assessment kit, it is your responsibility to communicate with the DCE about the need for additional protocols. If the storage closet needs attention, the DCE or Program Director will communicate this with the entire cohort; it is then up to the student clinicians to promptly reorganize or clean the

materials.

#### v. Printing

Student clinicians are encouraged to incorporate sustainability into clinical practice. For example, you may use a whiteboard for treatment activities and in the graduate student workspace. Be mindful of the use of paper copies. Students will have access to printing in the graduate student workspace but are limited in how many copies they may print. All printing and copying in this space must be related to clinic work only. Any course work printing should be done through the [public printers available on campus](#).

#### f. Progress Reports

Progress reports are due every 90 days or on the last treatment session of the semester, whichever comes first. Progress reports include the following sections:

- Status at the Beginning of the Semester
- Semester Goals
- Changes in Status
- New or Updated Goals
- Recommendations

**IMPORTANT NOTE:** The report must be proofread by the student clinician to ensure that it is free of typographical and grammatical errors prior to submission to the CE. These progress reports are edited and revised by the CE and the student before being finalized and sent to the client/client's family. All suggested edits are communicated by the CE within ClinicNote.

Other considerations:

- client's name, not initials, should be used throughout the report
- identifying information should be complete (i.e., address, dates of services)
- final draft must be signed (electronically) by the student clinician and CE and dated, this action is performed in ClinicNote

If reports need to be disseminated to individuals outside of the client and their designated

family member, you or your CE will obtain a release of information from the parent or directly from the client if they are an adult. You should indicate the professional's name and title at the end of the report following "copy to:" Medical doctors and dentists are indicated by the appropriate initials (e.g., Robert Smith, M.D. or James Jones, D.D.S.) following their names. Reports going to school clinicians or classroom teachers are to be directed to the school and then to the attention of the designated school clinician or teacher.

Failure to submit reports on time, unless a request for an extension has been approved by the CE, may negatively affect the grade assigned for the clinical practicum experience.

## **J. Regulatory Mandates**

### **a. Health Insurance Portability and Accountability Act (HIPAA) and Client Confidentiality**

While valuable learning occurs from clinical discussion with professionals and colleagues, confidentiality guidelines must be adhered to. Any conversation regarding a client must occur in a secure non-public area. Likewise, any discussions with clients regarding their personal condition should be carried out in a private location.

Confidentiality extends to photographs, videos, and audio recordings of diagnostic or treatment sessions. Recordings of clients must be reviewed only in a secure location (e.g., graduate student workspace) and must not be shared with individuals other than those involved in the management of the client. Written permission from the client or guardian must be obtained prior to use of these materials in presentations outside of courses at MSU Denver. This permission must be secured by the CE. Students may audio record clients on their own devices during sessions for data collection purposes. Care must be taken to maintain de-identification, and the recording should be erased immediately after the sample has been analyzed. Students may not photograph or video record clients on their own devices but can use clinic iPads or access videos via VALT.

Confidentiality also applies to the creation of clinical documents. Identifying information typically found in clinical documents includes: names; ages/birthdate; address or town; school. Identified reports must be written/accessed only directly from ClinicNote through the MSU

Denver network Do not download or store PDFs from ClinicNote.

Computers that are in public areas of the University (e.g. general-use computer lab) are not HIPAA-compliant. These computers may not be used in any way for clinical reports. If for some reason you do not have a computer for use while on campus, you can contact SLHS staff (Central Classroom Suite 120) to be given access to a computer for use in a private area.

All students scheduled for clinical practicum activities through the speech-language clinic must participate in HIPAA training prior to engaging in clinic activities and must pass the HIPAA compliance test with a score of 80% or higher to be granted access to protected health information (PHI). HIPAA training is conducted in the summer during orientation and additional times throughout the year, as necessary. Students must adhere to MSU Denver's HIPAA policies to participate in clinical activities, including observation.

Students must not store any documents that contain protected health information (PHI) on their personal computer, personal cloud-based storage, or external hard drive (e.g. jump drive). All clinical documents/recordings must be accessed through secure cloud-based software (either VALT or ClinicNote). The only exception to this is session plans. Session plans cannot contain any information that would allow someone to identify the client. Use only client initials on your session plans, do not include address, age/birthdate, or any identifying information about the client.

At no time should information/clinical documents be released to anyone other than the client without written permission from the client/guardian. Requests for clinical documents are to be forwarded to the CE or DCE who will have the client/guardian complete the appropriate form and then provide the documentation. Forwarding of electronic or paper versions of clinic reports to anyone is a violation of clinic policy. If anyone requests sharing of clinical reports/information, work with your CE to meet these requests while remaining in compliance with HIPAA.

You may not post anything related to your clinical practica on any social media site.

Students who are found to be in violation of HIPAA clinic record security is grounds for

instituting Continuation Review (see Program Handbook Section VI. Student Rights and Responsibilities). HIPAA violations include reproduction or inappropriate handling/storage of any files containing PHI or removal/viewing of a file outside of private areas. Any student found in violation of HIPAA will be required to repeat HIPAA training prior to being re-granted access to PHI and may result in a loss of clinical hours. Additional sanctions may be imposed based on Continuation Review.

## **b. FERPA**

FERPA is a federal law that pertains to the release of and access to student educational records. Educational records refer to the records and information contained in each student's file including electronic and/or paper records, and anecdotal information that a faculty or staff member may possess regarding a student's academic standing or performance which may include, but is not limited to, a student's knowledge, skills, and attributes. Students should be aware of the [University's policy on the rights to privacy related to students](#).

Except as otherwise permitted or required by law or policy, the SLHS Department may not release any records or information regarding a student's academic performance to an outside agency or entity without the written consent of the student. For example, unless a student provides written permission, faculty and staff members may not consult with external supervisors. Therefore, it is necessary for the Department to have the student's written consent to release such information. This is handled in CALIPSO. The first time a student registers for CALIPSO they are asked to provide consent for the Department to communicate with external supervisors. You should note that your consent will remain in effect until written notification is received rescinding your authorization.

Students may also be asked to provide permission to share information for other disclosures such as scholarship recommendations or to serve as a reference for employment.

## **c. Client Safety**

Student clinicians will meet their clients in the waiting area or outside the southwest entrance to Central Classroom. Student clinicians will escort clients to the appropriate treatment room.

At the conclusion of the session, the clinician must escort the client back to the waiting area. At no time is a young client (or sibling) to remain unattended in the building, treatment rooms, waiting area or parking area. If necessary, the clinician must wait with the child until the parent/responsible adult arrives. If you are unable to wait with your client, you need to request assistance from SLHS staff or your CE. If you observe a child unattended in the waiting area, notify any MS SLP personnel to assist in locating the responsible party. No client may remain in the clinic building after hours without a CE available, informed, and on-site. Clients should not be in Suite 120 for any reason.

When the client is under the jurisdiction of the student clinician, the student clinician is to guard against hazards to the client's safety by preventing running in the halls, climbing on furniture, touching electrical outlets or equipment, etc. Should all or part of a treatment session be scheduled to take place outside of the clinic space (for example, in order to promote carryover of newly acquired communication behaviors) prior permission of the CE must be obtained and in the case of a child the consent of a parent must also be obtained. Parent/guardian permission must be secured by the CE.

To avoid the risk of allergic reactions or violation of dietary restrictions, it is necessary to obtain the permission of the client/parent/guardian and CE prior to introducing food in a clinical activity. Never give any medication to a client (this includes OTC medications).

#### **d. Universal Precautions**

Universal precautions are used by healthcare facilities to prevent transmission of bloodborne pathogens. All body fluids, especially blood or fluids containing blood, are assumed to be infectious, and should be treated as such. Precautions must be applied to all interactions that involve potential for mucous membrane or skin contact with blood, bodily fluids or tissues containing blood or potential spills or splashes from them. Student clinicians will complete universal precautions and bloodborne pathogens training as part of their program orientation.

##### On-Campus Clinic Universal Precautions

- Hand Washing. Hands should be washed
  - Immediately and thoroughly if they are potentially contaminated with blood

and/or bodily fluids

- Between clients, and before and after physical contact with a client, and upon exiting the clinic
- After removing disposable gloves
- Before and after performing any personal bodily functions

Wash hands with soap and water (not hand sanitizer) when obviously soiled. Hand washing technique includes a vigorous mechanical action using antiseptic or soap under running water. Wash for two minutes and dry hands thoroughly. Turn off water and open any doors with a paper towel.

- Disposable Gloves. Disposable gloves are to be worn
  - When touching blood, bodily fluids, mucous membranes, and/or non-intact or intact skin
  - When performing invasive procedures such as an oral motor exam, using laryngeal mirrors, tympanometry, managing tracheostomy tubes, etc.
  - If client has non-intact skin, open cuts, sores, scratches
  - If changing diapers
  - Replace gloves if needed
  - Discard gloves in therapy room trashcan
- Disinfecting Equipment and Materials. Equipment and materials must be disinfected after use. Clean equipment and materials with anti-bacterial wipes that are located in each treatment room. After each session, clean all areas including therapy materials, work surfaces, seating surfaces, door handles and/or floor surfaces.

### **e. Emergency Procedures**

In case of an emergency, follow the procedures for the Auraria Campus (next page). In all situations, if you are with a client during treatment or diagnostics, do not separate from your client or client's family until given the all clear. Remain calm and listen for specific instructions.



# AURARIA CAMPUS EMERGENCY PROCEDURES



## ACTIVE SHOOTER

- **Evacuate**—If it is safe to do so, leave the building immediately. Be sure to:
  - Have an escape route in mind
  - Leave your belongings behind
  - Help others escape, if possible
  - Follow the instructions of any police officers
  - Do not attempt to move wounded people
  - Call 911 when you are safe
- **Hide Out**—If you can't evacuate, move to an area out of the shooter's view. If possible go to a room with a door that can be locked or barricaded to prevent access by the shooter.
- **If evacuating and hiding are not possible:**
  - Remain calm
  - Dial 911, if possible, to alert police of the shooter's location
  - If you can't speak, leave the line open to allow the dispatcher to listen
- **Take Action**—If an active shooter enters your office or classroom, as a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter.

## GENERAL EVACUATION INFORMATION

- In the event of a building alarm or official notification, evacuate the building using the nearest exit (or alternate if the nearest exit is blocked).
- Do not use elevators!
- Take personal belongings (keys, wallets, etc.).
- Secure any hazardous materials or equipment before leaving.
- Follow directions given by emergency personnel and/or Auraria Campus Police.
- Gather 500 feet from the building unless otherwise instructed by emergency personnel and/or Auraria Campus Police.
- If it is safe for you to assist persons with disabilities or special needs, do so. If you are unable to assist, notify emergency responders of the location and number of persons with disabilities or special needs.
- Wait to be contacted. Do not return to the building or move to another side of the building unless told to do so by emergency personnel.

## BOMB THREAT

- Evacuate the building.
- Do not use cell phones or radios within 300 feet of the area suspected of containing an explosive device.
- Check for, but do not disturb, unusual objects while leaving a classroom or office. Report these unusual objects to the Auraria Campus Police or emergency personnel.
- Do not re-enter the building until authorized by emergency personnel or Auraria Campus Police.

## FIRE

- Activate the nearest fire alarm pull station. Call 911 from a campus phone to access Auraria Campus Police or dial 303.556.5000 from all other phones.
- Evacuate the building.
- Do not re-enter the building until authorized by emergency personnel.
- If it is safe for you to assist persons with disabilities or special needs, do so. If you are unable to assist, notify emergency responders of the location and number of persons with disabilities or special needs.

## EARTHQUAKES/TORNADOS/ SEVERE WEATHER

- If an underground or designated shelter is not available, move to an interior room or hallway on the lowest floor and get beside (not under) a sturdy piece of furniture.
- Stay away from windows. Do NOT open windows.
- Fire doors in hallways should be closed.
- Remain in the safe area until all danger has passed.
- If the facility is damaged, evacuate after the storm passes and stay clear of the damaged area. Be aware of fallen debris, downed power lines, and gas leaks.
- Follow directives of emergency personnel and Auraria Campus Police.

**REMAIN CALM. PROVIDE ASSISTANCE TO OTHERS, IF NECESSARY.**

## POWER OUTAGE

- Move cautiously to a lighted area. Exits may be indicated by lighted signs.
- Turn off and unplug computers and other voltage sensitive equipment.
- For information about a prolonged outage, check Auraria Campus website at [www.ahec.edu](http://www.ahec.edu) or the local media.

## SUSPICIOUS PERSON

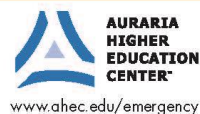
- Do not physically confront the person.
- Do not let anyone into a locked building or office.
- If the individual is inside, do not block the person's access to an exit.
- Call 911 from a campus phone or dial 303.556.5000 to access Auraria Campus Police. Provide as much information as possible about the person and their direction of travel.

## SUSPICIOUS OBJECT

- Do not touch or disturb object.
- Call 911 from a campus phone to access Auraria Campus Police or dial 303.556.5000 from all other phones.
- Notify a supervisor, faculty, or staff member immediately.
- Be prepared to evacuate.

## CAMPUS CLOSURES

- Closure options include: closed for the day and evening; closed for the evening beginning at 4 p.m.; closed for the morning with a "delayed" start, which is generally at 11 a.m.
- Tune to a local radio or TV station, call the 24-hour info line at 303.556.2401, or visit [www.ahec.edu](http://www.ahec.edu) for campus closure information.



**Report an emergency to Auraria Campus Police: Call 303-556-5000, Call 911 (from a campus phone), or Text-a-Tip to 720-593-TIPS (8477)**

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