



CHAPMAN
UNIVERSITY

**Crean College of
Health and Behavioral Sciences**
Communication Sciences and Disorders

Communication Sciences and Disorders

Graduate Program

STUDENT CLINICAL MANUAL

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Introduction to the Clinical Manual

This manual was developed to provide students and clinical supervisors with information and guidance regarding the policies and procedures for the sequence of clinical practicum courses in the Master's Program in Communication Sciences and Disorders (CSD).

It is the responsibility of each student and clinical supervisor to be familiar with this manual and to seek further clarification about any issue that remains unclear after reading this information.

Resources, including forms, are located at the end of the manual.

Before students can work with clients starting in the second trimester, they are required to sign and date the Student Acknowledgement of Clinical Practicum Responsibilities Form (Appendix A), and turn it in to the Clinical Fieldwork Coordinator (CFC).

Welcome to Clinical Practicum

On- and Off-Campus Clinical Education

Chapman University's clinical program in CSD is designed to be an authentic experience for student clinicians, faculty, supervisors, and clients. Most clinical services are provided off-campus in local schools, hospitals, private practices and agencies. Some specialized clients are seen on-campus in the Chapman University-Adult Learning Lab (CU-ALL). The CU-ALL operates 4-5 days a week and sees adults with acquired neurological disorders. Regardless of the setting, student clinicians are expected to follow all procedures of the agency to which they are assigned.

The chart below represents the sequence of practicum courses, an estimation of the clinical hours to be achieved and an approximation of the number of days students will participate in these experiences.

Course Number	Course Name	Credit Hour	Approximate Clinical Hours	Student attendance per week
620	Clinical Practicum	3	45	2 days per week
630	Clinical Practicum	3	45	3.5-4 hours days
640	Clinical Practicum	3	105	3-4 days a week with emphasis on schools or adult learning lab
650	Clinical Practicum	3	105	4-5 days a week with emphasis on either schools, private practices or hospitals
660	Externship	1	105	1-4 days a week depending on the type of hours needed to fulfill requirement

Assigning Students to Clinical Practicum Sites

During the end of the first trimester, the Clinical Fieldwork Coordinator (CFC) meets with students to discuss their interests for their first practicum assignment. This collaboration occurs every trimester thereafter while the student remains in the program. Practicum assignments are sent to the graduate student, the University Practicum Instructor, the Onsite Supervisor approximately two to four weeks before the new trimester or as early as is possible. These assignments are subject to change due to unforeseen circumstances (e.g. supervisor illness/leave).

The graduate student is also assigned to a University Practicum Instructor and will participate in specific classes during the trimester. The University Practicum Instructor observes the graduate student twice in a trimester at their site, and conducts a supervisory conference. The University Practicum Instructor maintains contact with the student throughout the trimester to ensure onsite supervision, and that the student's caseload is appropriate for the practicum course.

Clients with different kinds of communication disorders may be encountered at various practicum settings each trimester depending on the clients/students/patients served. It is noted that depending on the type of setting, vocabulary and terminology will vary, and the graduate student clinician is expected to know and use the terminology appropriate for the setting. For example, in a medical setting, those receiving services are referred to as patients, but in a school setting, they are referred to as students, and in a private practice or clinic setting, those receiving services are referred to as clients.

Mandatory Meetings

All school, hospital and agency practicum sites require meetings prior to beginning the practicum experience. Student clinicians are responsible for attending meetings as part of their clinical education. If a student misses the required meetings, then it is at the discretion of the on-site supervisor whether to allow the student into the practicum. Furthermore, practicum classes, taught by Practicum Instructors, are also considered mandatory. Points may be taken off the final grade if students do not attend these meetings.

Clinical Clock Hours

Student clinicians are assigned one or more supervisors during each trimester of practicum. Student are only permitted to record hours when they are providing hands-on service. Planning, writing reports, making materials do not count as clinical hours. Attending a conference for the client, attending an IEP or rehab meetings do not count as clinical hours unless the client is in attendance.

Student clinicians are responsible for maintaining records of completed clinical hours using CALIPSO (Appendix B). Daily clinical clock hour logs are kept to ensure that such records are accurate. According to ASHA, a clinical hour is defined as 60 minutes. Shorter sessions are calculated in 15 minute increments (e.g., 15 minutes = 0.25; 30 minutes = 0.50; 45 minutes = 0.75). Instructions are provided for the student in logging daily clock hours in Appendix B

On-site supervisors are responsible for verifying the student hours during and at the end of the trimester. University Practicum Instructors have access to students' CALIPSO documentation as well; they provide feedback to students at the time of the midterm and at the time of the final exam/observation. See Appendix C for supervisor/practicum instructor CALIPSO instructions.

Students must complete a minimum of 25 hours of observation prior to beginning their first practicum in accordance with ASHA standards which can be counted towards the total 400 hours that are required.

ASHA certification standards require that clinical clock hours must be obtained with individuals across the lifespan, including children and adults of various ages. Clients from culturally and linguistically diverse backgrounds should be represented on your caseloads. Hours are required in each of the following areas:

1. Articulation, including production of phonemes, strategies to improve motor speech production, production of multisyllabic word forms.
2. Fluency, including stuttering behaviors, cluttering and rate of production.
3. Voice and resonance, including respiration and phonation, loudness levels, pitch and intonation variations.
4. Receptive and expressive language (morphology, phonology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing and manual modalities including increased length and complexity of utterances, expanding expressive/receptive vocabulary, measurements/treatment of phonological use.
5. Hearing impact on speech and language and aural (re)habilitation, including hearing aid trouble shooting, hearing screening, speech reading skills, speech/voice production as influenced by hearing impairment, language deficits as influenced by hearing impairment.
6. Swallowing disorders including oral, pharyngeal, esophageal, and related functions as well as oral function for feeding; orofacial myofunctional and may include modified barium swallow measures, fiber optic evaluation of swallowing, and strategies to decrease aspiration.
7. Cognitive aspects of communication (attention, memory, sequencing, problem-solving and executive functioning) including cognitive notebook use to improve access of long-term memory about family and word retrieval strategies.
8. Social aspects of communication for challenging behavior, ineffective social skills, and lack of communicative opportunities, including behavior management techniques and

developing more effective peer interaction patterns.

9. Communication modalities for oral, manual, augmentative and alternative communication techniques and assistive technology, including identifying appropriate AAC device and strategies, increasing use of effectiveness of AAC techniques (e.g., PECS, picture notebook).

Additionally, students must have experience in the following areas: child speech diagnostics, adult speech diagnostics, child language diagnostics, adult language diagnostics, child speech therapy, adult speech therapy, child language therapy, adult language therapy, hearing assessment and treatment for children and adults.

Ethical Considerations

Students must hold paramount the welfare of the clients served. Therefore, students must always be prepared, provide services competently, and act professionally. Students are expected to abide by the ASHA Code of Ethics at all times (Appendix D, <http://www.asha.org/Code-of-Ethics/>). Ethical violations may result in permanent dismissal from practicum placement opportunities, and may also subject students to dismissal from the academic program. Additionally, strict adherence to HIPAA guidelines (<http://www.hhs.gov/ocr/privacy/index.html>) and FERPA guidelines (<http://www2.ed.gov/policy/gen/reg/ferpa/index.html>) is essential to protect the confidentiality of students and clients served at the affiliated facilities.

In the first trimester of the CSD graduate program, students learn about ethics in health care and education, including ASHA's Code of Ethics, in CSD 502 Clinical Procedures and Professional Issues.

All faculty, clinical supervisors and clinical educators adhere to the ASHA Code of Ethics.

Confidentiality Policy and Procedures: HIPAA

Although Chapman University's is not a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), students, faculty and staff, including the CU-ALL uses HIPAA procedures to protect individually identifiable health information (PHI). In accordance with HIPAA, the access and use of client records is restricted to only those individuals directly involved with the client.

Faculty, students, instructors and supervisors are trained in HIPAA and FERPA policy and procedures. Documentation of training sessions is filed with the Fieldwork Clinical Coordinator, and the Program Administrative Assistant. Written documentation of the training sessions is filed in the student clinician's permanent clinical record. See Appendix E form for student documentation of these policies and procedures.

Students starting their observation hours in their first trimester receive HIPAA awareness training as a component of their preparation for their observations through CSD 502 Clinical procedures and Professional Issues.

Students provide signed authorization that they have read and will abide by policies and procedures related to confidentiality, privacy, the ASHA code of Ethics, CU Student Code of Conduct and other professional behavior (See Appendix E)

Reporting Suspected Abuse

IMPORTANT: If students observe or experience a situation at a clinical practicum site that raises any ethical questions for the student, the student should speak directly with their site supervisor about the concern. If the student is not comfortable speaking with the site supervisor, then the student should speak with the University Practicum Instructor, the Clinical Fieldwork Coordinator, other CSD faculty member, or the Program Chair.

Reporting of Suspected Child Abuse

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

- “Child care custodian” includes teachers, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers; administrators of community care facilities licensed to care for children; Head Start teachers; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.
- “Medical practitioner” includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under Division 2 (Commencing with Section 500) of the Business and Professions Code.

- “Non-medical practitioner” includes state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; marriage, family or child counselors; and religious practitioners who diagnose, examine or treat children.

Reporting of Suspected Elder Abuse

Elder abuse cases tend to be multidimensional. Improving our understanding of the complexity of elder abuse cases can help researchers both develop and evaluate theory-based explanations for abuse. Recent research has shed some light on case characteristics common to different types of elder abuse.

- **Physical abuse:** Contrary to common belief, many elderly victims of physical abuse are high functioning. The abuser is typically a family member, often the adult offspring of the victim. The abuser may be a long-term dependent of the victim because of health or financial issues and may take out resentment for this dependence on the elderly victim. These victims are generally aware that they are being mistreated, but their sense of parental or family obligation makes them reluctant to cut off the abuser.
- **Neglect:** In cases of elder neglect, the victim may be physically frail or cognitively vulnerable. The caregiver does not take adequate care of the victim, who may acknowledge his or her own shortcomings as a parent and conclude that the tables are being turned — and that he or she deserves no better.
- **Financial exploitation:** Victims of financial exploitation often lack someone with whom they can discuss and monitor financial issues. They may have an emerging, unrecognized cognitive impairment; worry about a future loss of independence; and be overly trusting of a caregiver capable of theft, fraud and misuse of assets.
- **Hybrid cases:** Cases where financial exploitation is combined with physical abuse or neglect typically involve financially dependent family members, particularly adult offspring, who have been cared for by the elderly person. As the elderly person declines in health and becomes more socially isolated, he or she relies more on the abuser for care, resulting in a mutual dependency. Such hybrid cases are unique in many ways and tend to have worse outcomes for victims than other kinds of elder abuse, perhaps the abuse is accompanied by the stress of financial loss.

Where to report suspected elder abuse:

- CNA/HHA/CHT Report of Misconduct
Form www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph318.pdf

- Department of Public Health (DPH), Licensing and Certification at: www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx
- Local Law Enforcement — Police or Sheriff and your county district attorney's office.
- Long-Term Care Ombudsman Program at 1-800-231-4024 or <http://www.aging.ca.gov/Programs/LTCOP/>.
- Office of State Attorney General, Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA) at 1-800-722-0432 or visit <http://ag.ca.gov/bmfea/reporting.php>.

Retention of Student Clinical Documents

- Clinical records and hours are available electronically to enrolled students through Calipso software program.
- All original clock and log hours and contents of clinical records are retained indefinitely, either in paper format or scanned and retained on a password protected university server.
- Students are strongly encouraged to keep personal copies of all student documents.

Professional Responsibilities and Relationships

Students are expected to adhere to professional standards in both appearance and actions in the classroom and clinical settings. Refer to the Student Handbook pages 21 and 23 for additional information.

Dating and/or romantic involvement with a current or past client, while enrolled as a graduate student in CSD at Chapman University, is not allowed. Following graduation from the program, the individual should follow all professional and ethical guidelines in deciding the appropriateness of developing a non-therapeutic relationship with a former client.

Insurance

Chapman University maintains a student's practice liability insurance policy for all student clinicians registered for clinical practicum in Communication Sciences and Disorders. It is required for students interning in clinics, health facilities, private practices and CU-ALL to purchase their own professional liability insurance. Students are referred to HealthCare Providers Service Organization (<http://www.hpso.com/>).

It is also required that students maintain their own health insurance or show proof that they are covered on their parents' plan.

Graduate Student Injury and Illness Incident Reporting

Should a student clinician sustain an injury at an off-campus practicum site, they should notify the on-site supervisor immediately and follow that site's policy and procedures. Furthermore, the student should notify the Practicum instructor.

When an injury occurs at the CU-ALL, the student clinician and clinical supervisor should go to the CU Risk Management website found at MyWindow to complete the on-line Injury and Illness Reporting Form. This form is also available in the CU-ALL. Print and sign the form. This report should be completed **within 24 hours** of the incident and given to the Department Administrator or the Clinical Fieldwork Coordinator for further reporting to Environmental Health and Safety. A copy will be made and remain on file with the Clinical Fieldwork Coordinator. The CSD Administrative Assistant can assist students and supervisors with this process as well.

Cardio Pulmonary Resuscitation (CPR)

CPR certification must be obtained by the first trimester of graduate school and renewed every two years. CPR courses are scheduled by the Administrative Assistant and held annually. It is each student's responsibility to maintain documentation of completion of CPR and to upload their CPR card on to the Calipso record-keeping system. The CFC verifies that students have completed CPR prior to their first practicum placement in the second trimester of the first year.

Understanding Supervision and Student Responsibilities

Understanding the supervision process of practicum

1. Supervision for each student will be provided by individuals who are certified by the American Speech-Language-Hearing Association (ASHA) and licensed by the State of California or hold another state's licensure in Speech-Language Pathology or Audiology. Supervision of clinical practicum, according to ASHA standards, must entail the personal and direct involvement of the supervisor in any and all ways that will permit the supervisor to attest to the adequacy of the student's performance in the clinical training experience. At least 25% of the student's total treatment contact with any client/patient must be directly supervised, with such supervision being appropriately scheduled throughout the training period. Evaluation and diagnostic activities must be supervised 50% of the total time. Direct supervision is defined as on-site observation or closed-circuit TV monitoring of the student clinician. The amount of direct supervision beyond these minimal amounts should be adjusted upward depending on the student's level of knowledge, experience and competence. In addition to the required direct supervision, supervisors may use a variety of other ways to obtain knowledge of the student's clinical work, such as conferences, audio- and DVD recordings, written reports, staffing, and discussions.
2. Onsite Supervisors are the assigned clinicians who provide modeling, teaching, coaching and mentoring of the graduate student. These Onsite Supervisors will schedule weekly conferences with student clinicians to discuss treatment progress, client needs, clinician's performance, etc.
3. Initial on-site supervisor/student clinician conferences are used to define responsibilities for lesson plans, evaluations, videotaping, observations, reports and other clinical matters. Generally, each supervisor and student clinician will schedule a periodic conference. These meetings allow for the evaluation of past therapy sessions to identify areas of strengths and weaknesses, to discuss proposed plans, to communicate upcoming responsibilities or jointly work on personal goals established by the student clinician. Some flexibility is offered for periodic meetings due to off-campus responsibilities.

Refer to Anderson's Continuum of Supervision for more details regarding the graduate student clinician's transition to independence. Refer to the Student Handbook page 35.

4. Onsite Supervisors provide written and/or verbal feedback on therapy and diagnostic sessions, therapy plans, data, and reports submitted by the student clinicians. Supervisors are responsible for conveying clinical requirements to the student and conveying information on students' specific areas of strength and weakness in a constructive manner.
5. The onsite supervisor completes the midterm report and the final report of student clinical performance.
6. Students meet with University Practicum Instructors in a scheduled practicum class. At times University Practicum Instructors combine their sections so that all students receive the same instruction. Other times, instructors meet separately with students. Typically, these are small sections with 8-10 students assigned to the University Practicum Instructors. Refer to the practicum course syllabus for that trimester for a list of specific class meeting, topics, and dates for the midterm and final observations.
7. Practicum Instructors observe student clinicians twice in a trimester with the exception of summer sessions where one observation is acceptable. University Practicum Instructors complete Four Square Reflection Tool for Supervisors and Practicum Instructors (Appendix F) on the student clinician and the student clinician reflects using a different Four Square Worksheet (Appendix G) on the session that was observed. A separate time is arranged to discuss this observation outside of the current site. University Practicum Instructors submit completed Four Square Worksheets to the Clinical Fieldwork Coordinator at the end of the trimester.
8. University Practicum Instructors maintain records on each student clinician along with copies of all written feedback on sessions observed. At mid-term and at the end of a trimester, both the onsite supervisors and Practicum instructors evaluate the student's practicum performance and report the results of their evaluation using Calipso software program (Appendix F for supervisor and practicum instructor instructions).
 - A final conference is held with each student to discuss the evaluation.
 - The final grade in the practicum course is a combination of the onsite supervisor's and the University Practicum Instructor's evaluation of the student performance; the final grade is calculated as either 50%/50%, or 75%/25% of the onsite-supervisor/practicum instructor grades. Practicum instructors submit the final grade to the university.
9. Student evaluations are completed of their University Practicum Instructors(s) during the end of their practicum class using Calipso software. A similar procedure is completed for on-site supervisors. Anonymous results are shared with instructors and supervisor the following trimester. Students also complete an evaluation of their overall practicum experience per practicum site.
 - Results are compiled for each practicum instructor and clinical site supervisor. Anonymous feedback is provided through the Clinical Fieldwork Coordinator.

Supervisor and Practicum Instructor Requirements

Supervisors and Practicum Instructors must provide proof of their current California state license and their ASHA CCCs.

Additionally, the California Speech Pathology and Audiology Medical Examining Board (SPLAB) requires supervision coursework hours for supervising paid clinicians, including Speech Pathology Assistants, Clinical Fellows and fully certified clinicians. Although not required for supervising graduate student clinicians, the CSD department strongly encourages individuals who supervise our CSD students to obtain 6 hours of continuing education in the field of supervision every two years and 3 hours in each subsequent license renewal period.

- Courses on clinical supervision are available for on-site supervisors. These courses are taught and held at Chapman University 2-3 times a year; here their training includes the use of Calipso.
- Supervision workshops and presentation are also available at the California State Speech and Hearing Convention, and at the American Speech and Hearing Convention.

Chapman University Adult Learning Lab (CU-ALL)

The CU-ALL is an on-campus environment in which graduate student clinicians and faculty supervisors work together to provide services to adults with an acquired neurological and/or other communication disorder. It is located at 9401 Jeronimo Road, Irvine, CA 92618. It is designed primarily to provide services for adults, not for children under the age of 16 years. Graduate student clinicians provide diagnostic and intervention services to adults while receiving supervision by faculty who hold their national Certificate of Clinical Competence and are licensed to practice speech-language pathology in the state of California. The CU-ALL supervisors are master clinicians who have specialties in neurology, voice, aphasia, apraxia, cognitive disorders and dysarthria.

Below is a list of the common kinds of services that are provided at the CU-ALL:

- Speech, language, voice and AAC evaluations and therapy
- Cognitive and Communication Evaluations
- Dysphagia Therapy
- Hearing Screenings and Assessments
- Group Therapy for Communication Disorders
- Individual Therapy for Communication Disorders

The CU-ALL provides one to one intervention as well as group therapy for adult clients. This post-acute intervention focuses on improving communication, swallowing, and/or cognitive function in the home and community.

Clients are referred from area clinicians, hospitals, and physicians' offices for evaluations and interventions. New client referrals are reviewed by the CFC. Clients are scheduled by the CFC or a CU-ALL Supervisor after it is determined that they could benefit from services.

The CU-ALL is open each trimester and graduate students participate in a one to two day per week experience. All graduate students enrolled in the CSD MS program are required to participate in a practicum experience at the CU-ALL.

Student assignments to the CU-ALL are arranged by the CFC prior to the beginning of the trimester. Each CU-ALL supervisor is assigned to supervise three to four students per day.

- Typically, the first week of the trimester is CU-ALL orientation conducted by their assigned CU-ALL supervisor. In orientation, students: meet with their supervisor about

their clients, become familiar with their clients' background (through chart review), are provided with the required forms for their clients/families to authorize, become familiar with test protocols and treatment materials, and are introduced with the specific procedures that are unique to CU-ALL.

Chapman University does not charge a fee for any services offered in the CU-ALL.

Documenting Evaluations and Intervention

Evaluations should reflect an assessment of past therapy goals (met and unmet), as well as any updated testing and observation results. Evaluations include objective and subjective descriptions of the client's, parents' and clinician's, etc., behavior and their interaction. Supervisors are involved in evaluation planning and provide feedback on students' evaluation performance, as well as on the written evaluation report. Student clinicians use the CU-ALL intake forms to collect information, and write reports using the CU-ALL report format.

Student clinicians are required to generate written lesson/treatment plans and SOAP notes for their therapy sessions. Examples of lesson plans and SOAP notes are available to students during orientation week. The specific format and content of these plans may vary and are determined at the beginning of each trimester by the supervisor and student clinician. Student clinicians are expected to:

- Follow the lead and the format that the supervisor requires for CU-ALL lesson/treatment plans.
- Submit lesson/treatment plans preferably the day before for session, or at least the morning of the day of the session. These must be reviewed and verified by the CU-ALL supervisor.
- Identify subsequent therapy activities and targets in their clinical documentation after each evaluation or treatment session.

Confidentiality Policy in Written Reports, Therapy Notes, Client Logs, and other forms of communication in the CU-ALL

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the ASHA Code of Ethics, all information concerning past and present clients is strictly confidential. Clinical records from Learning Lb that are requested by other professionals can be released as long as written permission is obtained from the client or his/her representative.

Only those persons in the CU-ALL needing access to protected health information to carry out their duties are allowed access to a client chart. Client files which contain identifiable information, including audio and video recordings, and other information must be kept confidential. At no time, should the file or any part of the file be removed from its location, be

that CU-ALL or an external practicum site. The files of the CU-ALL may be used only in the designated work area.

- De-identified documents (e.g., lesson Plans, SOAP notes, progress reports, and other documents) can be saved on students' computers as long as there are no identifiable pieces of information that are included. Identifiable information includes for example, name, initials, date of birth, date of onset of illness or injury, address, name of hospital or prior location where services were obtained, names of family members, audio/video recordings, etc. Thus, when student are working on client documents outside of CU-ALL all identifying information that could result in the identification of a client must be removed.

Audio and video recordings present unique challenges for maintaining client confidentiality. Because of this, the following procedures will be strictly enforced:

- Students should not use any personal recording devices to audio or video record clients. All recordings will be conducted with equipment that is authorized and owned CU-ALL.
- Transcription of audio/video recordings must be conducted at the CU-ALL.

Active client records are stored in the CU-ALL in a locking file cabinet. The records are accessible by CU-ALL student clinicians and clinical supervisors. Files are to remain in the CU-ALL or designated working areas at all times.

Students and supervisors should avoid the circumstances that may lead to violations of confidentiality, such as having conversations with other professionals, students, faculty, etc, about with the client outside of the CU-ALL.

Note that clients in the CU-ALL may authorize release of their audio or video recordings for teaching and learning purposes on a trimester by trimester basis.

Client Accident/Illness Safety Response Procedure

If a client becomes ill or has an accident while in the CU-ALL:

1. Notify your supervisor if they are not present or observing.
2. Assess the seriousness of the illness of injury to determine the need for first aid or the need for instituting an emergency response (9-1-1).
3. If first aid can be offered, proceed as appropriate.

If an emergency response is required (i.e. 9-1-1):

- a. **DO NOT** leave the client; instead, open the door and shout, “Help needed in room _” Repeat the call until you get a confirmation from another student/clinician, faculty or staff person that help is on the way.
 - b. Stay with the client until emergency help arrives.
 - c. Report the incident to the Supervisor/Clinical Fieldwork Coordinator and to the Program Chair.
4. Follow the procedures for completing and submitting an incident report available in the CU-ALL, with the assistance of your clinical supervisor.

Remember, universal precautions must always be used in CU-ALL, even during emergency situations. See section below titled “Infection Control and Universal Precautions in CU-ALL.”

Transporting and Transferring Clients

Student clinicians should not transfer clients. This includes transferring them from the wheelchair to the office chair and back to their wheelchair. Clients and care providers are informed that if they need assistance to use the bathroom, they are to transport and/or transfer themselves or have a care provider transport/assist them.

Work Area Restrictions

Students are not allowed to eat or drink in the treatment area of the CU-ALL. Chapman University is a smoke-free campus. All clients, students, faculty and staff are expected to observe the smoke-free environment policy.

CU-ALL treatment rooms are furnished with tables, dry erase boards, appropriate and a two way observation mirror plus audio-visual recording system used to record all sessions. If furniture needs to be removed or substituted during a session, the student clinician is expected to return it to its proper place at the end of the session. Treatment rooms are to be cleaned between each treatment sessions with appropriate disinfesting wipes provided.

Cell phones

All cell phones, pagers, watch alarms, etc. must not be taken into therapy or diagnostic sessions unless approved by the supervisor. Cell phones are not permitted in the clinic rooms while clients are being treated unless the phone is being used as a stop watch. Making and receiving phone calls in the Observation Room is not permitted. Students may use their cell phone only to use as a stopwatch or as a part of the treatment process. Phone calls should occur only in the hallways, outside of Rinker campus or other university buildings.

Social media policy

Graduate students in the Speech-Language Pathology program should not engage in social media communications via social media sites such as Facebook, Twitter, SnapChat, Tumbler, Instagram, etc. with their clients and/or client families, whether current or prior, unless part of the treatment program. Students should exercise caution and follow all professional and ethical guidelines of the profession relative to the use of social media.

Name Badges and Attire

Student clinicians must wear their Chapman University Name Badge at all times in the CU-ALL. They must dress professionally, which means no jeans or mid-drift shirts. Leggings may be worn but only if a dress or very long tunic is worn over them. See also professional dress as described in the Student Handbook.

Information for Emergencies

CU-ALL clients name, home and work phone numbers, e-mail address, are on file in the CU-ALL in a locked cabinet. This information is used to contact clients and/or their families

Student clinician's name and cell phone number should be on the CSD master phone list in the CSD office. This information will be used in the event a client cancels, and the student clinician must be contacted, and/or for other purposes, as needed.

Cancellations

Client cancellations: Clients are provided with the CSD office phone number and the CU-ALL phone number where they can notify the office staff of a cancellation. Office staff will notify the CU-ALL supervisor and student.

Student Clinician Cancellation: A cancellation should only occur due to a legitimate reason, such as an illness or other emergency. Student clinicians should be prepared to provide a doctor's note, police report, funeral notice, etc., if needed.

Infection Control and Universal Precautions for CU-ALL

Student clinicians are expected to follow all infection control policies and procedures in the CU-ALL (and should follow off- campus practicum sites' control policies and procedures that are required).

Each student clinician is responsible for soiled materials and surfaces at the end of a session. Supplies for cleaning are located in the observation room cabinets. Ultra violet lights are the preferred method.

Therapy and Evaluation rooms are equipped with hand sanitizers and a disinfectant spray. . Alcohol-based wipes and antibacterial spray, examination gloves, and paper towels are kept in observation room in CU-ALL. Tongue depressors and gauze pads are kept in the metal cabinet in the CU-ALL. All gloves, tongue depressors, and gauze pads are to be thrown in regular waste containers located in each room. The waste in these containers are not to be touched.

Surface disinfection is a two-step process. Using gloves, the general process is to first clean to remove gross contamination, and then disinfect to kill the germs. Antibacterial spray or disinfectant wipes are available in each therapy and evaluation room in the CU-ALL for disinfecting. Paper towels are available in these rooms to wipe away gross contamination. This protocol will be used on: T

- Table tops and chairs between clients, as needed.
- The reception counter in the morning, at noon, and at closing.
- Telephones in the office.
- Any equipment routinely handled and manipulated by clients.
- Therapy materials routinely handled by clients or manipulated by multiple clients will be laminated for easy cleaning. eadphones used with tape recorders and portable audiometers are disinfected after use.

Earphones are cleaned before and after use by passing a UV light over them for six seconds.

To perform an orofacial examination, precautionary care must be taken. Examination gloves must be worn for intraoral palpation, and should be worn during the entire examination. These items are disposed of. These procedures must be followed at all practicum sites, including the CU-ALL.

Hearing aids and ear molds are assumed to be contaminated and therefore should always be handled with gloved hands or with a disinfectant wipe. The following steps should be followed when receiving these items:

- Receive the instrument in a disinfectant wipe or gloved hand.
- Use a disinfectant towelette to wipe the instrument over all surfaces.
- A hearing aid stethoscope may be used on an instrument that has been disinfected properly. Disinfect the stethoscope prior to attaching it to another instrument. The person using the stethoscope should disinfect it after use.

Earphones and bone oscillators should be disinfected at the end of each day or as needed between clients by the student clinician. Disinfectant materials are kept in the metal cabinet in

the CU-ALL for this purpose. Specula, curettes, probe tips, and any other equipment that are used with clients are thrown away.

Laminated therapy materials are disinfected by the person using the materials. Hand washing is completed after cleaning and disinfecting.

UV Lights are the preferred method for cleaning mirrors, brain or laryngeal models or other treatment and educational materials.

Hand Washing

Hands are always washed before and after contact with clients. Hands are washed even when gloves have been used. If hands come in contact with body fluids, they are immediately washed with soap and water. If exposed to blood, follow the 'Bloodborne pathogens' procedures available in CU-ALL. Hands are also washed after sneezing, coughing, or wiping a nose. Bathroom sinks are located in the men's and women's restrooms in close proximity to CU-ALL.

Supervisors and student clinicians are expected to follow the basic handwashing technique

- *Remove all rings and put them in a safe place while washing hands.*
- *Using a liquid antibacterial soap, lather hands. Scrub the palms, back of hands, wrists and forearms under running water, using vigorous mechanical action. Also, clean under the fingernails and between the fingers.*
- *Thoroughly rinse the hands under running water*
- *Use a duration of 30 seconds between clients, if not grossly contaminated, and in handling client devices.*
- *Use a duration for 60 seconds when in contact with clients, devices, or equipment with gross contamination.*
- *Thoroughly dry the hands by blotting with a paper towel or a disposable towel to help eliminate germs.*
- *Since faucets are considered contaminated, turn faucets off with the paper towel used for drying hands.*

Waterless hand sanitizer is available in each therapy room for cleaning hands.

- Waterless hand sanitizer should be used before direct client contact, after contact with client's intact skin, after removing gloves, and after contact with objects (including equipment) located in the client's environment.
- When using the waterless hand sanitizer, the student clinician and supervisor should use the following guidelines:
 1. Apply approximately 3cc of product to palm of one hand.
 2. Rub hands together, cover all surfaces of hands and fingers. Rub until hands are dry.

Gloves

Gloves should be worn when contact with blood, body fluids containing visible blood, mucous membranes, or non-intact skin of clients is anticipated. Gloves should be worn on the hand(s) that come in contact with the blood or body fluid containing visible blood, or for handling items or surfaces soiled with blood or body fluids.

The student clinician should change gloves after contact with each client. Care should be taken so that the student clinician does not touch the contaminated portion of the glove.

Gloves are also used for oral peripheral exams, oral-facial manipulation, feeding and hearing screening both in the CU-ALL and in the field.

To remove gloves safely use the following procedure:

- Peel off one glove from the wrist to the fingertip.
- Grasp it in the gloved hand.
- Using the bare hand, peel off the second glove from the inside, tucking the first glove inside the second glove as it is removed.
- Wash hands after gloves are removed.
- Contaminated gloves are thrown away in a regular waste container.

Resources, Materials and Equipment: CU-ALL and Other

Therapy and Diagnostic Materials

Diagnostic and therapy materials are stored in the Clinical Materials Room located in Rinker campus as well. Tests and materials are checked out by students prior to their scheduled session using a sign-out sheet.

Treatment materials stored in the Clinical Materials Room must be checked out. The log sheet is located on the counter at the Administrative Assistant's desk. When checking out an item list the item(s), student name and the date/time checked out. When finished with the item(s) go to the binder and enter the date/time returned. Do not give the test or materials to another student without changing the name on the binder. The student who checked out the materials will be held responsible if it is not returned.

- Therapy materials may be signed out of the Clinical Materials Room overnight. Returned materials such as picture cards must be put placed in the box in the proper order and category.
- Tests may not be checked out at the end of the day for overnight use. Test protocols are kept in a locked file cabinet.

- Books, worksheets and therapy aids should be returned in the same condition they were found. Do not mark on the materials or allow a client to color or mark in them. Do not use original worksheets. Make copies to use in therapy.
- Tests and materials not returned to the office must be replaced by the person who checked them out. Every effort will be made to locate the lost test or program before the person is charged for a new copy.
- If a student is late returning a test or program on two occasions, then a conference with the Clinical Supervisor is scheduled. A third offense may result in the suspension of checkout privileges.

Tests and materials for use in the CU-ALL cannot be removed from the CU-ALL cabinet unless they are being by students who are currently seeing clients in the CU-ALL.

Audio and Video Equipment – CORS

Each lab suite is set up with a camera and speakers to record sessions in the main observation room. The supervisor arranges the camera in the room after the session has started and labeled each room by the day of the week. The video equipment is operated only by the supervisor, Administrative Assistant or the CFC. Students are not permitted to turn on the equipment unless instructed by a supervisor. Students may review the recorded session with permission of the onsite Supervisor.

Audiology Equipment

CU-ALL contains an equipped portable audiology booth that is used for student audiological experience. Audiometers, tympanometers, OAE screeners, otoscopes, a video-otoscope, cleaning supplies, and de-germinator or UV lights, books, hearing aids, hearing aid cleaning supplies, hearing aid stethoscopes and other materials related to hearing, aural rehabilitation and anatomy are stored in this area.

All audiometric equipment is calibrated according to ANSI specifications and time guidelines. Annual calibration is obtained through a certified equipment technician. Daily listening checks are to be conducted and documented. Student clinicians should conduct listening checks on the portable audiometers as they are used. The listening check should be documented on the form located in the audiometer case.

Other Equipment

Clinical and teaching equipment of various kinds is stored in appropriate areas of the CU-ALL and in the CSD Resource Room and is maintained according to manufacturer instructions. Certain items may be checked out overnight through the staff. The equipment is returned to its appropriate place after the session is completed. All equipment is maintained according to the manufacturer's specifications.

Gift and/or Gratuities

In appreciation for services rendered, clients sometimes offer to give money or other gifts to the student clinicians in the CU-ALL. It is requested that this not be done; however, gifts of less than \$25.00 may be accepted. Clients wishing to show appreciation for services received may make donations to the Communication Sciences and Disorders Fund and donations are tax deductible. If a client wishes to make a donation, see the Clinical Fieldwork Coordinator. The CFC provides a letter to clients in the Adult CU-ALL thanking them for their participation in the graduate students learning and providing them with an opportunity to donate.

Appendix A
Chapman University
Communication Sciences & Disorders

Student Acknowledgement of Clinical Practicum Responsibilities

You must read and sign this form and submit it to the Clinical Fieldwork Coordinator before we proceed with clinical practicum placements.

1. I have read through the **CSD Student Clinical Manual** and understand that I am bound by its contents during my clinical practicum.
2. I understand that I am not allowed to alter the clinical arrangements as they have been made.
3. I understand that a request for a particular clinical assignment or even type of clinical experience may not be granted.
4. I understand that I will have to interview for medical assignments and that I may not contact the site for observations prior to the interview.
5. I understand that I must accept the clinical assignment I am given.
6. I understand that I am not permitted to make clinical placement arrangements without the express consent of the Clinical Fieldwork Coordinator.
7. I understand that I must take responsibility for the experience I have during my clinical practicum. If I am having concerns of problems, I need to seek solutions, and not blame others. If I am having issues, concerns, or problems, I will contact my University practicum instructor after discussing the situation first, with the onsite supervisor.
8. I understand that I must be flexible in my schedule to meet the schedule of my supervisor and my assigned clients.
9. I will not end my clinical assignment until the end of each trimester. I will continue accruing clinical hours during this time.
10. I will honor the responsibility to achieve and maintain the highest level of professional competence and performance.

Signature

Date

Print Name



Rinker Health Science Campus
9401 Jeronimo Rd
Irvine, California 92618

Crean College of Health and Behavioral Sciences

Department of Communication Sciences and Disorders
www.chapman.edu/crean
714-516-4598

Appendix B ASHA Code of Ethics



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CODE OF ETHICS

Reference this material as: American Speech3Language3Hearing Association. (2016). Code of Ethics [Ethics]. Available from www.asha.org/policy.

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PREAMBLE

The American Speech3Language3Hearing Association (ASHA; hereafter, also known as “The Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day3to3day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional’s role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech3language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech3Language3Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the

professions and positive outcomes for individuals who benefit from the work of audiologists, speech language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

ASHA Standards and Ethics – The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #_1_, Rockville, MD 20850.

advertising – Any form of communication with the public about services, therapies, products, or publications.

conflict/of/interest – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the “Disclosure Information” section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished/decision-making/ability – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud – Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired/practitioner – An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health-related conditions.

individuals – Members and/or certificate holders, including applicants for certification.

informed/consent – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction – The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual’s geographic location.

know,/known,/or/knowingly – Having or reflecting knowledge.

may/vs./shall – May denotes an allowance for discretion; shall denotes no discretion.

misrepresentation – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s);

failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo/contendere – No contest.

plagiarism – False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly/sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable/or/reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report – A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall/vs./may – Shall denotes no discretion; may denotes an allowance for discretion.

support/personnel – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

telepractice,/teletherapy – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

written – Encompasses both electronic and hard-copy writings or communications.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be

allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical

harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

Appendix C



CALIPSO INSTRUCTIONS FOR STUDENTS

<https://www.calipsoclient.com/chapman>

Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
- Go to <https://www.calipsoclient.com/chapman>
- Click on the “Student” registration link located below the login button.
- Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
- Please note: **PIN numbers are valid for 40 days.** Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to <https://www.calipsoclient.com/chapman> and login to CALIPSO using your school e-mail and **password that you created for yourself during the registration process (step one.)**
- Upon logging in for the first time, you will be prompted to pay the student fee and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

- Click on “Student Information”
- Click on “Contact Info” and then “Edit” for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter “rotation” contact info when on externships. Return to this link to update as necessary.
- Click “Home” located within the blue stripe to return to the home page.

Step 4: View Immunization and Compliance Records

- Before each trimester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- To create a document to save and/or print, click “PDF” located within the blue stripe.
- An electronic file of the original documents can be accessed, if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.

Step 5: View/Upload Clinical Placement Files

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
- Click on “Student Information” and then “Clinical Placement” to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for supervisor and clinical administrator access or “private” for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Rename folders** by clicking the "rename" link to the right of the folder name.
- **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.
-
- Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
- Click on the “Daily clockhours” link located within the blue stripe.
- Click on the “Add new daily clockhour” link.
- Complete the requested information and click “save.”
- Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.
-

- To add clock hours for a ***different*** supervisor, clinical setting, or trimester:
- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or trimester.
-
- To add additional clock hours to the ***same*** record:
- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, trimester, course, and setting) from the drop-down menu and click “Show.”
- Click the “Copy” button located next to the date of a previous entry.
- Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.
-
- To **view/edit** daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, trimester, course, and setting) from the drop-down menu and click “Show.”
- Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
- Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.
-
-

Step 6b: Submit Clock Hours for Supervisor Approval

-
- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, trimester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.

Appendix D



CALIPSO
INSTRUCTIONS FOR
CLINICAL SUPERVISORS
<https://www.calipsoclient.com/chapman>

Step 1: Register as a Supervisor on CALIPSO

(Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations)

- Before registering, have available your 1) PIN provided by the Clinical Coordinator, 2) ASHA card, 3) state licensure card, and 4) teacher certification information if applicable. If possible, have available scanned copies of your certification and licensure cards for upload during the registration process.
- Go to <https://www.calipsoclient.com/chapman>
- Click on the “Supervisor” registration link located below the login button.
- Complete the requested information and click “Register.”
- On the following screen, again complete the requested information and click “Save” at the bottom of the page. A “Registration Complete” message will be displayed and you will automatically be logged into CALIPSO.

Step 2: Login to CALIPSO

- For subsequent logins, go to <https://www.calipsoclient.com/chapman> and login to CALIPSO using your 8-digit ASHA number and **password that you created for yourself during the registration process (step one.)**

Step 3: Select Supervisee / Student

- Locate “Change class to:” and select from the drop-down menu the appropriate class ☐ Click “Change.”

- Click on “Student Information”
- Locate “Add Student of Interest” and select your student from the drop-down menu.
- Click “Add.”

Step 4: View Student Clock Hour Records

- Click on “Clockhours” then “Experience Record” to view a summary of clock hours obtained and clock hours needed.
- Students may be required to gain a minimum of (20) hours in the evaluation and treatment of children and adults for both speech and language disorders which is summarized in the table at the bottom of the page.
- Please note the student’s Clinical Competency Level (I, II, or III) on the page header if applicable.
- Print/save clock hour record by clicking “Print Experience Record.”
- Click “Student Information” located within the blue stripe to return to the student list.


Step 5: View Student Cumulative Evaluation

- Click on “Cumulative evaluation” to view a summary of your student’s clinical competency across the 9 disorder areas.
- Upon completion of the clinical program, students must have an average score of 3.0 or higher for all clinical competencies listed on the form.
- Please make note of any areas of deficiency (highlighted in orange.)
- Click “Student Information” located within the blue stripe to return to the student list.

Step 6: View Student Immunization and Compliance Records

- Click “Compliance/Immunizations” to view a record of compliance and immunization documents. ¶ To create a document to save and/or print, click “PDF.”
- An electronic file of the original documents can be accessed, if necessary and if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.


Step 7: Complete Site Information Form

- From the home page, click on the “Site Information Forms” link under the Management header.  Click “Add new form.”
- Complete the requested information and click “Save.”

Step 8: Upload Files for Student or Clinical Administrator (optional)

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) pertinent to the clinical experience for a specific student.
- Select the desired student and then click on the “Clinical Placement” link to upload your own file and/or view a file uploaded by your student.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for student and clinical administrator access or “private” for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.



Step 9: Complete Midterm Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”  Click “New evaluation”.
- Complete required fields designated with an asterisk and press save.
- Continue completing evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the



status will change from “in progress” to “final”. Students will then have access to view the submitted evaluation when logged into the system.

- To view the evaluation, click “Student Information” located within the blue stripe then “evaluations” located to the right of the student’s name.

Step 10: Complete Final Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “Student Information” then “evaluations” located to the right of the student’s name.  Identify the evaluation completed at midterm and click on “Make a duplicate of this evaluation.”  The duplicated evaluation will appear in the evaluations list.
- Identify the duplicate (noted as “in progress”) and click on the “current evaluation” link highlighted in blue.
- Change “Evaluation type” from midterm to final.
- Complete evaluation by changing and/or adding scores for applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “save.”
- Receive message stating “evaluation recorded.”

Step 11: Approve Clock Hours

- At the completion of the rotation or as often as directed, your student will log their clock hours into CALIPSO.
- An automatically generated e-mail will be sent notifying you that clock hours have been submitted and are awaiting approval.
- Login to CALIPSO (step two.)
- Click “clockhour forms pending approval.”  Identify your current student’s record.
- Click “View/Edit” in the far right column.
- Review hours, making changes if necessary.
- Complete the % of time the student was observed while conducting evaluations and providing treatment.
- Approve clock hours by selecting “yes” beside “Supervisor approval” located at the bottom of the page.  Click “Save.”

Step 12: View Your Supervisory Summary

- For an official record of this supervisory experience (past or present), click on the “Supervision summary” link located under the Management header on the home page. ☐ Select “Printable view (PDF)” to create a document to save and/or print.

Step 13: View Your Supervisory Feedback

- At the completion of the rotation, your student will complete a supervisory feedback form in CALIPSO.
- An automatically generated e-mail will be sent stating that you have feedback available to view. ☐ Login to CALIPSO (step two)
- Select the desired “Class” and click “change.” ☐ Click “Supervisor feedback forms.”
- Click “View/Edit” in the far right column.

Step 14: Update Your Information

- Update e-mail address changes, name changes, certification expiration dates with corresponding scanned copies of your card by logging into CALIPSO (step two.)
- Click “Update your information.”

Make changes and click “save” and/or click “Edit licenses and certification

Appendix E
Confidentiality and Privacy, Code of Ethics, and
Professional Behavior Agreement

I have been informed and have received education about client confidentiality and privacy policies and procedures (e.g., HIPPA, FERPA). Additionally, I have read and will abide by the ASHA Code of Ethics, and the Chapman University Student Code of Conduct. I agree to abide by the HIPPA and FERPA regulations. Furthermore, I agree behave in a professional manner as outlined in the CSD Student Handbook and CSD Student Clinical Manual, in my communication with peers, faculty and staff, and at my practicum placements with supervisors and clients and clients' families, and other professionals.

Print name

Signature

Date

Appendix F

Communication Sciences & Disorders

Four Square Supervisor & Practicum Instructor Reflection Tool

Graduate Student: _____ CU Faculty/Supervisor: _____
 Date of Observation: _____ Date of Conference: _____
 Trimester/Year: _____ Location: _____
 Signature of Student: _____ Signature of Faculty/Supervisor: _____

<p>What Happened?</p>	<p>I think the goals/objectives were:</p>
<p>Positive Feedback</p>	<p>Questions for Discussion</p>

Appendix G
Communication Sciences & Disorders
Student Clinical Four Square Reflection Tool

Name: _____ Date: _____

What Happened?	How do I feel?
Ideas?	Questions?



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Jeronimo Rd
Irvine, California 92618

Crean College of Health and Behavioral Sciences

Communication Sciences and Disorders

Department of Communication Sciences and Disorders 9401

www.chapman.edu/crean

714-516-4598

Appendix H Chapman University –Adult Learning Lab Brochure

*Changing the world
one word at a time...*

Communication Disorders

Accent Modification

Alaryngeal Speech

Aphasia

Apraxia

Cognitive Dysfunction

Dysarthria

Dysphagia

Fluency

Hearing Loss

Non-verbal Communication

Voice



mandas@chapman.edu
shepard@chapman.edu



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For more information: (714) 532-7765



CREAN COLLEGE OF HEALTH
AND BEHAVIORAL SCIENCES

ABOUT

Chapman University's Communication Sciences and Disorders (CSD) Learning Lab is a training facility for graduate students earning their MS degree in Communication Sciences and Disorders. Through skillful modeling and leadership and highly individualized instruction, graduate students will assess and treat adults with acquired disorders.



COMMUNICATION DISORDERS

communication is the essence of human life

How to get started

Referral from Primary Care Physician or Speech Language Pathologist is required. An appointment for a comprehensive assessment will be made. If it is determined that Speech Therapy is needed, you will then make an appointment for the first session. Treatments vary from 6-14 weeks.



ASSESSMENT AND TREATMENT



Therapy

- One hour sessions
- Individual or group sessions available.
- Sessions are held in the fall, spring, and summer trimesters
- Services are provided at no cost. At the end of each trimester, a donation is suggested by the Clinical Fieldwork Coordinator in the form of a letter.