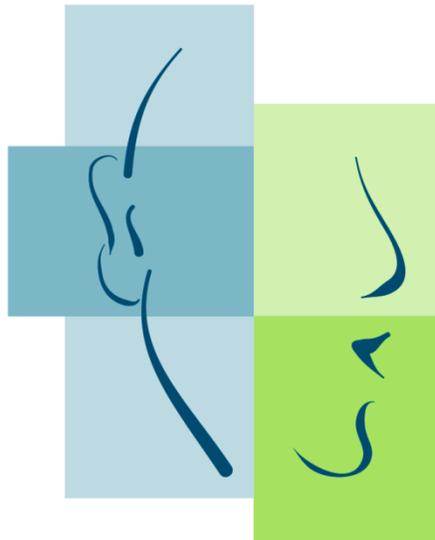


WENDELL JOHNSON SPEECH AND HEARING CLINIC

THE UNIVERSITY OF IOWA

POLICY MANUAL



The Wendell Johnson Speech and Hearing Clinic (WJSHC) provides the clinical education for graduate students enrolled in the Department of Communication Sciences and Disorders at The University of Iowa. The goal of the clinic is to provide a quality education for graduate students by providing state-of-the-art clinical services to individuals with communication disorders. The following clinic policies exist for the benefit of clinical faculty, student-clinicians, and clients.

Updated 06-01-2013

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PROFESSIONAL SERVICE POLICY

CODE OF ETHICS

<http://www.asha.org/docs/html/ET2010-00309.html>

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

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

Rules of Ethics

- A. Individuals shall provide all services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
- D. Individuals shall not misrepresent the credentials of assistants, technicians, or support personnel and shall inform those they serve professionally of the name and professional credentials of persons providing services.

- E. Individuals who hold the Certificates of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, students, or any nonprofessionals over whom they have supervisory responsibility. An individual may delegate support services to assistants, technicians, support personnel, students, or any other persons only if those services are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- F. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
- G. Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.
- H. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- I. Individuals shall not provide clinical services solely by correspondence.
- J. Individuals may practice by telecommunication (for example, telehealth/ehealth), where not prohibited by law.
- K. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed and shall allow access to these records only when authorized or when required by law.
- L. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community or otherwise required by law.
- M. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
- N. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.
- O. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

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

Rules of Ethics

- A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- B. Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.
- C. Individuals shall continue their professional development throughout their careers.

- D. Individuals shall delegate the provision of clinical services only to:
 - (1) persons who hold the appropriate Certificate of Clinical Competence;
 - (2) persons in the education or certification process who are appropriately supervised by an individual who holds the appropriate Certificate of Clinical Competence
 - (3) assistants, technicians, or support personnel who are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- E. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
- F. Individuals shall ensure that all equipment used in the provision of services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including dissemination of research findings and scholarly activities.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal financial interest.
- D. Individuals shall not misrepresent diagnostic information, research, services rendered, or products dispensed; neither shall they engage in any scheme to defraud in connection with obtaining payment or reimbursement for such services or products.
- E. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, and about research and scholarly activities.
- F. Individuals' statements to the public—advertising, announcing, and marketing their professional services, reporting research results, and promoting products—shall adhere to prevailing professional standards and shall not contain misrepresentations.

Principle of Ethics IV Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious inter-professional and intra-professional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

- A. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
- B. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, sexual harassment, or any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- C. Individuals shall not engage in sexual activities with clients or students over whom they exercise professional authority.

- D. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- E. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
- F. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- G. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
- H. Individuals shall not discriminate in their relationships with colleagues, students, and members of allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
- I. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
- J. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

I. DISCRIMINATION

The discrimination policy of The Wendell Johnson Speech and Hearing Clinic is consistent with the discrimination policy of the University of Iowa.

In accordance with Title VI of the Civil Rights Act of 1964, the agency provides services without regard to race, color, and national origin.

In accordance with Section 504 of the Rehabilitation Act of 1973, this agency does not discriminate based on mental or physical handicaps.

In accordance with Title VII and Title VIII of the Public Health Service Act, this agency does not discriminate on the basis of sex.

In accordance with the Age Discrimination Act of 1975, this agency does not discriminate because of age.

In accordance with Government Regulations, this agency will provide services to persons residing in the community without discrimination based on race, color, national origin or method of payment.

This agency will provide services without discrimination based on sexual preference or family structure.

II. SCOPE OF PROFESSIONAL SERVICE

Complete assessment and therapeutic services are provided for children and adults. The majority of clinical services are provided by graduate students under the supervision of clinical faculty members, who are certified by the American Speech-Language-Hearing Association and licensed by the State of Iowa. In most cases, students are expected to have completed the academic course work in the disorder area prior to being assigned clinical work in that area. The amount of supervision varies according to the need of the student with more independent students requiring the minimum amount which as defined by the American Speech and Hearing Association (ASHA). Other rules (e.g., CMS) that require line-of site supervision are carefully monitored.

Clinical services provided at the WJSHC include but are not limited to:

Speech and Language Evaluation and Treatment for Children

Articulation and phonological disorders
 Language-related learning problems
 Stuttering (includes UI SPEAKS summer program)
 Community Outreach and Service Learning Programs
 Literacy Skills (Grant Wood Elementary and Johnson County Neighborhood Centers)
 KIDTALK Preschool (Grant Wood AEA and Iowa City School System)
 Preschool Speech/Language/Hearing Screenings
 Autism Spectrum Disorders

Speech and Language Evaluation and Treatment for Adults

Accent Modification
 Autism Spectrum Disorders
 Developmental delay/cognitive delays
 Learning disabilities with language delays
 Neurogenic disorders of speech and language (includes MAGIC support groups)
 Stuttering (includes UI SPEAKS summer program for teens)
 Voice (also includes Professional, Transgender and Lee Silverman treatment program)

Hearing Services for Children and Adults

Comprehensive hearing evaluations
 Auditory Re-Habilitation
 Hearing aid evaluations
 Complete amplification services including selection, verification and follow-up care
 Classes focusing on Communication training
 Individual
 Family
 Group
 Hearing conservation and counseling (includes UISafe program)
 Fitting of hearing protection devices and assistive listening devices (ALDs)
 FOCUS (Facilitation of Communication and Understanding Services – for babies/toddlers)
 Listen and Speak Up (six-weeks summer preschool program)
 Social Skills Enhancement for School aged Children with Hearing Impairment (summer)
 Community Outreach and Service Learning Programs:
 Hearing and hearing aid clinics and inservices for independent and assistive living residence homes
 Child Hearing and Hearing Aid Services (in cooperation with Grant Wood AEA)
 Preschool Speech/Language/Hearing Screenings
 Senior College Classes

III. CLINICAL SERVICE POLICIES

Referrals:

Referrals for assessment and treatment in the areas of speech, language, and hearing are accepted from members of educational, service, or medical agencies as well as from family members and self-referrals. The referral source should make available any information relative to planning and implementing an appropriate assessment or therapeutic plan.

Admissions:

Prior to the initiation of an assessment or treatment, appropriate consent must be obtained from the client, parent, or a legal guardian. The client, parent or guardian is asked to complete the case history form and to provide either directly or by consent previous medical, educational, and relevant speech, language, and hearing information. Assessment may be conducted in the initial sessions of the treatment plan. A client is admitted to treatment based on the diagnostic results that determine a communication disorder or delay and a positive prognosis for improvement with treatment.

Typical Scheduling Process for Services:

Audiology Out-Patient Clinic:

Clients are scheduled for appointments between 8:30 a.m. to 5:00 p.m. on Monday through Thursdays. Most appointments are made through the Clinic Appointment Secretary, but Clinical Faculty may schedule as well.

Speech-Language Out-Patient Clinic:

Following a referral for treatment, scheduling will depend on the available information regarding the client's communicative status. If current and comprehensive assessment information is available, the client is scheduled for treatment. If current, comprehensive assessment information is not available, the client may be scheduled for an evaluation prior to treatment or in some cases, the assessment may occur during initial sessions of treatment as diagnostic therapy.

Individualized treatment services are typically scheduled for thirty-minute or sixty-minute sessions once or twice weekly. Group treatment sessions may follow a similar schedule or they may vary depending on the location where services are delivered, the nature of the problem, and the types of services offered.

Appointments:

Requests for services are received in person, by letter, telephone, or email. These requests are made by clients, family members, or professionals.

Audiology appointments are scheduled according to need and availability.

Speech-language appointments are scheduled according to the following protocol:

Following a request, information is recorded on an orange conference form (Enclosure #1) and a file is started. If the client has had previous audiological/speech or other pertinent services, information from those agencies will be requested. A letter is sent to the client (or family) with a Release of Information Form (Enclosure #2). Also, enclosed with the letter may be any of the following:

- Preliminary Information Form (Enclosure #3)
- Guide to Schedule of Fees and Charges (Enclosure #4)
- Application for Reduction of Fees (Enclosure #5)
- Green, White Registration Forms and HIPPA Agreement (Enclosures #6, #7 and #8A and B)
- Voice Clinic forms (Enclosures #9, #10, #11, #12)
- Neuropath. Case History Form (Enclosure #13)

Prior to being seen in the clinic, the client *must* complete the registration forms (Enclosures #6 and #7) and the HIPAA agreement Form (Enclosure #8B). The client must complete the Authorization for Release of Information Form (Enclosure #13) in order to have any of the reports shared. If the client requests a copy of the report for him/herself, the word "self" must be written into one section of the form. If the client is a child living in Iowa, the parents should be encouraged to send a copy to their local Area Education Agency (AEA). Clients should be encouraged to send reports to referring physicians.

At the conclusion of the appointment, the student will escort the client(s) to the front desk, where the secretary will collect payment of fees. When money is collected or fees billed to insurance, the client will receive a printed copy of the bill. Currently enrolled students at the University of Iowa will not be charged for hearing screenings.

All clinic services are submitted to the following insurance if applicable: Blue Cross/Blue Shield, Medicaid, and Medicare. For other clients who have financial hardship, payment of fees may be reduced or waived. The Application for Reduction of Fees (Enclosure #5) enables the Department's Administrative Assistant or Clinic Business Manager to determine if fees may be reduced or waived for a particular client. A copy of the relevant tax return must be included to be considered.

Intensive Treatment Clinics:

FOCUS: The aural rehabilitation intensive program for infants, toddlers and their families is offered during each academic term, pending client availability.

Listen and Speak Up: A preschool program focusing on development of speech production and listening skills for children aged 2 to 5 years of age with hearing impairment. It is offered twice weekly for six weeks during the summer.

Be Social: This social-skill program for individuals with autism is offered twice a week for six weeks. The program is held in WJSHC.

UI SPEAKS – Teens: This week-long program is scheduled early in the summer, with 6-10 teenagers participating. They are housed in the UI dormitories.

UI SPEAKS – School age: This week-long program is scheduled early in the summer, with 6-14 pre-teen aged children participating. The parents stay with their parent overnight during the intensive program, and return for one day several weeks in a row afterwards for maintenance.

Discharge Policies:

The nature of the treatment process, the specific goals and the anticipated discharge process will be discussed when the client begins treatment and will be discussed with clients periodically during the course of treatment

Clients will be discharged from treatment when the clinician, referral source and/or the physician (when required) agree that the client has reached the stated goals or it is agreed that the client has achieved maximum benefit from treatment. The client will be discharged when measurable progress or maximum positive benefits have been documented or if the patient or guardian requests termination of treatment or when the attending physician fails to sign for re-certification. Clients may be discharged due to failure to attend treatment as specified by the Attendance Policy (See enclosure #21).

In some cases, after a period of therapy, all parties may agree that another agency may more effectively manage a client's treatment. In this situation, the discharge process will include an appropriate and timely referral. Clients will be informed of impending discharge as early as possible. The clinic reserves the right to exclude or limit services to any client that engages in behavior that substantially disrupts a program or poses a risk for self-injury or injury to other clients, students in training, or to the staff.

IV. SAFETY POLICIES

The safety policies are designed to improve employee, student, and client safety and minimize confusion during emergency situations. In case of an emergency situation at WJSHC, the following procedures will take effect. The secretaries in 116 and 122 will go to each of the observation rooms on the first and second floors, informing faculty members of the emergency situation. Faculty members will be responsible for informing student clinicians and clients of the need to leave the area. Faculty members will be responsible for evacuation of their areas of the building. The policies will be reviewed in the fall with each new class of students. New employees will review the policies as part of their orientation to clinic and program policies.

HAWK ALERT

The Hawk Alert System is used to notify the campus community of threats to physical safety in emergency situations (fire, tornado, flood, hazardous material incident, and so on).

Hawk Alert allows UI administrators to send recorded or electronic emergency messages ("Hawk Alerts") to UI students, faculty, and staff by mobile phone, home phone, office phone, and e-mail (all at once), using contact information from the University's Enterprise Directory (updated via ISIS or Employee Self Service). The entire campus community can be notified in about 15 minutes.

If you wish to be notified in an emergency, make sure that your contact information is up to date. We also recommend that you provide your mobile phone number and specify whether you want it to receive a voice call, a text message, or both. Your mobile phone number will only be used for notification purposes; the mobile phone number attribute will not be published.

In the event of an **actual emergency**, mass media outlets and the [University's home page](#) are the best sources for detailed information. <http://hawkalert.uiowa.edu/>

FIRE

A fire may include visible flames or strong odors that are indicators of burning. The appropriate emergency action is to pull the handle on the fire alarm, persons to evacuate the building quickly and safely and notify the Fire Department by dialing 911. During a fire alarm or other evacuations, clients will be escorted from the building by the most direct, safe exit and in a calm, quiet and orderly manner. All faculty, clients, students, and other clinic personnel will congregate behind Center for Development and Disabilities near the playground equipment and remain calm and quiet until further directions are provided.

IMMEDIATE ACTION

For the person discovering the fire:

1. Extinguish only if you can do so safely and quickly then call UI Dept. Of Public Safety (DPS) - 335-5022
2. If the fire cannot be extinguished DIAL 9-911
3. Confine the fire by closing the doors.
4. Pull the nearest fire alarm, if there is one
5. Meet the Fire Department when they arrive.

For occupants of the building:

1. Feel door from top to bottom. If it is hot DO NOT proceed; go back.
2. If the door is cool, crouch low and open the door slowly. Close door quickly if smoke is present so you do not inhale it.
3. If you encounter heavy smoke in a stairwell, go back and try another stairwell.
4. Close the doors to your immediate area.
5. EVACUATE the building via the nearest exit. Assist others in exiting the building.
6. DO NOT use elevators.
7. Avoid smoke filled areas.
8. For persons with mobility concerns, see section below on Evacuation/Refuge for Persons with Disabilities.

DECISION MAKER - The responding Fire Department will control and make decisions at the scene of the fire. The Fire Department will decide when to turn control of the scene back to the Dept. of Public Safety (DPS). The DPS will decide when to turn control of the scene back to the facility tenant(s).

SUBSEQUENT PROCEDURES/INFORMATION - Depending on the nature and degree of the fire incident, other support agencies and University resource units may be brought in for service or assistance.

TORNADO: The UI's Severe Weather Web site, also accessible from the UI homepage, may be found at <http://www.uiowa.edu/homepage/severe-weather/>.

A tornado **watch** means conditions are right for a tornado. During a tornado watch, staff should be alerted to weather conditions.

A tornado **warning** means that a tornado has been sighted. Johnson County and University Power Plant will initiate a siren, or steady tone, for a period of 3 to 5 minutes. When you hear this siren, take cover immediately - danger is imminent.

The tornado season for the Iowa City area is primarily April through June, but March through October are also tornado months.

IMMEDIATE ACTION

1. Remain calm and avoid panic.
2. Go to an area of safety. At WJSHC clients, faculty, students, and other clinic personnel will proceed to the hallway of the basement and remain there until the warning has been terminated.
3. Areas to avoid - stay clear of windows, corridors with windows, or large free-standing expanses.
4. There is no guaranteed safe place during a tornado. However, it is important to seek shelter in the best location to help minimize your exposure.
5. DO NOT use elevators during a tornado warning. Persons with mobility concerns should go to an area of safety at the time of a tornado watch; DO NOT wait for a tornado warning.
6. Close all doors, including main corridors, making sure they latch.
7. Crouch near the floor or under heavy, well supported objects and cover your head.
8. Be alert for fire. In the event of a fire, the UI fire plan should be utilized.

DECISION MAKER

If a tornado actually affects any of the University of Iowa buildings, the decision to return to your work space or vacate the affected building(s) will be made by the Director of Public Safety (DPS) or designee in consultation with the President or designee and Facilities Services Office.

FLOOD

Floods may be caused by domestic water systems or by rivers and/or streams overflowing their banks.

Floods caused by domestic systems do not endanger people but can cause extensive damage to the building and equipment.

Floods caused by overflow of rivers and streams are extremely dangerous and may require the evacuation of buildings.

IMMEDIATE ACTION

Domestic:

1. Call Facilities Services Group (FSG) Work Control Center at 335-5071 to report the building and room number.
2. Protect University property from damage where possible.
3. FSG personnel will remove the water and perform building repairs.

Rivers/Streams

4. FSG personnel will manage protective measures when flood damage is present.
5. FSG will keep occupants informed regarding the river level.
6. If flood is imminent, occupants will be asked to move property for its protection.
7. FSG personnel will assist in moving property if needed.
8. Occupants should be prepared to evacuate if advised to do so by FSG.

DECISION MAKER

The responding FSG personnel will control and make decision at the flood scene. They will decide when to turn control back over to the **building occupants or appropriate university personnel when outdoor areas are involved**. Department of Public Safety (DPS) in consultation with FSG personnel will make decisions regarding control and access to buildings/areas affected by floods, and issuing or not issuing all clear for safe building/area reentry and continued occupancy.

SUBSEQUENT PROCEDURES/INFORMATION

In extreme cases of flooding, it may be necessary to request assistance from local, state or federal agencies. Such requests for assistance will be coordinated by the Critical Incident Management Team.

SNOW OR ICE STORM: The UI's Severe Weather Web site, also accessible from the UI homepage, may be found at <http://emergency.uiowa.edu/content/severe-weather>

In circumstances involving snow or ice, the Department of Public Safety will determine the condition of roads and walkways.

IMMEDIATE ACTION

Facilities Services Group personnel will respond to all snow or ice storms to remove snow and spread sand and salt if ice is present.

DECISION MAKER

Whenever possible, the University continues to function during inclement weather. Regularly scheduled classes meet to the extent that students and faculty are able to travel to campus and attend classes. Units of the University providing essential services must remain open and in operation. These include University Hospitals and Clinics, Dental Clinics, Public Safety, University Housing, and Facilities Management. Staff in these units will be expected to make every reasonable effort to report to work. Administrative functions on the campus continue to the extent that faculty, staff, and administrators can travel to and conduct business on campus. Individuals should use good judgment and avoid serious risks in traveling to campus or in attending classes.

When weather conditions are so extreme that the central administration decides it is necessary to postpone or cancel any University activity, the public will be notified as follows: the Vice President for University Relations will inform the relevant administration in the University of Iowa Hospitals and Clinics, College of Dentistry, Oakdale Campus, Office of the Provost, and Continuing Education and make a public announcement on the status of University activities except for announcements concerning the University Hospitals and Clinics, University Dental Clinic which will be made by the UIHC Office of Public Information and College of Dentistry. If cancellations are to be announced, care will be taken to make a public announcement at the earliest possible time. (UI Operations Manual, Extreme Weather Protocol Chapter 22.2).

<http://www.uiowa.edu/~our/opmanual/ii/22.htm>

Toll free weather hotline – 1-866-527-1234 or local (319) 335-1234

EVACUATION AND RELOCATION

1. Transportation of persons shall be coordinated with appropriate Department of Public Safety and Parking/Transportation Department personnel for the purpose of evacuation and relocation of persons threatened by or displaced by the incident. A temporary shelter or facility such as Burge Hall, the Iowa Memorial Union, the Field House, or Carver Hawkeye Arena will be selected if needed. Coordination for assistance, equipment, and supplies will be determined at the relocation site as needed.
2. Immediate medical assistance shall be requested for injured persons. When mass injuries have occurred the Johnson County Community-Wide Disaster Plan will be activated.
3. The primary responsibility for the protection of property, assessment of damage, and restoration of normal operations shall be given to the appropriate University service unit. These University service units will include:

Facilities Services Group: Coordinates all services for the restoration of electrical, plumbing, heating, and other support systems as well as structural integrity. Assesses damage and makes a prognosis for occupancy of the structure affected by the disaster.

Information Technology Services: Coordinates support for data processing resources at the main

data center and the designated recovery sites; provides alternate voice and data communications capability in the event normal telecommunication lines and equipment are disrupted by the disaster. Evaluates the requirements and selects appropriate means of backing up the ITS telecommunications network.

Department of Public Safety: Provides safety and security for people and facilities, as well as emergency support to affected areas, and notification mechanisms for problems that are or could be disasters. DPS extends a security perimeter around the functional area affected by the disaster.

4. **Evacuation/Refuge Plan for Persons with Disabilities**: Even though emergency personnel are usually available to assist with evacuation, this may not always be the case. Those with mobility concerns or other concerns that would make independent evacuation difficult are encouraged to make alternative plans and arrangements in advance which will increase the likelihood that individuals will be able to exit a building safely in the event of an emergency. Individuals must quickly become familiar with their area by locating exits, stairwells, elevators, firefighting equipment, fire alarms, and established areas of refuge.

NOTE: Places of refuge can be in a protected stairwell or a room within the structure generally used in fire situations. Ideally, these areas are especially constructed to resist smoke and heat or equipped with a sprinkler system. Any future construction should take into consideration the incorporation of places of refuge. It is understood that existing buildings may not have adequate landings within the stairwells or have rooms that are smoke and/or heat resistant. For such buildings, places of refuge should still be established as close to the exit stairwell as possible. These rooms should be marked with a sign on the corridor side identifying it as a place of refuge. For those who have difficulty speaking or those with hearing impairments who have difficulty judging volume, it may be useful to carry a whistle or a similar device for the purpose of announcing your location to emergency services personnel who will be attempting to search for those in need of assistance.

Advise others (supervisors, administrators, instructors, colleagues, fellow students) about any concerns that you may have related to emergency exiting and how they can assist you in the event of an emergency. This can include assistance to exits, areas of refuge and alerting emergency services of your location.

5. **Assisting Those with Disabilities, Evacuation Guidelines**: It is recommended that each unit establish a buddy system in which volunteers and alternates are recruited and paired with persons who have self-identified disabilities that would create special evacuation needs. Volunteers should become familiar with the special evacuation needs of their buddies and plan to alert and assist them if an evacuation is ordered. Volunteers should keep in mind that many people with disabilities can assist in their evacuation.

Persons With Visual Impairments: In the event of an emergency, tell the person the nature of the emergency and offer to guide him/her. As you walk, tell the person where you are and advise of any obstacles. Do not grasp a visually impaired person's arm. Offer your arm for guidance.

Persons With Hearing Impairments: Not all fire systems have a flashing light. Most are sound alarms. Therefore, persons with impaired hearing may not perceive emergency alarms and an alternative warning

technique is required. Two methods of warning are: Writing a note telling what the emergency is and the nearest evacuation route/safe staging area. Tapping the person on the shoulder or turning the light switch on and off to gain attention, then indicating through gestures, or in writing, what is happening and what to do.

Persons Using Crutches, Canes, or Walkers: If the person is having difficulty exiting quickly, treat him/her as if injured for evacuation purposes. Carrying options include using a two-person, lock-arm position, or having the person sit in a sturdy chair, preferably with arms. For level travel, an office chair with wheels could be utilized.

Non-Ambulatory Persons: The needs and preferences of non-ambulatory persons will vary. Most non-ambulatory persons will be able to exit safely without assistance if on the ground floor. Some people have minimal ability to move and lifting them may be painful and/or injurious. Frequently, non-ambulatory persons have respiratory complications. Remove them from smoke or fumes immediately.

Always consult the person as to his/her preference with regard to:

- Ways of being removed from the wheelchair.
- The number of people necessary for assistance.
- Whether to extend or move extremities when lifting because of pain, catheter bags, braces, etc.
- Whether a seat cushion or pad should be brought along if he/she is removed from the chair.
- After-care, if removed from the wheelchair.

MEDICAL EMERGENCY

A medical emergency is defined as an incident where a patient or employee suffers injury, exhibits signs of distress, or is rendered unconscious. Incidents may include, but are not limited to, shortness of breath, chest pain, choking, seizures, etc. In case of a medical emergency, call 911.

If a client becomes ill or injured in such a way as to not be considered an emergency, the family member, student, or staff member who is with the client should report it to a faculty member or to the Department Chair's office (Room 119). If 911 was not notified, *the client must be stable before leaving the clinic*. If a client becomes injured due to a fall or stumble or experiences a physical injury within the immediate vicinity of the WJSHC, 911 should be called.

EQUIPMENT SAFETY POLICIES

The goal is to establish and maintain standards with respect to safety, use and maintenance of equipment. Student clinicians are expected to clarify all safety procedures with the supervising faculty member prior to working with equipment.

Audiology Equipment:

Earphones and bone oscillators are disinfected by the assigned clinician or student clinician at the end of each day or as needed between clients. Cleaning materials are maintained in Room 101. Specula, cures, probe tips, and any other equipment that are visibly contaminated with blood, drainage, or cerumen are sterilized using an approved ultrasonic cleaner. Ultrasonic cleaning solution is changed regularly when it appears contaminated. Instructions and precautions for Aurasep and Wavicide ultrasonic cleaners and Envirocide surface spray disinfectant are posted.

Speech Equipment:

Videostroboscopy, and Laryngograph: Supplies are maintained with this equipment to assure sanitary

condition. Procedures that require sterilization of instruments are limited to invasive procedures that require laryngeal mirrors, videostroboscopy, etc. Cold sterilization with 2% glutaraldehyde will be practiced. The following steps will be completed:

1. The solution will be used in a container appropriate for use with glutaraldehyde. Gloves will be worn when using the solution.
2. Instruments will be cleaned with a disinfectant towelette, followed by submersion in glutaraldehyde, following the manufacturer's instructions.
3. Instruments must be thoroughly rinsed with pure water then rinsed with an alcohol wipe to facilitate drying.
4. A dated label will be attached to the container with the date that the solution was prepared and the 28-day expiration date.
5. The solution will be properly disposed of as directed on the label.

Motivational Toys:

Nonporous and easily cleaned toys will be given to children and the toys will be cleaned with a disinfectant towelette after use.

V. STANDARD PRECAUTIONS AND INFECTION CONTROL POLICIES

Standard precautions will be practiced to prevent contact with blood or other potentially infectious materials to reduce the risk of occupational exposure and to protect the client from exposure. In standard precautions any human extraction is treated as a potential danger.

Categorization of Employees

All personnel must be categorized according to their potential exposure to blood-borne pathogens and other infectious materials. The exposure determination is made without regard to the use of personal protective equipment. Employees are placed in one of three categories according to their potential exposure. This information is on file in the Departmental office and in the Health Protection Office at The University of Iowa. All clinical faculty, student clinicians, and office staff who work in the Clinic are classified as Category III indicating that no employee or student performs duties that place him/her at risk of occupational exposure.

Surface Disinfection

Surface disinfection is a two-step process. The general process is to remove gross contamination and then, disinfect to kill germs. Paper towels are located in each clinic room and can be used to wipe away gross contamination. Antibacterial wipes appropriate for disinfecting hard surfaces are located in each therapy room. They will be used to clean the tops of therapy tables between clients. In the clinic office, the reception counter will be cleaned at noon and at closing. The public telephone in the clinic office will be cleaned routinely as will any equipment handled or manipulated by clients. Headphones used with tape recorders, delayed auditory feedback machines, and portable audiometers will be disinfected after each use.

Observation Room Earphones

Following the use of earphones, clinicians, student-clinicians, and family members are expected to clean headsets with the antibacterial wipes that are available in each observation room.

Hand Washing

Hands should always be washed before and after contact with clients. Hands should be washed even when

gloves have been used. If hands come in contact with blood or bodily fluids, they should be washed with soap and water. Wash hands after sneezing and/or coughing.

Basic hand washing technique:

- Remove all rings and put them in a safe place while washing hands;
- Using a liquid antibacterial soap, lather your hands. Scrub the palms, backs of the 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 with duration of 30 seconds between clients, if not grossly contaminated, and in handling client devices; and with duration of 60 seconds when in contact with clients, devices or equipment with gross contamination;
- Thoroughly dry the hands by blotting with a paper or disposable towel to help eliminate germs.
- In the event that the clinicians cannot access soap and water, a waterless hand disinfectant is available in each therapy room for cleaning hands.

Gloves

Vinyl gloves will be kept in the clinic office on the first floor and in room #218 on the second floor. It is recommended that gloves be worn as a precautionary measure when the clinician or student-clinician is involved in the following clinical procedures:

- oral-peripheral mechanism examinations
- feeding therapy for pediatric patients
- indirect laryngoscopy
- procedures with laryngectomized patients
- videostroboscopy
- endoscopic examinations
- tracheotomy tube occlusion

Guidelines for Using Gloves:

The clinician should change gloves after contact with each client. 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.

Gloves will be disposed in biohazard containers located in Room 218 on second floor or in the clinic as noted in the following waste management procedure.

Waste Management

Due to the fact that at the University of Iowa has a single waste management plan for each building and the plan represents the most restrictive, protective need; clinicians in the clinic are required to dispose of gloves in a biohazard container (located in Room 218 on the first floor and in the Clinic Area 116 B on first floor).

This is required due to the fact that a selected group of research scientists who work in laboratories on third floor are classified as Category II indicating their work includes risk for exposure to blood or bodily fluids. A

Category II designation requires that gloves be disposed in biohazard containers.

Work Area Restrictions

All employees, student-clinicians, and clients will observe a smoke-free environment.

Clinicians with a draining lesion, an acute respiratory tract infection, and/or febrile diarrhea will not attend assessment or treatment sessions. Student-clinicians will notify their supervising clinician, the client, and the clinic office of the need to cancel treatment or assessment sessions. Student-clinicians with colds or other illnesses will contact the supervising clinical faculty person to make decisions regarding attendance.

Hepatitis B vaccine

All incoming students must submit verification of the Hepatitis B vaccination series. If not completed at the time of entry to the program, the student may submit verification that the series has been started; completion must commence during the first semester of enrollment.

Tuberculosis test (PPD)

All clinical faculty members and student-clinicians will have an annual tuberculosis test (PPD). If test results are positive, proof of a clear chest x-ray or other appropriate treatment will be documented. Proof of a clear chest x-ray does not require further testing unless symptoms appear.

Basic Life Support (BLS) and First Aid Training:

All clinical faculty members and student-clinicians must have Basic Life Support (BLS-formerly CPR) training and the basic first-aid course. BLS is renewed annually and the basic first aid training is good for three years. A first aid kit is available in Clinic office in Room 116 B.

VI. ADDITIONAL CHECKS AND TRAINING

Criminal Background Checks:

All incoming students are required to undergo a criminal background check. This check includes, but is not limited to, criminal offenses and information from child abuse registries. All information will be kept strictly confidential. There are two forms each student must fill out & return:

- Authorization. This form authorizes the University to complete the Criminal Background Check;
- Consent to External Background Check. This form includes information necessary to conduct the CBC. International students need only to fill out residences from the United States.

The cost of the Background Check is estimated to be \$50.00 and will be billed through the university's billing system (U bill).

Training During Orientation

All graduate students will receive blood-borne pathogen awareness training during their first semester in clinic practicum and verification will be filed in the students' files. New employees will receive blood-borne pathogen awareness training during their first week of employment and all clinical faculty will attend a review session every three years.

Prior to practicum placement, all students must show evidence of successful completion of an online course entitled University of Iowa Hospitals and Clinics Compliance Training (University of Iowa 414:198:013). This course includes six modules developed by the UIHC:

- HIPAA
- Hospital safety
- Mandatory Reporter
- Hospital Orientation
- Domestic Violence
- Fire Extinguisher safety

VII. QUALITY ASSURANCE

Quality assurance is an internal monitoring plan that serves to maintain the highest level of patient care. QA will be accomplished by a committee composed of the Clinic Business Manager, Department Chairperson, two clinical faculty members, and the clinic secretary. The committee will establish a yearly QA plan consisting of monitors for clinical service. Data collection and analysis will be summarized on annual basis. Results as well as recommended policy changes will be reported to the clinic faculty.

The committee will consider the following in their monitoring plan:

- all aspects of client care (review goals, progress)
- timeliness of appointments for Dx and Tx
- timeliness of Dx and Tx reports
- client surveys

VIII. UTILIZATION REVIEW

A utilization review committee will provide a systematic evaluation of clinical services. The utilization review committee will consist of the department chair, clinic business manager, and both Directors of Clinical Education (SLP and Audiology). The committee will assess the range, the frequency, and the duration of services provided as well as the referral and coordination of services among professionals and agencies. Chart review will be completed for the purpose of noting consistency of treatment orders with diagnosis, physician's (re) certification signed and dated by referring physician, and completion of Form 700 and/701 for each discipline.

A report summary of the Utilization Review will note the general summary of overall findings as well as specific recommendations for each case reviewed. Recommendations may focus on aspects of client care including: assessment, plan of care, and discharge plan. The summary of the committee findings will be used to assess current service policies.

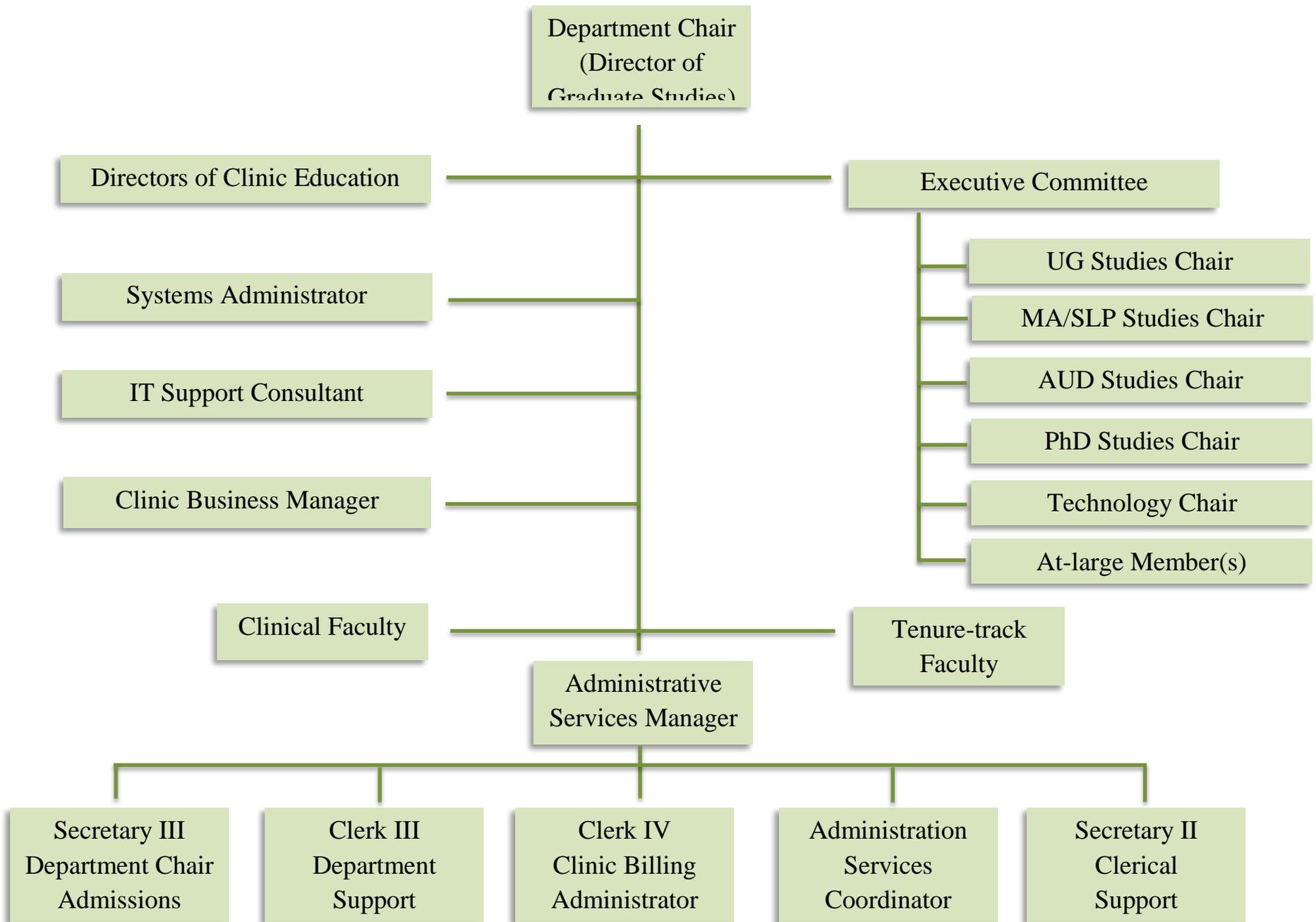
IX. STATISTICAL REVIEW

At the end of each fiscal year, an annual report will provide the following information: the total number of clients seen for diagnostics and for treatments, total number of clinic service hours, number and cost of units of service by treatment. This will be divided into hearing and non-hearing units.

X. OFFICE POLICIES

OPERATIONS/ORGANIZATION

The Wendell Johnson Speech and Hearing Center functions as the clinical component of the Department of Communication Sciences and Disorders. The departmental Chairperson directs the hiring and review process for clinical personnel. An organizational chart is shown on the following page.



TELEPHONE PROTOCOL:

If the clinic secretary feels uncomfortable with questions about specific content, callers will be directed according to question and need:

Referrals:	Administrative Services Coordinator, Appropriate Clinic Faculty
Personal Issues:	Department Chairperson
Contract Issues:	Director of Clinical Education (SLP or Audiology)
Clinic Employment:	Department Chairperson, Clinic Business Manager
Therapy Issues:	Clinic Faculty
Billing Issues:	Clinic Billing Administrator
Complaints/Concerns	Department Chairperson
General information regarding fees:	Clinic Business Manager

For Questions about Specific Clinic Issues:

Audiology:	Diane Niebuhr, Danielle Kelsay, Stephanie Fleckenstein
Speech Problems:	Anne Wallace, Toni Cilek, Linda Louko
Child Language:	Anne Wallace, Toni Cilek, Linda Louko
Neurogenics:	Allison Lemke, Karen Bryant
Literacy\Reading	Linda Louko
Aural Rehabilitation	Anne Wallace, Danielle Kelsay, Diane Niebuhr
Stuttering:	Patricia Zebrowski, Toni Cilek
Voice (Parkinson's)	Ann Fennell, Eileen Finnegan
Swallowing:	Karen Bryant
Cleft Palate:	Michael Karnell

The staff person will be prepared to answer questions regarding the clinic fees as well as specific questions regarding co-pays, deductibles, and the WJSHC billing system. Every plan is different so the client must investigate his/her specific plan of coverage including their co-pay and deductible. Explain the need for a doctor's order and document the name of the attending physician, the diagnosis, and the insurance information.

Scheduling is done according to discipline as well as availability of clinical faculty and student clinicians.

IT support personnel can be accessed by pagers. Those numbers are available in the main office (119).

CONFIDENTIALITY

In compliance with the 1996 Congressional Health Insurance Portability and Accountability Act all clinic faculty, student clinicians, and office staff will provide for the confidentiality of all clients (past and present). Confidential information includes: the name of the client, the nature of the problem, family information, tape recordings of the client's communication skills, lesson plans, test results, observation reports, draft as well as final written reports. Confidentiality means that information obtained about the client, the client's family, and the services provided cannot be shared with other professionals not involved with the client. Caution will be

taken to ensure that materials (file, test forms, reports) pertinent to the client remain in the clinic work area. Lesson plans and log sheets are considered confidential and care will be taken to ensure that they are read only by professionals involved in the service of the client. Information elicited and recorded about the client and the client's family will be limited to data necessary to provide the professional services. Because state/federal law mandates protection of client information, a breach in confidentiality may also be subject to legal action. *All new clients will be given the HIPPA policy statement to read on their first visit. They will be asked to sign that they are familiar with the policy.*

FILING

The WJSHC has a consistent, organized filing system to facilitate efficient service to clients. By 2015 the clinic will have a paperless filing system. All current paper files will be kept for a period of 10 years post-activity. After that time the files will be shredded. All current electronic files will be purged after 10 years on non-activity. These policies are in stricter compliance than is required by law:

*The American Health Information Management Association (AHIMA), a recognized national professional advocacy and resource organization with state-based affiliates (IHIMA in Iowa), recommends that all medical records be retained for at least ten years from the last date of medical services. Additional recommendations are found in HIMA's *Practice Brief: Retention of Health Information*, available by searching www.ahima.org, as well as in IHIMA's *Iowa's Guide to Medical Records Laws* (6th ed., 2003, available for purchase by contacting bernadettefulmer@uiowa.edu).*

The Health Insurance Portability and Accountability (HIPAA) Privacy Rule does not specify a retention period for medical records but does mandate that HIPAA-required policies and procedures be retained for six years from the date of creation or the date when last in effect, whichever is later. For more information refer to <http://www.hhs.gov/ocr/privacy/hipaa/faq/safeguards/580.html>

RECYCLING

The University of Iowa is committed to sustainability. The UI President, Sally Mason, and EPA Region Seven Administrator, Karl Brooks, signed the EPA Sustainability Partnership Program Agreement on Friday, Oct. 29, 2010. The Department of Communication Sciences and Disorders follows that initiative in all aspects of clinical teaching. Large recycle bins are prominently placed on each floor; smaller bins are available for office use. All papers that have client identification information or client service information including informal notes or drafts of reports must be shredded before recycling. There is a shredder in 116 for small amounts of confidential material. Larger amounts will be deposited in the main office (Room 119) and commercial shredding employed.

FAXING

Occasionally there may be a need to fax information to another agency. When necessary use a cover sheet with the confidentiality statement noted especially when sending client information. When faxing client information, it is recommended that a phone call be placed to the receiving agency to ensure they received the information.

XII. CLINIC-POLICY REQUIREMENTS FOR STUDENTS

REGISTERING FOR CLINICAL PRACTICUM

Students in Audiology

- Register for CSD:5311 each semester
- Register for CSD:5315 each semester
- Register for CSD5316 (0 sh) each semester of Year 4
- Register for CSD314 (2 sh) during semester with school placement

Students in Speech Pathology

- Register for CSD:5301 each semester Year 1
- Register for CSD:5305 for any outplacements
- Register for CSD:5304 if working in public schools

In order for students to receive a clinical assignment, they are required to have documentation of their 25 observation hours on file and must be academically in good standing.

Clinic treatment plans and clinic reports are an important part of the clinical education. Students should work with their individual supervisors regarding the content and format for each of these activities. The ability to meet timelines with plans and reports is an essential part of professional responsibility and the success of meeting timelines will be reflected in the clinic grade. The following timelines apply to all students:

- Each semester, all charges for services provided must be entered by Wednesday of finals weeks. In the summer, the deadline will be the Wednesday of the final week of classes.
- Each semester, all reports must be submitted by 5PM on Friday of finals week. In the summer, the deadline will be 5PM on Friday of the final week of classes.

The clinic office is open Mondays, Tuesdays, Wednesdays and Fridays from 8:00 a.m. to 5:00 p.m. and Thursdays from 8:00 a.m. to 7:00 p.m. (Fall and Spring Semesters) and Monday-Friday 8:00 a.m. to 5:00 p.m. (Summer Semester).

ESSENTIAL FUNCTIONS FOR PROFESSIONAL EDUCATION

The accredited programs in audiology and speech-language pathology of the Department of Communication Sciences and Disorders (CSD) at the University of Iowa adhere to the standards set by the *American Speech-Language-Hearing Association (ASHA)* including a code of ethics found at this link: <http://www.asha.org/policy/ET2010-00309/>. Faculty have a responsibility for the welfare of clients/patients tested, treated, or otherwise affected by students enrolled in the CSD program. Thus it is important that persons admitted, retained, and graduated possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice speech-language pathology and audiology.

In order to fulfill this responsibility, the department has established a document of essential functions necessary for successful completion of the requirements of the program. Admission and retention decisions are based not only on satisfactory prior and ongoing academic achievement but also on non-academic factors that serve to insure that the candidate can meet the essential functions of the clinical program required for graduation. Essential functions, as distinguished from academic standards, refer to those cognitive, physical, and behavioral abilities that are necessary for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students at graduation.

The University of Iowa and our department seek to educate a diverse group of students recognizing that in such diversity lies excellence. Included in this group are otherwise qualified students who have disabilities. The University will provide reasonable accommodations to otherwise qualified students with properly documented disabilities who meet the minimum CSD requirements. Reasonable accommodations will be made to facilitate a student's progress in learning, performing and satisfying the essential functions presented in this document.

A reasonable accommodation should not fundamentally alter the academic and clinical requirements of the CSD program, pose a direct threat to the health or safety of the student or others, or present an undue burden to the institution. Determining appropriate and reasonable accommodations in a professional school program is an interactive and collaborative process involving the student, the CSD program, the Students with Disabilities (SDS) Office and the General Counsel Office re: ADA compliance. This document is to be re-visited periodically with input from all involved to ensure accuracy and compliance with the law.

THE FOLLOWING REPRESENTS THE LISTING OF THOSE ESSENTIAL FUNCTIONS:

A student must possess adequate **COMMUNICATION ABILITIES** to allow them to:

- Communicate effectively with people in person, by phone, and in written form by considering the communication needs and cultural values of the listener.
- Effectively model appropriate therapy targets.
- Be proficient in written and spoken English.

A student must possess adequate **PHYSICAL ABILITIES** to allow them to:

- Make travel arrangements to and from classroom and practicum/externship settings.
- Meet the physical demands of practice across clinical settings.
- Sustain necessary physical activity level in required classroom and clinical activities.
- Use fine motor skills to navigate the outer ear and speech mechanism, e.g., ear canal impressions, otoscopy, hearing aid fittings, oral mechanism exams, swallowing protocols.
- Manipulate equipment and materials to complete screening and evaluation protocols and treatment and behavior plans.
- Visually monitor client/patient responses and materials.
- Provide a safe environment for others when responding to emergency situations such as fire or choking or other medical emergencies, and in the application of universal precautions.
- Make accurate judgments about linguistic and acoustic signals.

A student must possess adequate **COGNITIVE ABILITIES** to allow them to:

- Assimilate information, including the ability to comprehend professional literature and reports.
- Generate discipline-specific documents and clinical reports in English.
- Seek relevant case information, synthesize, and apply concepts and information from various sources and disciplines.
- Analyze, synthesize, and interpret ideas and concepts in academic and diagnostic/treatment settings.
- Solve clinical problems through critical analysis.
- Accurately self-evaluate one's own knowledge and skill.

A student must possess adequate **PERSONAL, BEHAVIORAL AND SOCIAL ATTRIBUTES** to allow them to:

- Maintain appropriate personal hygiene.
- Comply with administrative, legal, and regulatory policies.
- Demonstrate regular attendance and meet responsibilities in a timely manner.
- Develop and maintain appropriate relationships with clients/patients and colleagues.
- Maintain composure in demanding situations.
- Adapt to changing environments and situations in clinic and classroom.
- Communicate effectively with people in person, by phone, and in written form by considering the communication needs and cultural values of the listener.
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestion and constructive criticism and respond by modification of behaviors.
- Understand and respect authority.
- Adhere to the ASHA code of ethics.
- Dress appropriately and professionally for varied clinical environments. Appropriate dress code requests modest coverage (i.e., no cleavage showing, no undergarments showing and no skirts 2 inches or more above the knees).

Dissemination:

Prospective (accepted to the program) graduate students in audiology and speech-language pathology will be sent the list of Essential Functions as part of the prospective student packet sent out prior to the start of graduate school. They will indicate receipt and understanding of the listing by signing their name on the Checklist that is enclosed in the prospective student packet and returning it to the Graduate Studies Admissions Secretary.

Procedure when student does not meet one or more Essential Function:

- Instructor identifies student as not meeting one or more Essential Function.
- Instructor alerts student's academic advisor and department chair (if identified in academic setting) or clinic education coordinator (if identified as a part of clinical practicum).
- A conference will be held with the instructor assigned to the student, department chair/director of clinical education (SLP or AuD), and student's advisor to review the concern(s) with student and determine a recommended course of action. Documentation of the conference and recommended course of action will be placed in student's file.

- As needed, Students with Disabilities Service (SDS) and General Counsel will be contacted to ensure compliance with related laws.
- Failure to resolve concern may lead to dismissal from program.

XII. RESPONSIBILITIES OF STUDENT CLINICIANS

An important part of students' education at WJSHC is learning traits and responsibilities that characterize professional behavior in Speech Pathology and Audiology. The following are expectations that are valued and expected of each student clinicians in the clinical Program.

Comply with ASHA's Code of Ethics: Student Clinicians are expected to understand the intent and principles of ASHA's Code of Ethics and to comply with the Code in all clinical settings.

Follow Clinic Policies and Procedures: Clinic procedures may vary among different clinical assignments; the student clinician is expected to take responsibility for clarifying and for following policies and procedures specific to each site. Complying with policies and procedures include being prompt in attendance, completing necessary documentation in a timely fashion, following the expected dress code, as well as engaging with clients in a respectful, professional manner. Appropriate dress code requests modest coverage (i.e., no cleavage showing, no undergarments showing and no skirts 2 inches or more above the knees).

Ensure Client Confidentiality: To ensure the client's confidentiality the student clinicians must avoid discussing the client or the client's family name in public places, never leave client records unattended, and never copy or remove permanent records from the clinic setting.

Apply Information Learned in Academic Courses to Practicum Assignments: Because the academic background is the foundation for clinical experiences, it is important to draw from your knowledge when planning evaluations and treatment sessions. Clinical cases may require an additional review of the literature to adequately support clinical decisions. The goal is to develop a learning attitude toward all clinical cases.

Ask Questions: If at any time you are unsure about procedures, treatment plans or have any questions regarding your practicum feel free to ask your supervisor for assistance. While it is your responsibility to gather information necessary to plan and implement treatment as well as diagnostic procedures, your supervisor is there to assist you with your plans.

Self-Evaluate Clinical Sessions: Because supervisors may not evaluate all of the treatment sessions, it is important for student clinicians to develop self-monitoring skills so they can evaluate the quality of the treatment sessions as well as the client's progress. Your supervisor will assist you in acquiring this skill.

Maintain Regular Attendance: As a professional responsibility to your supervisor and your client it is important to maintain regular attendance. If you are unable to attend a session or a clinic meeting, you are responsible for notifying both your supervisor and your client with ample time. Vacations, lack of preparation, or studying for exams are unacceptable reasons for canceling a session. It is recommended that canceled sessions be rescheduled.

Submit Written Assignments Promptly: Any written assignments should be turned into the clinical supervisor on or before the specified due date. Turning in assignments on time suggests that you are

dependable, your understanding of the clinical process, and assists the supervisor to determine the level and amount of supervision you need to work effectively.

Act Professionally: It is important for student clinicians to maintain a professional attitude when dealing with peers, supervisors, and clients. Communication style, dress, and conduct in the clinical setting are important to this goal. If you are unsure of what is expected in these areas, ask your clinical supervisor.

Keep in Touch with your Clinical Supervisors: To help the learning process the student clinicians and the supervisor should keep in contact with each other frequently throughout the semester. Any negative or positive experiences should be shared to ensure effective communication.

Professional Liability Insurance: A copy of a current liability insurance policy must be on file with the front office (119) for the student to be scheduled in an outplacement.