

**New Mexico State University  
Edgar R. Garrett  
Speech and Hearing Center  
Clinic Practicum Overview**

**Introduction:**

The intent of this section is to provide you, the clinician, with a quick reference for the operation of the Edgar R. Garrett Speech and Hearing Center.

The Center serves two primary functions. It is a training laboratory for students majoring in Communication Disorders and provides direct experience in the evaluation and treatment of speech, language and hearing disorders. In addition to the training aspects of the Center, it also provides diagnostic and treatment services to clients ranging in age from very young to elderly; who are referred from many different sources including medical practices, the university, schools, and the local and regional community in general. We are fortunate to work with clients from diverse cultures and with different languages. Clinical services including interviewing, counseling, diagnostics, and treatment are provided in both English and Spanish.

In addition to the opportunity to encounter speech, language and hearing disorders first hand and practice actual diagnostic, treatment, interview and conference techniques, participation in the Edgar R. Garrett Speech and Hearing Center allows you to learn the professional and ethical skills that are necessary in the field of speech-language pathology.

To fulfill the responsibilities of the Center and to provide the degree of organization necessary to allow as many persons as possible to participate in clinical activities, certain procedures must be observed. Students involved in clinical practicum are expected to conduct themselves in a professional manner at all times, especially during interactions with clients and their families, peers, staff and other professionals. It is necessary that all students be thoroughly familiar with the Code of Ethics of the American Speech Language and Hearing Association and abide by this code (see appendices). The NMSU Master's Program is designed for students to complete both academic and clinical requirements for ASHA certification of clinical competence and for state licensure as a speech-language pathologist. Certification and licensure requirements are included in the appendices.

**Clinical Education**

Clinical supervision is viewed by ASHA as an important and integral part of the education/training program for students in speech-language pathology. During your professional career, clinical supervision will be a critical professional responsibility at various levels of your professional development.

Clinical supervision refers to the tasks and skills of clinical teaching related to the interactions among students, clinician's clients/families, clinical educators and ancillary personnel. Clinical educators are the individuals engaged in clinical teaching through

observation, conferences, review of records, and other procedures related to the interactions among student clinicians, clients, and families, and the evaluation and management of your communication and clinical skills. In the Communication Disorders program, the students' clinical education is based upon the ASHA standards of clinical competencies. The graduate student is expected to have addressed and mastered each of these standards prior to graduation.

As student clinicians, you will need to work closely with the clinical educators assigned for each of your clients. Regular contact is required. Each clinical educator will set up a schedule for regular meetings, according to specific requirements. You may also contact your clinical educator by phone or email. Because you are practicing under the license of your clinical educator, it is imperative that you follow their suggestion and requirements.

### **Clinical Settings**

Graduate student clinicians in the Master's program in Communication Disorders will work in three settings: NMSU Edgar R. Garrett Speech and Hearing Center, and a minimum of two other off-campus placements. It is required that your first semester of clinical practicum be conducted at the Edgar R. Garrett Speech and Hearing Center. Extern experiences will be determined based upon clinical performance and opportunity, and previous professional attitude.

### **Professional Point Bank**

Professionalism includes ethical, moral and organizational areas, which impact your growth and demeanor as a speech-language pathologist. These areas are also addressed in your practicum experiences and will impact your grades.

### **Clinical Guidelines**

You will receive academic credit for practicum experiences by enrolling in CD 589. Graduate clinicians must be in good standing in the Graduate School to participate in clinic. All two-year plan graduate student clinicians will enroll in clinical practicum every term.

If you did not attend NMSU undergraduate program in Communication Disorders, it is your responsibility to provide the following documentation to the Coordinator of Clinical Services as soon as possible:

1. Official verification of 25 observation hours.
2. Official documentation of clock hours that were attained at the previous institution (a maximum of 50 hours of supervised clock hours may be transferred from undergraduate clinical experience). If you should have more that have been accrued, you may choose which hours will count towards your 400 clock hours to earn (e.g., adult speech, child language treatment, etc.).

### **GPA Maintenance**

In order to participate in clinical practical, CD graduate students must maintain a 3.0 GPA. If your GPA falls below a 3.0, you will not be allowed to enroll in CD 589 or do any clinical work to earn clock hours until a 3.0 has been re-established. Clinical hours completed in a semester where a grade of “C” or below is received in CD 589 will not count towards the 400 hours required.

### **Grounds for Dismissal**

A student will be considered for dismissal from the Clinical Program based upon the following factors:

- Failure to meet expectations within the determined timescale after being placed on a Remediation Plan.
- Receiving more than three “At Risk” Notices generated by the Coordinator of Clinical Services.
- Graduate student clinician being placed on a remediation plan numerous times within the course of the program without resolution of the problems.
- Graduate student clinicians who pose a risk to themselves, staff, faculty, clinic personnel or clients. (Refer to ASHA Principal Ethics I-Q)

### **At Risk Notices**

Graduate student clinicians will be given an “At Risk” notice if:

- Less than 3.0 cumulative score is attained in clinical practicum (CD 589) based on KASA standards at midterm during Spring and Fall semesters, or at final grading during Summer sessions.
- Inappropriate physical, verbal, or written interactions, written or verbal persist after a warning (ASHA Principal Ethics IV-A).

At risk notices will be signed and dated by clinical educators, students and Coordinator of Clinical Services. A copy will be placed in the student’s permanent file.

### **Remediation Plan**

Graduate student clinicians who attain a cumulative CD 589 clinical practicum score of less than 3.0 as a final grade will automatically be placed on a remediation plan and are on immediate program extension. Graduate student clinicians placed on remediation plans will not be considered for externship placements.

Remediation Plan Procedure:

1. A regular staffing will occur amongst the faculty members involved with the student.
2. A remediation plan specific to the Graduate student clinicians needs will be drafted to include goals and a timeline and will be signed and dated by the student and Coordinator of Clinical Services and Department Head.
3. A copy of the remediation plan and accompanying documentation will be placed in the student’s permanent file.

To successfully complete remediation, graduate student clinician is to complete requirements and objectives, as outlined by the intervention team within the determined timescale.

### **SLPA/ASL Policies**

1. First semester clinicians may **not** take an SLPA/ASL position. Upon completion of the first semester, it is possible for a graduate clinician to attain an SLPA/ASL position with the stipulation that they cannot have a workload of more than 10 hours per week (including paperwork and travel).
2. SLPA/ASLs may count up to 50 hours of their work towards clinical clock hours, however, it will require the approval of the Department Head and Coordinator of Clinical Services. The following must be completed:
  - a. A current Affiliation Agreement must be in place with the site.
  - b. Coordinator of Clinical Services must receive a Letter of Supervision.
  - c. Clinical educator must submit copies of state licensure as well as ASHAThe site would be considered as an externship, in which case the clinical educator would have to provide documentation and follow supervision requirements of an externship clinical educator as deemed by the NMSU CD and Clinic Policies.
3. If you are employed as an SLPA/ASL, it is mandatory to join ASHA as an associate affiliate.

### **Hours of Operation**

Regular term (Fall & Spring) hours of operation are:

- 8:00 a.m. to 5:00 p.m. Monday and Wednesday
- 9:00 a.m. to 6:00 p.m. Tuesday and Thursday
- 8:00 a.m. to 5:00 p.m. Friday by appointment only

### **Professionalism**

The faculty and staff at the Edgar R. Garrett Speech and Hearing Center strive to provide clients with optimal services while providing students with an excellent clinical introduction to speech-language pathology. This includes an introduction to expectations of professional behavior. The following are examples of professionalism:

1. Institutional scrubs will be worn with clean tennis shoes in clinic and on externship.
2. Regular and prompt attendance at all clinical meetings, as well as therapy and diagnostic sessions, is an integral part of your professional demeanor. This would include documentation, research, and planning.
3. Preparedness for all meetings and sessions.
4. Confidentiality and professional mannerism including acceptance of suggested changes and constructive feedback.
5. Good editing and writing skills are mandatory.
6. Abide by ASHA Code of Ethics at all times.

### **Tattoos and piercings**

Any visible or potentially visible body art needs to be removed or covered. Oral or facial piercings (tongue, lip, eyebrow, nose) must be removed. Any arm/shoulder/neck tattoos must be covered with long sleeves or a high collar. Any leg and/or ankle and/or foot tattoos must be covered with dark tights, socks, or pants. Using Band-Aids to cover tattoos is unacceptable.

### **Identification**

Students will order and purchase a name tag through the clinic office manager and will be required to wear the name tag whenever providing services or representing the Communications Disorders Program at any function.

### **Confidentiality**

Breach of confidentiality, either intentional or unintentional, is unethical and grounds for removal from participation in clinical practicum. Please note that use of text messaging, email, or any other form of electronic messaging is prohibited when it contains any client information.

### **Mailboxes**

You will be assigned a box. It is your responsibility to check your mailbox regularly (at least twice daily). When you are in the mailroom, please keep your voices down as your conversations can be heard in the waiting room and down the hall, in the clinic area. Please do not discuss patients in this area as it breaches the rules for client confidentiality.

### **Contact Information**

A copy of the student phone/address booklet will be provided to you. An additional copy will be by the phone in the office. It is there for your convenience and should not be removed. The Center will not provide professors' or clinical educators' home numbers to anyone. Should you need to contact a clinical educator or professor on the weekend, it is your responsibility to make arrangements ahead of time.

### **Incident/Accident Form**

In the event that an individual is injured while present at NMSU Edgar R. Garrett Speech and Hearing Center, an incident/accident form must be completed. It must be signed by clinician and clinical educator and a copy must be placed in client file and a copy must be given to Coordinator of Clinical Services.

### **Message and Phone Use**

The office staff is not required to take your personal phone calls. The Center's phone number should be used for communicating with clients or in case of emergencies only. If you have personal business, the phone at the office counter is available for your use.

### **Personal Materials during Sessions**

When in treatment sessions, you may keep money, keys, cell phone and I.D. with you in case of emergencies. As a courtesy, please turn your cell phones to vibrate anytime you are in the clinic area. Cell phones must be turned off while you are in therapy or

diagnostic sessions. All other materials, such as textbooks, book bags, etc., should be kept in the workroom or in your locker. Make sure your lock is securely fastened when entering and exiting your locker. There have been thefts in the past due to locks not being securely fastened. There will be entrance cards provided to each of you to admit you into the student workroom (Room 188) and clinic proper. These doors will remain locked at all times. Do not leave valuables lying around in other areas of the clinic, as people are wandering through the clinic area daily.

### **Clean Up**

When you finish with a therapy session, please clean the table and therapy materials with the disinfectant wipes available in each room. Remove the materials and leave the room clean for the next session. It is important to clean up quickly, as the rooms are used on an hourly basis. This will allow time for the next student clinician to prepare the room for the next session. If activities cause the carpet to be scattered with debris, a sweeper is available in the Center office. All materials must be returned to the office in the manner received. Center will not be responsible for personal therapy items lost or stolen. Please mark personal items with your name, otherwise they will be discarded.

### **Front Office**

The front office is for conducting business. Please refrain from visiting in the office area. When you need to print or make copies, please complete your work and leave the area. Due to HIPAA confidentiality, clients are not allowed in the front office or materials room at any time.

### **Student Work Areas**

The student workroom is for student clinicians to have a place to work and study. The materials area also has a table that may be used for therapy preparation. Please keep your voices down when visiting in those areas. The workroom has a card swipe entry and can be utilized by student clinicians as long as the building is accessible. The following guidelines apply:

1. Clients and children are not allowed in the work areas without permission from your clinical educator.
2. All computers in the workroom are networked to the printer in the front office. You must pick up your printing from the front office staff. Printing of non-clinical information is not allowed. Do not print multiple copies. If you need additional copies, you must use the copier.
3. If you need lamination, please print your materials and leave them with a lamination form in the front office. Lamination will be done within 4 hours.
4. You are now considered a professional and should show consideration and respect for those with whom you work.
  - a. Do not leave therapy preparation messes for others to clean up.
  - b. Do not leave materials lying around. You are expected to put the materials back where you got them and in the same condition.
  - c. Do not take kits or other materials apart.
  - d. Do not leave student workroom in disarray. You should each be responsible for cleaning up your messes!

## **Materials Room**

The equipment and supplies are for the clinicians to use during diagnostics and intervention at the Center. The following procedures should be used to check out supplies:

1. When you have finished your session, you must disinfect all materials before returning them to the materials area. There are disinfectant wipes located in each of the therapy rooms to clean the materials, tables, and chairs used during therapy.
2. All materials are to be checked out in their entirety and returned in the same order as they were received. Do not pull materials apart to obtain a needed item. Please return the materials to their original place on the shelves.
3. All bar-coded materials must be checked out by office staff and must be returned that same day. Remember, other clinicians will be using these same materials.
4. Tests can be checked out for up to two days for use in the clinic only. Do not remove from the clinic. Due to the limited number of assessment materials, tests may be recalled at any time. Tests not returned within the allotted time will be charged a late fee of \$1.00 per 24 hours beyond the scheduled check in time.
5. Students with outstanding late fees will not be allowed to check out additional materials until the amount is paid in full and all outstanding materials have been returned. Tests are to be used by CD students and personnel only, and cannot be checked out to any other offices or persons.

## **Client Files**

These are confidential and ARE NOT ALLOWED TO BE REMOVED FROM THE CENTER.

1. Files are checked out in the office. Files are to be scanned by office staff upon removal from the file cabinet. You are responsible for that file until you have checked it back in.
2. Client files cannot be copied for your working files. However, you may write down any information needed to establish your working files. Information should be de-identified, as much as possible, in the event the working file is misplaced. The file should not contain the name of your client, but should use the client number instead.
3. Any messages or information regarding your client (i.e., cancelled appointments or requests) will be placed in your mailbox.
4. It is very important that we maintain neat and organized client files. The information stored in these files may be sent to other professionals or used as evidence in court cases. Please place any items to be put in the client's file (CF) in the "CF Basket". Office staff will see that these papers are to be added to the client's file.
5. Do not forward any information to other professionals or family members. Any information request should go through the Center secretary.

## **Evaluation Teams**

The reader is referred to preceding flowchart for further information. During Spring semester I, Summer, and Fall semester II, eight clinicians will be chosen to team in groups of four each in order to conduct evaluations in the Edgar R. Garret Speech and Hearing Center. These evaluation teams will have a goal to conduct **at minimal 4** evaluations each during an allotted time in the semester (generally the first two weeks prior to the initiation of clinic). Team members will rotate assigned roles according to the Evaluation Team flowchart page 2. The following are descriptions of assigned positions for team members:

### **Interviewers:**

These clinicians would be responsible for conducting a parent/guardian interview where case history information gained on the initial intake form might be expanded, as well as supplemented. The interview is conducted **in two parts**:

- 1) Initial phone interview: clinicians review the intake form over the phone with the client/caregiver. Special emphasis should be placed on determining the areas of concern for the caregiver/client. Any previous documentation or reports should be attained prior to the evaluation for review.
- 2) Interview during evaluation: This interview is to further clarify any information on the Case History form. Include ethnographic interview questions here.

### **Assessment 1 administrators (2 clinicians):**

This assessment is a standardized measure. The administrators would be responsible for preparing for and administration of the standardized measure. Online scoring of the protocol and actual test administration should be shared amongst the two clinicians. Administration of assessment may also include eliciting of a speech/language sample. Transcription and data collection must be shared amongst the two clinicians, as well as scoring of the protocol and interpretation of findings orally and written contexts must also be shared.

### **Assessment 2 administrator( 2 clinicians):**

This assessment is a standardized measure. The administrators would be responsible for preparing for and administration of the standardized measure. Online scoring of the protocol and actual test administration should be shared amongst the two clinicians. Administration of assessment may also include eliciting of a speech/language sample. Transcription and data collection must be shared amongst the two clinicians, as well as scoring of the protocol and interpretation of findings orally and written contexts must also be shared.

**Informal Assessment measures/ screenings/instrumentation (2 clinicians):**

This encompasses administration of informal measures such as hearing screenings and oral peripheral examinations. The administrators would be responsible for preparation (including gathering of proper materials for screening administration) as well as administration of these testing measures. This may include other instrumentation as deemed necessary by the clinical educator and team. If further testing with instrumentation is required, such as the visi pitch and/or nasometer, it is important to make sure that a qualified person is notified (e.g. Dr. Bae) and requested to be present during the evaluation at least a week in advance to assist with operation of the instrumentation if need be.

***Preparing for the end of the evaluation:***

While clinicians “tag team” in administering tests and screenings, any down time should be used to score protocols, discuss findings with your clinical educator, and write recommendations to review with parents at the close of the evaluation. **At the end of the evaluation, the team should have completed scoring of protocols and have a summary of test scores, interpretation of scores and recommendations for the parents to the best of their abilities.**

***Documenting Clock Hours:***

The team will be able to document the entire diagnostic time towards their clinical clock hours, given team members abide by the structure outlined in the flow chart.

***Reports:***

Diagnostic teams should plan to have the first two drafts completed within a week from the evaluation. **Final drafts are to be completed and posted to the client within two weeks of the evaluation.**

***Grades:***

Each team member will receive a grade in CALIPSO regarding their performance during the evaluations from the clinical educator/s. This grade will be observations from a combination of evaluations under a specific clinical educator, and will constitute a single grade in the system. Grades should be Failure to divide work evenly will result in a lowering of clinician’s grade in the system.