

**Missouri
State.**

AUDIOLOGY

**Missouri
State.**

SPEECH-LANGUAGE
PATHOLOGY

Audiology & Speech-Language Pathology

Graduate Student Clinician Handbook

Table of Contents

Introduction

[WELCOME and MISSION STATEMENT](#)

[About this Handbook](#)

[About Our Clinic](#)

Graduate Clinical Program: Requirements Prior to Patient Care

[Background Checks and Drug Screening Policy](#)

[HIPAA Training](#)

[HIPAA Policies and Procedures](#)

[HIPAA Frequently Asked Questions](#)

[Infection Control Training](#)

[TB Tests](#)

[Mandated Reporter Training](#)

[FERPA Training](#)

[Professional Liability Insurance](#)

[Confidentiality Agreements](#)

[Additional Requirements](#)

Professional Standards

[Dress Standards](#)

[Code of Ethics](#)

[University Standards](#)

[Non-Discrimination Policy](#)

[Disability Statement](#)

[Conflict Resolution](#)

[English Proficiency Policy](#)

[Core Functions](#)

Clinic Facility and Emergency Procedures

[Clinic Facility](#)

[Medical Emergency Procedures](#)

[Emergency Evacuations](#)

Clinic Policies & Procedures (All Programs)

[Practicum Objective](#)

[Clinical Observation](#)

[Clinic Calendar](#)

[Management of Clinic Equipment/Materials](#)

[Infection Control Policies/Procedures](#)

[Patient/Client Care](#)

[HIPAA Guidelines](#)

[Admission](#)

[Authorization to Use and Disclose Information](#)

[Maintenance of Clinical Records](#)

[Telehealth](#)

Audiology Policies & Procedures

[AuD Pre-Practicum Requirements](#)

[AuD Practicum Sequence and Progression](#)

[AuD Off-Site Practicum and Externship Process](#)

[AuD Practicum Attendance Policy](#)

[Supervision and Feedback from Preceptor](#)

[AUD Evaluation of Clinical Performance](#)

[AuD Clock Hours and Typhon](#)

[Knowledge and Skills Acquisition \(KASA\)](#)

[AuD Practicum Support and Remediation](#)

[Collaborative Care AuD Practicum Requirements and Service Delivery](#)

SLP Policies & Procedures

[SLP Pre-Practicum Requirements](#)

[SLP Practicum Sequence and Progression](#)

[SLP Externship Process](#)

[Supervision and Supervisor Feedback](#)

[SLP Evaluation of Clinical Performance](#)

[SLP Clock Hours and Typhon](#)

[Knowledge and Skills Acquisition \(KASA\)](#)

[SLP Practicum Support and Remediation](#)

[Collaborative Care SLP Practicum Requirements and Service Delivery](#)

Forms

[Authorization to Use or Disclose Information Form](#)

[Emergency Medical System](#)

[Likeness Release Policy](#)

[MCHHS Telehealth Remote Provider Agreement](#)

[Request for Services](#)

[Telehealth Consent](#)

Appendix: Collaborative Care Clinic AI Use Policy

Graduate Student Clinician Handbook

FOR THE AUDIOLOGY & SPEECH-LANGUAGE-PATHOLOGY GRADUATE PROGRAMS

WELCOME and MISSION STATEMENT (CAA Standard 1.3)

The Audiology (AuD) and Speech-Language Pathology (SLP) Graduate Programs share a unified mission:

- 1) Educate and inspire life-long learners in the fields of audiology and speech-language pathology (SLP).
- 2) Serve individuals with communication disorders across the lifespan through exemplary, culturally competent education, clinical and collaborative services, and research.
- 3) Positively affect the university and community through ethical leadership, community engagement, and cultural competence.

Practicum components of the programs align with the mission. Through practicum, the programs develop highly qualified professionals who serve individuals and families across the lifespan. Within the Collaborative Care Clinic, program faculty provide a teaching environment where students obtain professional experience under supervision, and to provide speech, language, and hearing services to the surrounding community.

Mailing address: 901 S National Springfield MO 65897

Physical address: 609 E Cherry Ste 112, Ann Kampeter Health Sciences Hall (KMPT)

Phone: 417-836-5275 Fax: 417-836-7662

Email: collabcare@missouristate.edu

[Collaborative Care Clinic - McQueary College of Health and Human Services - Missouri State](#)

"...if all my possessions were taken from me with one exception, I would choose to keep the power of communication, for by it I would soon regain all the rest." Daniel Webster

ABOUT THIS HANDBOOK (CAA Standards 1.9, 3.10A/B)

The Graduate Student Clinician Handbook is updated annually at the start of each academic year by the Clinic Director, Clinic Staff, and relevant others. The Handbook covers policies for onsite practicum (within the Collaborative Care Clinic) as well as policies for practicum at external placements (CAA Standard 3.10A/B). This Handbook is posted on the [University website](#) and the Clinic Teams site (CAA Standard 1.9).

ABOUT THE COLLABORATIVE CARE CLINIC

Graduate Clinical Programs

The Collaborative Care Clinic (CCC, Collab Care, or the Clinic) at McQueary College of Health and Human Services (MCHHS) is a primary practicum component for the Audiology (AuD) and Speech-Language Pathology (SLP) Graduate Programs in the School of Health Care Professions (SHCP) within the McQueary College of Health and Human Services (MCHHS). The Collaborative Care Clinic also offers services associated with the practicum components of the Missouri State Counseling Graduate Program and the Missouri State Doctor of Psychology Program.

Clinic Hours- Audiology & SLP Services

Audiology and speech services at Collab Care typically follow the academic calendar. Collab Care offices are from 8:00 AM to 5:00 PM, Monday through Friday, except for University closings. Services are typically offered 9:00 AM to 5:00 PM, Monday through Friday, with extended hours on Monday and Wednesday (speech only).

Location

The Clinic is located in Suite 112 on the first floor of the Ann Kampeter Health Sciences Hall (KMPT), corner of Cherry Street and Kimbrough Avenue, Springfield, Missouri (street address 609 E. Cherry).

Patient/Client Parking

Parking for patients/clients is available in the McQueary College of Health and Human Services (MCHHS) Clinics Reserved spots in Lot 37 with appropriate passes. Patients/clients of the clinic will receive semester or temporary passes to park in the large parking lot behind the bear line bus stop. These passes must be displayed appropriately in the vehicle.

Referral Process

Audiology and speech services may be obtained through self-referral, referral from a physician, teacher, or other professional. Intake is completed by clinic staff. Following intake, a case history and clinic information will be sent to the patient/client. Referrals may be made via phone, fax, email, or mail.

Fees

There are no charges for speech-language evaluation or therapy services or audiology services. Fees are charged for products (e.g., hearing aids, batteries, ear molds, etc.).

Weather

In case of inclement weather, clinic services will typically be canceled when Springfield Public Schools cancels. If Springfield Public Schools call for an early dismissal after the school day has started, the Clinic Director will determine if services will be held. All patients/clients will be contacted if the clinic closes early.

AuD & SLP GRADUATE STUDENT REQUIREMENTS PRIOR TO PROVIDING PATIENT/CLIENT CARE

A. Background Checks and Drug Screening Policy (CAA Standard 4.4)

Missouri State University is committed to providing a healthy, safe learning environment for its students. The purpose of the criminal background check and drug screening policy is to comply with regulations of external clinical sites and to provide optimal care to the patients and clients served in the clinic. Students must pass both a background check and drug screen prior to beginning clinical obligations in the first fall semester. Any prospective student who refuses to authorize drug and alcohol testing, or who tests positive for drugs, alcohol, or controlled substances, will not be allowed to enter AuD/SLP programs, or, if currently enrolled a program, will not be allowed to continue. Students whose background checks reveal a past felony or gross misdemeanor conviction will not be admitted.

Students may need to repeat background checks and/or drug screening during their graduate program, as required by clinical offsite and externship or at the request of the Clinic Director, Program Director, or School Director. Students are expected to be aware of and to abide by pertinent laws and regulations set forth by the federal and state governments, the University, and clinical agencies where practicum experience is sought. In addition, students not passing health care agency background checks or drug screening will not be permitted to complete clinical offsites/externships. In the event that a student is suspected of illicit use of substances while participating in their program, the Clinic Director, Program Director, and School Director must be notified immediately. The student will be asked to have a drug screen done immediately (at the student's expense). The student will be suspended from all program activities until the issue is resolved. For additional information regarding procedures, see [below](#).

[Missouri State University Counseling Center](#) (Magers Health and Wellness Center, Suite 304, (417)836-5116) provides confidential counseling services for employees and students and will make referrals for assessment and/or treatment of chemical dependency when such a need becomes apparent. See the University's [website](#) for additional information regarding the University policies on alcohol and drug abuse.

Procedure for Background Check

Criminal background checks are completed by CastleBranch. Students will receive instructions prior to the first semester in clinic. Results are only available to the Clinic Director via secure website. The cost of the CastleBranch background check is covered by student course fees. Students will register with the Missouri Family Care Safety Registry, which requires a small fee. The registry will be checked by CastleBranch during the background check process. Additional background checks may be required by offsites/externships and may be at the student's expense.

Procedure for Drug Screening

Drug screening (10-panel) is completed by CastleBranch. Students will be directed to accepted drug testing facilities during the CastleBranch registration process. The cost is covered by course fees. Any student who tests positive for a drug or controlled substance must be able to verify that the drug was obtained legally and legitimately. If a positive drug screen is reported and verification that the drug was obtained legally and legitimately cannot be provided:

- Student will be allowed to repeat the drug screening and will assume full cost of the testing.
- A positive result on the second test may result in dismissal from the program, and removal from all currently enrolled courses.

- A grade of “W” will be recorded prior to the University withdrawal date.
- A grade of “F” will be recorded if the student is removed from courses following the University withdrawal date.

Students must abide by the terms of this policy during the duration of their program and must report any conviction under a criminal drug statute for violations occurring on or off University premises. A conviction must be reported to the School Director and Clinic Director within five (5) days after the conviction. Students convicted of involvement in a criminal drug offense will be dismissed from the program. After completion and documented evidence of treatment remedying the rationale for dismissal, the student may apply for readmission.

B. Health Insurance Portability and Accountability Act (HIPAA) Training (CAA Standards 3.1.1A/B)

All AuD/SLP students will complete HIPAA Privacy and HIPAA Security training prior to patient/client contact in the Collaborative Care Clinic. Training requirements will be determined by the Clinic Director, and information will be provided to students by the Clinic Director as part of Orientation. Following training, the Clinic Director and Clinic Assistant will verify completion.

C. HIPAA Policies and Procedures (CAA Standards 3.1.1A/B)

HIPAA involves privacy and confidentiality of patient information. Any patient/client information on paper is to remain in the clinic in designated secure storage areas; appropriate electronic storage must be used for electronic records. Students should thoroughly review HIPAA Policies and Procedures prior to beginning practicum in the clinic.

Electronic information containing protected health information (PHI) can only be stored in Practice Perfect or on protected SharePoint locations. Access to the clinic SharePoint site is managed by MCHHS instruction tech support staff. All who access clinic SharePoint folders will use multi-factor authentication (MFA) and adhere to the following:

1. Maintain a private environment when accessing protected information. Do not access SharePoint/Teams from free public Wi-Fi, such as coffee shops or libraries. Be mindful of accessing in the presence of roommates, friends, and family members, especially on a home computer that is shared with multiple users.
2. Do not download any documents containing protected information from SharePoint.
3. Keep your computer operating system up to date.
4. Use anti-virus software, kept up to date with the most recent virus definitions.

In the event of remote communications involving protected information or teletherapy, additional instructions will be provided by the Clinic Director. All students must sign the [MCHHS Telehealth Remote Provider Agreement](#) prior to accessing SharePoint remotely and providing teletherapy.

Paper information pertaining to clients, such as audiology flow sheets, printed reports, test protocols, and notes, must remain in the clinic, stored in designated locked cabinets.

When requesting or releasing information on behalf of a patient/client, the [Authorization to Use or Disclose Information Form](#) must be completed. The form is to be completed for each site requesting or releasing information. The student/supervisor completes the form with the patient/family, detailing the specific information involved, such as audiology records, treatment summaries, etc. Supervisor approval of the form is required before processing.

HIPAA FAQ

Q: What is Electronic Protected Health Information (EPHI)?

A: *Electronic Protected Health Information is any patient information that is created, stored, or transferred in an electronic means.*

Q: What are the guidelines regarding clinic laptops and EPHI?

A: *All EPHI will be stored on the clinic SharePoint. Information cannot be stored directly on shared laptops. Upon logout, any information stored on the laptop will be deleted.*

Q: Can I use my laptop, smart phone, or other personal data storage medium to work on EPHI for reports, etc.?

A: *Following training during Orientation, you may access the secure clinic SharePoint site from your personal devices when following MCHHS guidelines. Multi-factor authentication must be used to gain access to any SharePoint sites associated with the clinic. **You may not download any files from the clinic SharePoint or store any documents or materials containing EPHI on your personal devices.***

Q: What will happen if policies and procedures are not followed?

A: *If the policy and procedures are not followed, the student's grade will be adversely affected and could earn an "F" grade for that 795/895 practicum experience.*

Q: Under HIPAA, am I allowed to share or discuss PHI in the classroom setting?

A: *Yes, if the patient/guardian has signed the Clinic Request for Services and permission was given. Education and training are included in HIPAA's definition of health care operations and are permitted. This means that the faculty/staff may use PHI in lectures, case presentations, or in other classroom settings for educational purposes for students, and other faculty within the university setting. A student can also use PHI for educational purposes in the same type of settings and for similar purposes. Efforts should always be made to use the least amount of identifying information possible.*

Q: What if I want to present at a conference or other facility?

A: *Faculty, staff, or students cannot use clinic PHI in external settings, such as conferences, seminars, and the like, unless specifically authorized to do so by the client/patient, through a process directed by the faculty research advisor. The research advisor should also consult the Clinic Director. Faculty interested in utilizing PHI for other purposes are responsible for obtaining signed permission separate from the Clinic Request for Services. The Clinic Request for Services does NOT allow use of PHI at conferences or other facilities. The students may not take PHI with them when leaving their affiliations with the university, unless specifically authorized to do so by the patient.*

Q: Are pictures/video recordings considered part of the client/patient's health record/PHI, and am I able to disclose them?

A: *Pictures of the patient are considered part of their health record. You can disclose them in the same manner as other types of PHI are disclosed. A patient's photograph that identifies him/her cannot be posted in public areas, such as hallways, or on social media without specific authorization from the patient. Please see Clinic Director regarding Photo Release Form. Likewise, a patient's photograph that identifies him/her cannot be used in any form of publication without the patient's specific authorization. If the patient is not identifiable from the image, it is not considered to be PHI.*

Q: What is the policy for recording sessions?

A: At the time of admission to the Collaborative Care Clinic, the patient/guardian signs a Request for Services form stating that services may be video recorded and that HIPAA procedures and confidentiality will be followed. The Request for Services does not cover other uses of the video, such as research, or being shown at presentations or off campus programs. Procedures for video recording will be reviewed with students. Sessions are recorded via VALT, the clinic's recording system. Videos recorded via VALT may be stored on the VALT server or transferred to the client's SharePoint folder with supervisor assistance.

Q: What do I do with the video after I have viewed it or no longer need it?

A: If the video is stored in SharePoint, delete the video when it is no longer needed. MCHHS IT will manage video deletion and storage within VALT.

Q: What if the student/supervisor would like to keep the video for use in class or future clinical sessions?

A: The student clinician works with the supervisor, Clinic Director, and MCHHS IT to establish a plan for long-term storage.

Q: Can I use my phone or tablet to photograph or record a client/patient?

A: NO!

Q: Where would I get permission/authorization forms to use the EPHI for use in conference?

A: The clinic does not provide the authorization forms for this use. The student and/or faculty member desiring other uses of EPHI/PHI would be responsible for that authorization.

Q: What about email?

A: Email communication was approved by University legal counsel in August 2005. General Clinic use of email communication requires that identifying information be deleted. Client file numbers or initial codes will be used.

Q: Who has access to the clinic SharePoint?

A: The Clinic Director and Clinic Assistant will identify individuals who are authorized to access clinic SharePoint sites and specific folders within sites. Access will be terminated once faculty members/staff members/students are no longer working in the clinic.

Q: Do these procedures also apply to research?

A: These procedures do not address PHI derived from research. Additional information regarding research and HIPAA will be available from MCHHS IT and/or School Director.

D. Infection Control Training

All AuD/SLP graduate students will complete infection control training as part of CSD 794 SLP Clinic Orientation or CSD 849 Basic Audiometry. Proof of completed training must be submitted to the Clinic Director. Procedures for cleaning, disinfecting, and sanitizing specific clinic areas or equipment will be addressed by discipline-area supervisors/preceptors and clinic staff. Cleaning supplies are provided by the clinic.

Hazardous Materials

Any chemical that could be a physical, health, or environmental hazard is considered a hazardous chemical. It is the policy of MSU to operate in full compliance with all federal and state statutes and

ensure the health and safety of its students, employees, and the environment. Material Safety Data Sheets for any hazardous chemical are available on Microsoft Teams (shared file storage utilized within the Clinic). The Environmental Management Office also maintains a copy of each MSDS on campus and manages proper disposal. Details and additional information about University policies can be found at the [Environmental Management website](#).

Standard Precautions

As defined by the Centers for Disease Control and Prevention (CDC), [Standard Precautions](#) (formerly known as “Universal Precautions”) are used for all patient/client care. Per the CDC, they are “based on a risk assessment and make use of common-sense practices and personal protective equipment (PPE).” Per the CDC, Standard Precautions include:

1. Perform hand hygiene
2. Use personal protective equipment (e.g., gloves, masks, eyewear) whenever there is an expectation of possible exposure to infectious material
3. Follow respiratory hygiene/cough etiquette principles
4. Ensure appropriate patient placement
5. Properly handle, clean, and disinfect patient care equipment and instruments/devices. Clean and disinfect the environment appropriately.
6. Handle textiles and laundry carefully
7. Follow safe injection practices

As health and safety is the top priority in our clinic, students should thoroughly review Standard Precautions on the CDC [website](#).

Incident Reporting

In the event of an exposure to blood or other potentially infectious materials, students are required to report such an incident to the Clinic Director. If the incident occurred at an off-campus clinical placement, policies of the site should also be followed in addition to informing the Clinic Director. Necessary actions will be taken to ensure the safety and well-being of the student.

E. TB Tests

Negative TB status will be documented in Typhon annually. The cost of the test will be paid for by student fees if the student makes their appointment at Magers Health and Wellness. The student must take the provided form from the Clinic Assistant to their first appointment at Magers.

F. Mandated Reporter Training

Each AuD/SLP student will complete Mandated Reporter Training. The Clinic Director will provide students with training information. The Clinic Assistant will verify that training has been completed.

G. FERPA Training (CAA Standards 3.1.1A/B)

Each AuD/SLP student will complete Family Educational Rights and Privacy Act (FERPA) Training and pass an associated quiz. The Clinic Director will provide students with training information. The Clinic Director/Clinic Assistant will verify that training has been completed.

H. Professional Liability Insurance (PLI)

AuD/SLP students will be covered by a group student PLI policy, purchased by the programs, via Healthcare Providers Service Organization (HPSO). Proof of professional liability insurance will be uploaded to Typhon. This is renewed annually and covers students during both on-site and off-site clinical practicum. This policy provides a standard level of liability coverage (\$1,000,000 per occurrence; \$5,000,000 aggregate). If a clinical practicum site requires additional coverage, the student may be responsible for the expense.

I. Confidentiality Agreements

Confidentiality agreements will be signed by all students prior to serving patients/clients. The signed agreements are returned to the Clinic Assistant.

J. Additional Requirements

Any expenses associated with medical care or treatment for illness or injury while participating in the AuD/SLP program are the responsibility of the student. Students may have additional requirements for offsite or externship placements. Students will be informed of these requirements in advance. Requirements can include vaccinations (such as flu, Covid, Hep B, MMR, DTap/Tdap), CPR training, and additional background checks and/or drug testing. Students may incur expenses associated with these requirements. Students may pursue exemptions from vaccine requirements directly with clinical sites in accordance with their exemption processes; exemption is not guaranteed.

PROFESSIONAL STANDARDS

A. Dress Standards

All graduate students in the Audiology and Speech-Language Pathology programs are to adhere to the following guidelines regarding appropriate dress and appearance. The purpose of the dress code is to promote professionalism. The guidelines are consistent with those in other clinical outpatient settings, but students should be aware that external clinical sites may have additional dress code requirements. If any student has religious or cultural conflicts with these guidelines, permission for modifications may be requested through the Clinic Director.

General Information

All students are expected to maintain appropriate personal hygiene. Hair should be clean and well-kept, and students who choose to keep facial hair should ensure that it is well groomed. For safety and hygiene, nails should be kept short and clean.

When Providing Services

Professional posture contributes to credibility when delivering professional information or services. Professional posture includes direct eye contact, pleasant facial expression, composed physical posture, personal hygiene, and selection/maintenance of garments worn while functioning in a professional capacity. Adherence to professional appearance and dress standard during clinic operations is emphasized.

All student clinicians will wear name tags when providing services. Please see the Clinic Assistant if a name tag needs to be replaced. Student clinicians will wear black scrubs and close-toed shoes while engaging in any clinic activities. Maroon scrubs will also be permitted. Comfortable shoes, such as tennis shoes, are acceptable. Long sleeved, solid-colored shirts may be worn underneath scrubs during cold weather. Shirts worn under scrubs should be tucked in.

For safety, chunky or long jewelry is not recommended with practicum attire. Especially when working with small children, the safety of jewelry and piercings should be considered.

Please direct any questions regarding clinical dress to the Clinic Director.

When Not Providing Services

When students are in the clinic during business hours (M-F 8:00-5:00) but not engaging with clients, appropriate casual dress is acceptable. Students are asked to keep in mind that other faculty and student clinicians may be providing services at any time during business hours. Examples of appropriate casual dress include jeans, capris, or shorts/skirts to the knee, MSU apparel, clean t-shirts, blouses, sweaters. Leggings may be worn when accompanied by a longer, tunic-length shirt. Footwear can include tennis shoes, flats, and sandals.

Inappropriate clothing includes short shorts/skirts (mid-thigh or shorter), t-shirts with inappropriate words/pictures, tank tops or cropped tops, yoga or other exercise apparel, including athletic shorts.

Please direct any questions regarding casual dress to the Clinic Director.

B. Code of Ethics (CAA Standard 4.4)

Students will adhere to the [ASHA Code of Ethics](#).

C. University Standards (CAA Standard 4.4)

Students will follow the university standards for professional behavior. According to the [Missouri State University Code Of Student Rights and Responsibilities](#), American Speech, Language, and Hearing Association Code of Ethics and requirements and policies of the AuD/SLP Programs, academic integrity and honesty are the foundation of the University community. Students are expected to practice academic and clinical integrity in all assigned work. Students are also expected to be honest in all interactions with other students, faculty, and staff, and be professional in attitude, actions, and attire. The University, and thus the clinic, has the inherent right to promulgate appropriate rules and regulations for the orderly conduct of University business and the protection of the health and safety of the community. Students are expected to comply with all published and stated rules and regulations. If a student is accused of violating any code (theft, academic dishonesty, possession of drugs, etc.) they will be subject to warnings, loss of privileges, probation, suspensions, and/or dismissal.

D. Non-Discrimination Policy (CAA Standard 1.8)

In accordance with federal law and applicable Missouri statutes, Missouri State University, and therefore the clinic, does not discriminate on the basis of race, color, national origin (including ancestry, or any other subcategory of national origin recognized by applicable law), religion, sex (including marital status, family status, pregnancy, sexual orientation, gender identity, gender expression, or any other subcategory of sex recognized by applicable law), age, disability, veteran status, genetic information, or any other basis protected by applicable law. The [University's Non-Discrimination Policy Statement](#) and information about grievance procedures may be reviewed at the University's website.

E. Disability Statement (CAA Standard 4.2)

If you are a student with a disability and anticipate barriers related to participation in clinical practicum, it is important to request accommodations and establish an accommodation plan with the University. Please contact the [Disability Resource Center \(DRC\)](#), Meyer Library, Suite 111, 417-836-4192, to initiate the process to establish your accommodation plan. The DRC will work with you to establish your accommodation plan, or it may refer you to other appropriate resources based on the nature of your disability. In order to prepare an accommodation plan, the University usually requires that students provide documentation relating to their disability. Please be prepared to provide such documentation if requested. Once a University accommodation plan is established, you may notify the Clinic Director of approved accommodations. If you wish to utilize your accommodation plan, it is suggested that you do so in a timely manner, preferably within the first two weeks of practicum. Early notification to the instructor allows for full benefit of the accommodations identified in the plan. Instructors will not receive the accommodation plan until you provide that plan and are not required to apply accommodations retroactively.

F. Conflict Resolution (CAA Standard 4.5)

Conflicts arise in many situations. However, it is expected that most conflicts can be resolved by remaining thoughtful, respectful, and courteous with the other party. In the event a conflict cannot be resolved, the following procedure is recommended:

1. The student should try to resolve the conflict through a respectful discussion with the other party.
2. Discussion with the preceptor/supervisor (if the conflict is with the preceptor/supervisor, this would be Step 1).
3. The preceptor/supervisor may request a mediated discussion with the other party.
4. If the conflict is not resolved following discussion with the preceptor/supervisor, a meeting will be scheduled with the Clinic Director.
5. If the conflict is not resolved following discussion with the Clinic Director, a meeting will be scheduled with the School Director.
6. If the conflict is not resolved following discussion with the School Director, a meeting will be scheduled with the Dean of MCHHS.

G. English Proficiency Policy (CAA Standard 4.2)

In accordance with position of the American Speech-Language-Hearing Association (ASHA), the MSU AuD/SLP programs respect individual differences regarding the cultural and linguistic backgrounds of its students and does not discriminate against persons who speak with an accent and/or dialect in our graduate clinical programs. An important aspect of our mission is to educate students who will be able to work effectively with individuals from culturally and linguistically diverse populations. Regardless of primary language, all students must demonstrate the expected level of oral and written communication skills required for clinical case management (CAA Standard 4.2). Throughout clinical practicum, students will be expected to orally communicate with patients/clients regarding test results and plan of care; if required, students must also demonstrate the ability to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem. Demands in written communication include writing and comprehending technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence. In our geographic area, the majority of clients for whom students will provide clinical services will be either native or non-native users of English; therefore, all students must demonstrate proficiency in oral and written English.

To ensure that students demonstrate the oral and written English language proficiency required for clinical practicum, clinical supervisors/preceptors will screen their students during the first semester in clinical practicum. Students will be rated using a rubric; ratings will be reviewed with each student at midterm during their first semester in practicum. This rating only indicates English language skills are proficient for beginning the clinical training program and does not fulfill the clinical certification competency requirements for oral, written, and other forms of communication for professional practice in audiology and speech-language pathology. Oral and written communication skills for professional practice will be subject to ongoing assessment as the student progresses in the clinical program.

According to the rubric, students will receive ratings of 1) Unsatisfactory, 2) Needs Development, or 3) Satisfactory in the following areas:

- Pronunciation
- Asking for Clarification
- Demonstrating Understanding
- Written Language
- Overall

All students will be evaluated at mid-semester during their first year in clinic. Students need to demonstrate '3' rating by the end of the first year of clinic (spring).

If student receives a '1' rating at mid-semester

- Rating and rubric will be reviewed with the student. The student will be provided with suggestions and resources for skill development. Performance will be re-evaluated at the end of the semester.
- If rating remains '1' at the end of the first semester, remediation plan will be established for the student.

If student receives a '2' rating at mid-semester

- Rating and rubric will be reviewed with the student. The student will be provided with suggestions and resources for skill development. Performance will be re-evaluated at the end of the first year (spring).
- If rating remains at '2' at the end of the first year, remediation plan will be established for the student. Remediation may involve delay in off-campus clinical practicum (e.g., off-sites, externships).

H. Core Functions of Audiology & Speech-Language Pathology (CAA Standards 4.2, 4.9)

Audiology students are expected to employ the Core Functions below in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. The Core Functions were adapted from "A Guide for Future Practitioners in Audiology and Speech-Language Pathology: Core Functions," updated by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) in 2023. The Core Functions below aim to be inclusive. The Core Functions are also designed to facilitate discussions between students and faculty regarding any strategies, resources, and accommodations that may be necessary to achieve student success. The Core Functions below set the context for student knowledge and skill acquisition necessary to take personal responsibility for the individual care of clients and patients. To initiate a discussion regarding the Core Functions below, students are encouraged to contact their academic advisor or the School Director. Additional contact may be the MSU Disability Resource Center (<https://www.missouristate.edu/disability/>).

Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies. This includes ability to write discipline-specific papers and clinical reports in Standard American English.
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.
- Provide appropriate models of target behaviors according to the needs of individual clients.

Motor/Physical

Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means as deemed reasonable to offer and appropriate to client/patient needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
- Respond in a manner that ensures the safety of clients and others
- Provide or independently secure transportation to/from clinical sites
- Participate in professional responsibilities/activities for up to 8-10 hour shifts

Sensory

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies.

- Use sensory information to differentiate functional and disordered auditory, oral, written, and visual communication; to correctly differentiate anatomical structures and diagnostic imaging findings; to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

Intellectual/Cognitive

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means as deemed reasonable and appropriate to client/patient needs.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care
- Maintain attention and concentration for sufficient time to complete clinical activities

Interpersonal

Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, information management policies, and program policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities
- Understand and respect supervisory authority
- Collaborate with peers and other professionals

Cultural Responsiveness

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

*Students should be aware that external clinical placements are part of the plan of study. External sites may have different expectations related to essential/core functions.

Adapted from: Council of Academic Programs in Communication Sciences and Disorders (2023). A guide for future practitioners in audiology and speech-language pathology: Core functions.

<https://www.capcsd.org/academic-and-clinical-resources/>

CLINIC FACILITY AND EMERGENCY PROCEDURES

A. Clinic Facility (CAA Standards 6.3, 6.5)

The Collaborative Care Clinic is considered an instructional space. It encompasses administrative offices, waiting room, supervisor offices, therapy rooms, multipurpose/flex space, audiological suites, clinician workrooms, labs, and material/equipment rooms. All areas are accessible to persons with disabilities in accordance with state and federal regulations. Kampeter Health Sciences Hall has been designated as a smoke-free facility.

The hours of operation are from 8 a.m. to 5 p.m., Monday through Friday, except for University closings. Scheduling of clinic operations or services may extend beyond these times or be modified when arranged. All scheduling of room use is managed by the Clinic Director/Clinic Assistant and a schedule is available for reference. Temporary use of any clinic space should be arranged through the Clinic Director or Clinic Assistant. Student clinicians should avoid removing patients from the clinic setting for any reason other than an emergency. Specific activities related to therapy may be approved with the Clinical Supervisor and Clinic Director. Clinic use by students after normal hours will require BearPass for entrance.

Refrigerators and microwaves are available for students' use. Vending machines are located on the first floor of Kampeter Hall. All food waste must be disposed of properly.

All faculty, staff, and students are expected to help maintain shared clinic spaces. Clinic supplies, tissues, and gloves will be provided. At the end of each service, the student must complete cleaning protocols and verify completion. If low on cleaning supplies, please contact the Clinic Assistant.

Clinic rooms are equipped with a digital video recording system for observation purposes. Designated observation spaces for client/patient guardians/care partners and students are also available. Observation will occur via secure digital video access. MCHHS laptops are available to access the clinic's EMR and can also be utilized for telehealth services.

B. Medical Emergency Procedures

Clients/patients, student clinicians, and University staff/faculty must complete an Emergency Medical System form. Information must be documented regarding medical history, pertinent medical problems, medications, physician and hospital preference, as well as authorization to contact 911 EMS should a life-threatening situation occur while on the premises. Clients/patients/students complete this form upon beginning services with the clinic; student clinicians complete this form during orientation. Staff/faculty complete upon hiring. All individuals should request to update this information as needed.

If an emergency occurs during therapy or appointment times, these procedures should be followed:

1. Call for help if alone with the patient/client.
2. Notify supervisor or faculty member by either sending another student for a faculty member or having the receptionist page.
3. Notify family member or other appropriate person to come to the location of the emergency.
4. If unable to reach family member or guardian, and if emergency treatment is warranted:
 - a. Supervisor will call ambulance (9-911) and accompany patient to hospital; refer to EMS sheet for pertinent information located in the client/patient file;
 - b. Supervisor will notify family member by phone.

- c. Campus Safety will also be notified, by supervisor or by clinic staff
5. Supervisor will follow-up by calling family member or parent/caregiver later to check on patient/client.

Should any patient have medical concerns where emergency measures must be followed, the student clinician and supervisor must be apprised of the condition at the initiation of services for that semester. They must also receive training by the patient/family to become acquainted with the recommended measures. Family members or persons designated by the family must remain on the premises while the patient receives services to administer such emergency measures.

C. Emergency Evacuations

Fire Evacuation:

Clinic staff will secure the reception area of the clinic, announce the evacuation, and assure that individuals in the waiting room are escorted from the building and instructed to go the designated evacuation areas: Juanita K Hammons Hall for the Performing Arts or Wehr Band Hall. The clinic staff and faculty will secure treatment areas and assure that clients/patients and clinicians have exited the building via the nearest exit. Doors are to be closed as rooms are checked and evacuated to indicate the rooms have been cleared. Emergency personnel or building administration will issue an all clear when it is safe to return to the building.

Tornado Procedure:

The students and faculty may receive a Missouri State Alert automated text or phone call from the University alerting of impending weather if they subscribe to the service. All students are encouraged to subscribe to the University safety alert system and set individual preferences for notifications via the [MSU Safety Alert website](#).

Clinic staff will announce a severe weather warning has been issued and direct everyone (including clients, students, supervisors, and individuals in the waiting room and observation rooms) to move to the interior of the clinic and await an “all clear” message from the University once the weather has passed. The clinic staff and faculty will secure the treatment areas of the clinic and assure that clients/patients and clinicians have followed these instructions.

Hostile Intruder Situation:

As in other emergency situations, students and faculty may receive a Missouri State alert if subscribed. If circumstances allow, clinic staff will announce the situation on intercom and provide some instruction. When a hostile person(s) is actively causing death or serious physical injury or the threat of imminent death or serious physical injury to person(s) on the Missouri State University grounds, Missouri State University Safety and Transportation recommends the following procedures:

- Run away from the threat if you can, as fast as you can. Do not run in a straight line. Keep vehicles, bushes, trees, and anything that could possibly block your view from the hostile person(s) while you are running.
- If you can get away from the immediate area of danger, summon help and warn others.
- If you decide to hide, take into consideration the area in which you are hiding. Will I be found here? Is this really a good spot to remain hidden?
- If the person(s) are causing death or serious physical injury to others and you are unable to run or hide you may choose to play dead if other victims are around you.

- The last option you have if caught in an open area outside may be to fight back. Do not look the intruder(s) in the eye; obey all commands.
- Once the police arrive, obey all commands. This may involve you being handcuffed or made to put your hands in the air. This is done for safety reasons and once circumstances are evaluated by the police, they will give you further directions.

In the event of a hostile intruder in the building, please follow the instructions of the Clinic Director, clinic staff, and supervisors, which will be determined based on the situation.

[Missouri State University's Emergency Operations Plan](#) for other emergency situations and additional [campus safety information](#) can be found on the University's website.

CLINIC POLICIES & PROCEDURES (All Programs)

The general clinic guidelines for students are presented in the following body of information. Reference to "student clinician" or "student" in this text is intended to pertain to all practicum students unless otherwise specified. Reference to "patient" or "client" in this text refers to individuals receiving treatment/services. Likewise, reference to "treatment" or "services" are interchangeable. All other discipline-specific requirements are stated following the chapters on general clinic information. Programs also provide students with additional information pertaining to practicum in syllabi associated with their practicum courses (including off-site and externship experiences).

A. Practicum Objective

Participation in practicum allows the student to experience pre-professional clinical work involving patient contact. Clinical practicum provides an opportunity to apply concepts, theories, and methods of assessment and management learned in academic coursework. Performance in clinical practicum usually reveals individual strengths and weaknesses in the student's ability to apply academic knowledge to the clinical situation; therefore, the practicum experience is perceived as an ongoing learning experience for the student clinician. The student clinician is not expected to possess full knowledge and proficiency in patient assessment and management but is expected to continually seek answers to clinical questions. A primary responsibility of the clinical supervisor is to facilitate the student in this special learning situation. Students are encouraged to draw on the talents, knowledge and expertise of the supervisors and fellow students, in addition to pursuing research pertaining to clinical questions and challenges.

B. Clinical Observation

All undergraduate CSD majors at Missouri State University are required to complete 25 clock hours of supervised observation prior to graduation. Some of these hours may be obtained in the clinic. Observation hours may also be required for graduate programs. If observation hours are required for your graduate program, documentation of these hours must be received in the clinic.

C. Clinic Calendar

Students are provided a clinic calendar at the beginning of each semester. The calendar will list the opening/termination of services for the semester, clinic closings and special events. Students will attend CSD 795/895 practicum classes/meetings, regularly scheduled clinical activities, and occasional special events or trainings.

D. Management of Clinic Equipment/Materials

1. Diagnostic Materials/Equipment

Tests should remain in the clinic; please contact the Clinic Director for any requests to take tests outside the clinic. Procedures for test reservation/check-out are posted and outlined in Teams. Test protocol forms are housed in the designated file cabinets. Students are never to take the final copy of a diagnostic record form or information sheet from the files but are to inform the Clinic assistant to ensure supply replenishment. When practicing test administration, students may use photocopies of test protocol forms; original protocol forms must be used for test administration with patients. Testing manuals, stimulus materials, and manipulatives must be replaced in the test housing (box, case) when finished with the assessment. Please inform the

Clinic Assistant of any missing or broken components. Materials should be disinfected before returning.

2. Clinic Materials

Speech-language treatment materials are housed in the Materials Center and audiology materials are primarily in the Audiology Suites. Designated check-out procedures for materials must be followed. Materials are to be returned immediately after use and should be disinfected. All pieces, parts, and/or sections of materials must be accounted for and must be in proper order. If only part of a kit is needed, the entire kit should be taken; do not remove cards and materials from a kit. Please separate cards and materials into appropriate classifications/groups before returning them to the kits. These materials are to be used only in the clinic. Student clinicians are expected to check out materials appropriately based on instructions provided.

3. Recording Sessions

Video recording procedures are reviewed [above](#) in HIPAA FAQ.

4. Digital Audio Recorders

Audio recorders are available for check-out. Audio recorders are not to leave the clinic. Recording transfer instructions are available for some recorders. Recordings must be deleted prior to returning the device. All guidelines pertaining to confidentiality must be maintained with use of all taped recordings.

5. Computers

Computers for student clinician use are available in student work areas. The computers are reserved for practicum use- for preparation of clinical materials and activities, access to Practice Perfect, creation of patient/client documents, and research related to patient care. Some designated devices may also be available in treatment spaces (e.g., laptops for HA programming).

6. Copier/Printer/Scanner

There are color and black-and-white copier/printer/scanner available for clinical use within the clinic. Students will be provided with instructions during orientation and additional training sessions. Please do not use for research/class printing.

7. Repair Requests

Repairs of equipment and materials should be reported immediately to a supervisor/preceptor, Clinic Assistant, or Clinic Director. A repair request can be submitted via email to the Clinic Assistant to aid in troubleshooting and reporting the problem. Any problem with building operation, such as temperature control, elevator operation, water and waste drainage, etc., should be reported immediately to the Clinic Assistant or Clinic Director. Please bear in mind that clinic equipment and materials can be costly and fragile; caution should be taken to protect all items. If they are abused or lost, limited funding may not permit immediate replacement.

8. Portable Audiometers

Portable audiometers are available for checkout. Reservation, check out, and check-in procedures must be followed.

E. Infection Control Policies/Procedures

Environmental infection control guidelines and basic housekeeping practices must be followed by all Clinic faculty, staff, and students to protect everyone. Each student will complete infection control training before initiating patient care. [Standard Precautions](#) will be followed. The following infection control protocols are organized via two sources of contamination: Environmental and Human.

Environmental:

- Surface Disinfection: Each treatment room contains disinfectant spray and paper towels.
- Each student clinician is responsible for cleaning counter tops, tabletops, chair arm rests, and test equipment surfaces following each session or test procedure. Surface debris is to be removed, then the surface is to be disinfected.
- Earphones for all audiometers will be wiped with disinfectant following each use. The table surfaces used for hearing aid modifications will be cleaned and disinfected following each use.
- Toys used will be cleaned of surface debris and disinfected.
- Additional cleaning, disinfecting, and sanitizing procedures may be provided depending on area or equipment.

Human:

- Handwashing: Hands will be thoroughly cleaned before and after each patient contact, before and after handling in-patient care devices, before preparing and serving food/snacks, before and after performing personal hygiene.
- When water is not available, a no-rinse antibacterial hand disinfectant will be used.

Gloves:

- Gloves will be worn for all procedures that may create exposure to saliva, blood, cerumen, ear drainage, or contagious rashes, and other situations as deemed appropriate by each clinician.
- Gloves will be worn when performing invasive procedures on all clients.
- Gloves will be changed and discarded after each patient contact. Hands will be washed/sanitized before and after using gloves.

PPE:

- Additional PPE may be required depending on clinic and/or University policies.

F. Patient/Client Care

AuD and SLP student clinicians are typically notified of their patient's arrival via Teams Chat (no PHI). It is the clinician's responsibility to be aware of the time and to check with the front office if they have not been notified. If patients are late or do not show to their appointment, the clinician will follow individual supervisor instructions regarding contacting the patient. Please refer to [Audiology Policies and Procedures](#) or [SLP Policies and Procedures](#) below for more detailed information.

G. HIPAA Guidelines

Patient care confidentiality will be maintained at all times. Please refer to [SLHC HIPAA Policies and Procedures](#) when handling clinic documentation and other PHI. Paper files or papers with PHI are not to be removed from the clinic. Clinicians should not discuss patient difficulties or progress regarding treatment in the waiting room or hallways. Individuals seeking specific treatment/evaluation feedback should be led to a private room within the clinic where open discussion may occur with secured confidentiality and without interruption.

H. Admission

The [Request for Services](#) will need to be authorized by the patient or the patient's parent/guardian. The parent/guardian or patient is to sign the Request for Services form at the beginning of their first semester and each spring semester thereafter in which the patient is seen at the clinic for treatment, or prior to the diagnostic. These forms are also considered release of liability forms for the clinic. They are very important and must be handled responsibly. A [Likeness Release Policy](#) must be completed for authorization of any video/audio tape recording, photographs or films taken of patients when not used for teaching purposes. Recording for educational purposes is authorized on the Request for Services form (See HIPAA guidelines).

J. Authorization to Use and Disclose Information

Confidentiality of patient information must be maintained at all times. Written and verbal information pertaining to patients, active and inactive, is to be treated in a confidential manner. Patient information is not to be discussed outside professional environments. Patients, or their parents, must sign the [Clinic Authorization to Use or Disclose Information form](#) any time information is requested from or sent to another on behalf of the patient.

K. Maintenance of Clinical Records

1. Electronic Charts: Current clinical records are found on Practice Perfect. Should an electronic chart not be found for an assigned patient, notify the Clinic Director or Clinic Assistant. In addition to the Practice Perfect files, SLP clients have Working Files stored on the clinic SharePoint. Information from electronic charts (both Practice Perfect and SharePoint) should NEVER be stored on personal devices or hard drives. Students may save records on the secure SharePoint while treating the patient. Proper procedures for home access of SharePoint must be followed.
2. Release of Information: Any requests for release of confidential information (reports, test results, etc.) to be sent to another site are handled by the front office based on completion of proper authorization (see *Authorization to Use and Disclose Information*, above).
3. Patient permanent files are kept for 10 years past last date of treatment, or until age 23 if the patient was last seen as child.
4. Client Contact Log: The Client Contact Log in Practice Perfect is to be updated to log phone calls, mailing of reports, and consultations. The student clinician, supervisor, or staff completes the Client Contact Log following these activities and places their name as the Responsible Party. For SLP, the Client Contact Log should also be updated each semester by the treating clinician in relation to disposition of the client.
5. Updated Information: Any updates to name, address, contact information, and guardian information is made by filling out the Records Information Update Form on Teams.

L. Telehealth

Provision of telehealth has been approved by the MSU Information Security Office when specific guidelines are met. Telehealth is only provided when arranged by clinic faculty and staff, and only approved platforms may be used. As described under [HIPAA Policies & Procedures](#), prior to providing telehealth, faculty and students must sign the MCHHS Telehealth Remote Provider Agreement. Clients/patients must sign the [Telepractice Consent](#) Form. Discipline-specific procedures will be reviewed with students by faculty.

AUDIOLOGY PRACTICUM POLICIES & PROCEDURES

A. Audiology Pre-Practicum Requirements

Prior to patient contact, all pre-practicum trainings, background check, and drug screening must be completed (outlined [above](#)). In addition, all beginning audiology students (Level 1) participate in Basic Audiometry (CSD 849) and Clinic Orientation prior to beginning patient contact. Students must demonstrate basic skills and knowledge of testing procedures during Basic Audiometry and during assigned labs, including practice hearing evaluations. Students will also complete assigned simulations prior to patient contact.

B. AuD Practicum Sequence and Progression (CAA Standards 3.1 A, 3.6A, 3.7A, 3.8A, 3.10)

All practicum is supervised by licensed and certified audiologists (i.e., preceptors) (CAA Standard 2.3). Student is informed of implications if pursuing a practicum experience with a non-ASHA Certified audiologist. Amount of supervision is based on the student's level of competency as determined by the preceptor. Student's level in the program and completed coursework are considered. Through practicum, students are provided with opportunities to work with individuals across the life span with various types and severities of changes in structure and function of the auditory and vestibular system and related disorders.

Audiology students clinicians will progress through 4 levels of clinical practicum (Level 1-4). Description of the student levels and expectations follows.

- Level 1:
 - Assignment: Level 1 practicum students will complete clinical simulations during Summer 1 and add patient encounters in the MSU Collaborative Care Clinic during Fall 1.
 - Description: At the completion of Level 1, the students are expected to perform at the BEGINNING level will have obtained knowledge and skills in: hearing screenings, comprehensive audiometry including masking pure tones and speech, acoustic immittance testing, hearing aid selection, fitting, orientation, verification and maintenance, case preparation and management, electronic documentation (form, style, content), professional behavior, rapport with patients, response to supervision, adheres to site protocols.
- Level 2:
 - Assignment: Level 2 practicum students (Spring 1 and Summer 2) will be assigned clinic slots in the Collaborative Care Clinic as well as the equivalent of one day per week at an off-site clinical placement (assuming the student has completed all previous clinical requirements and has met the minimum requirements for off-campus placement).
 - Description: At the completion of Level 2, the students are expected to perform at the INTERMEDIATE level for the following skills: obtaining case history, otoscopic examination, comprehensive hearing evaluation, immittance testing, electronic documentation (form, style, content), hearing aid selection, fitting, verification, orientation, and follow-up, overall appointment preparation and management, counseling/clinical decision making, retrocochlear and functional assessments, vestibular assessment and treatment, educational audiology and aural rehabilitation, all aspects of a hearing conservation program, professional behavior, rapport with patients,

and response to supervision. Students should be able to maintain Level 1 knowledge and skills.

- Level 3:
 - Assignment: If the student has completed all previous clinical practicum satisfactorily, Level 3 practicum students (Fall 2 and Spring 2) will be assigned clinic slots in the Collaborative Care Clinic and an off-site rotation two days per week.
 - Description: At the completion of Level 3, students will perform at the ADVANCED level for the following skills: hearing aid fittings and follow-up, overall case preparation and management, electronic documentation (form, style, content), retrocochlear and functional assessments, auditory processing assessment, electrophysiologic assessment, and practice management. Students should be able to maintain Level 1 and Level 2 knowledge and skills.
- Level 4:
 - Assignment: The third year of practicum will consist of a full-time externship, taking place during the last year of the doctoral program (Summer 3, Fall 3, Spring 3).
 - Description: At the completion of Level 4, the students will perform the following skills at the PROFESSIONAL level: The externship year is a year in which students should be polishing their skills and finding the areas of interest they have. They are expected to function independently for the most part but also follow instruction provided by preceptors and always maintain professionalism; whether with their patients, preceptors or colleagues. As all coursework is completed they should be able to perform any duty presented to them with the opportunity to prepare for the experience and ask questions prior to the patient appointment. Students should be able to maintain Level 1-3 knowledge and skills.

Please see sections Audiology Schedule and [Off-Campus Practicum and Externship](#) for details on the practicum assignment and placement process. Students must meet both grading and competency requirements to progress to the next level in the practicum sequence (discussed [below](#)).

C. AuD Off-Site Practicum and Externship Process (CAA Standards 3.6A, 3.7 A, 3.8 A, 3.9A)

During Levels 2 and 3, students will be assigned to off-campus practicum rotations. These sites include schools, clinics, hospitals, ENT offices, and private practices located in Springfield and the surrounding area. Affiliation agreements are kept between the University and all practicum sites. Travel will be required for many of the off-site experiences. Each of the off-site clinics will have their own protocol that the student will have to learn.

Assignment to the off-site experience is determined by the Audiology Clinical Coordinator with input from other clinical faculty. In the semester prior to the placement, students complete an offsite request form. The form allows them to make requests (i.e., type of experience, travel preferences). Placements are made to ensure that students receive exposure to different practice settings, a variety of supervisors, and a variety of practice experiences. While student requests are considered, the final placement determination is made by the Audiology Clinical Coordinator. As off-site experiences are a required part of clinical practicum, if a site is declined by the student there may be a delay in program completion while the Coordinator works to find an alternative site.

The last year of the program will be spent in a clinical externship. To meet course requirements, the equivalent of three semesters of enrollment in CSD 996 is required (typically summer, fall, spring) and the experience must involve a full-time work week (36-40 hours per week) or an equivalent. For most students, the duration of the externship will be 11-12 months. Sites that are appropriate for this experience are often located outside of Springfield. Students work with the Audiology Clinical Coordinator and the Clinic Director to select an appropriate placement. The search process will be explained to students during cohort meetings. Prior to contacting a prospective placement site, students must obtain approval from faculty. Approval ensures the appropriateness of the site, given the student's current and planned offsite experiences, and is based on a review of the credentials of the site and site staff. When the student identifies a site of interest and the site offers the student a placement, an affiliation agreement is established between the University and the site.

Guidelines and expectations for off-site practicum/externship will be provided to the off-campus preceptors. For all external placements (offsite and externship), preceptors are asked to evaluate student performance at least twice per semester – at mid-term and at the end of the semester. They are also asked to provide the student with ongoing feedback. The off-campus preceptors will complete a final evaluation in Typhon. The Audiology Clinical Coordinator will communicate with site preceptors throughout the experience, and site preceptors are encouraged to bring any issues or concerns to faculty.

D. AuD Practicum Attendance Policy (CAA Standard 4.4)

If a student clinician is unable to attend their scheduled on-campus clinic rotation, they should submit a request, via email to switch slots with another student. Prior approval from preceptor is required before making a change. Once approval is given, the student requesting the switch is responsible for notifying clinic staff regarding the schedule change. Reciprocation of coverage is expected. In situations of illness, the student clinician is still responsible for finding coverage of your assigned clinic slot. In emergency situations, the student clinician should immediately inform the preceptor. Students are responsible for "making up" all absences.

Offsite & Externship Attendance

Level 2 student clinicians are typically assigned one day per week or two days every other week in situations of travel. They are expected to attend approximately 14 days per semester. Level 3 student clinicians are assigned two days per week. They are expected to attend approximately 28 days per semester. Many students will achieve more than the minimum expected days; however, students are required to continue the off-site experience for the entire semester; even beyond the minimum days. Should a student find they are not able to achieve the minimal days for the semester for any reason, the student MUST notify Audiology Clinical Coordinator to discuss options; a student may receive an incomplete for the semester if expectations are not met and properly discussed in advance. Externship attendance policies are determined by the externship site, included procedures to report absences. It is also recommended to inform the Audiology Clinical Coordinator of Externship absences.

*See course syllabi and addendums (including off-site addendum and externship syllabus) for further information regarding attendance policies.

E. Supervision and Feedback from Preceptor (CAA Standards 3.7A, 4.6, 4.7, 4.8)

Clinical supervision is provided by licensed and certified audiologists (preceptors) and meets the requirements established by the Council for Clinical Certification (CFCC), the credentialing body of ASHA.

The amount of direct supervision will be commensurate with the student's knowledge, skills, and experience.

Preceptors provide ongoing feedback. Feedback includes written feedback, written feedback on submitted clinical documentation (e.g., chart notes, reports, etc.), and verbal feedback provided in meetings. Feedback may also include emails or other electronic communication (e.g., Teams Chat, etc.). The student clinician bears responsibility for clarifying feedback with the preceptor, incorporating feedback, and taking an active process in case management with the supervisor.

F. AuD Evaluation of Clinical Performance (CAA Standards 4.4, 4.6, 4.7, 4.8, 5.1, 5.2)

Per [AuD Program Retention Policies](#), students must progress satisfactorily through the levels of practicum. Evaluation will be based on the student clinician's performance in practicum (both onsite and offsite performance, as applicable), development of clinical competencies, and any additional CSD 895 assignments to determine the cumulative semester grade. Students will be informed of the specific grading process for practicum in the CSD 895 syllabus and in their CSD 895 class meetings. Evaluations (midterm and final) are completed in Typhon; students maintain access to their evaluations throughout the program. Per AuD Program Retention Requirements, a grade of "C+" or below is not acceptable for clinical practicum. In addition, clinical clock hours earned for the semester would not count.

G. AuD Clock Hours and Typhon (CAA Standard 3.1A)

Clock hours serve as a record of client contact, diversity of clinical experience, and time spent in competency development. Clock hours are also to document the student's time toward the minimum 12 months' full-time equivalent of supervised clinical experiences (composed of short-term rotations and externship). Students are responsible for logging all clock hours. On-site client contact hours will be recorded in Typhon (Case Logs). During off-site and externship, the students will document client contact hours (Case Logs) as well as a "clock in/clock out" Time Logs. Preceptors must approve all Typhon entries. At the end of the semester, students should notify the Clinic Assistant that all Typhon hours are approved. Both Case Logs and Time Logs will be compiled into a Clock Hour Cover Sheet by the Clinic Assistant.

H. Knowledge and Skills Acquisition (KASA) (CAA Standards 3.1A, 4.6, 4.7, 4.8, 5.1, 5.2)

As part of the ASHA/CFCC requirements, the students will demonstrate clinical competencies to the clinical preceptors throughout their graduate career. Development is monitored via the CSD 895/996 performance evaluation process. Students will submit competencies for approval via Typhon. Both on-site and off-site preceptors will sign off on specific skills when demonstrated. Competencies will be tracked on Typhon and a summary report will be updated for the student periodically.

I. AuD Practicum Support and Remediation (CAA Standard 4.3)

As outlined above in [AuD Practicum Sequence and Progression](#), performance expectations increase as student clinicians progress through clinical practicum. Though student clinician experience level and coursework are considered in the evaluation/grading process, student clinicians should demonstrate increasing independence over time. In addition to didactic instruction, student clinicians are provided with a number of supports to facilitate successful performance in practicum including:

- Performance expectations for each practicum level (as provided by CSD 895 and 996 syllabus, written and verbal expectations from each preceptor)
- Collaboration with preceptor prior and during patient care
- Direct, ongoing clinical supervision and feedback (both verbal and written) from a preceptor

- Opportunities to work with different preceptors across the practicum sequence

There may be instances where student clinicians do not demonstrate sufficient skills/ratings to proceed to the next level of practicum. These instances include:

- Inadequate composite grade performance (i.e., 'C+' or lower)
- Competency ratings that fall below requirements for the practicum level

In these instances, additional support and remediation will be provided. Remediation will include feedback and direct instruction regarding the substandard performance. An individualized plan will be developed. The student will be afforded an additional opportunity to demonstrate the required skill(s). In most instances, the additional opportunity will include repetition of a practicum level within the clinical sequence. Students should understand that this may delay program completion. In line with the [MSU Graduate College Clinical and Field Placement Policy](#), program dismissal may occur if the student clinician does not demonstrate the expected level of performance following support, remediation, and the additional practicum opportunity.

J. Collaborative Care Clinic/AuD Practicum Requirements and Service Delivery

Collaborative Care Clinic AuD Practicum Overview

Audiology practicum assignment within the MSU Collaborative Care Clinic includes seeing patients for requested services during each student's clinic time and completing all pre- and post-evaluation paperwork for each patient seen, including chart notes and reports. Providing satisfactory clinical service to the patient may include activities that do not occur during the scheduled visit, such as researching resources for the patient, contacting referral sources, device cleaning/repairs, and conducting follow-up contacts. All such activities will be approved by the student's preceptor.

Practicum assignment also includes maintenance of the clinic facility, including equipment. All students are responsible for keeping the clinic area in order, cleaning audiological equipment and testing supplies, reporting low supplies, maintaining the appropriate forms. For example, if a student uses the last audiogram, he/she is expected to make more copies.

Audiology Clinic Schedule (CAA Standard 3.6A, 3.7A)

Students are assigned regular appointment times (i.e., clinic slots) within the Collaborative Care Clinic each semester (Level 1-3) by the Clinic Director based on their course and offsite schedule. The clinic schedule is maintained on Practice Perfect. Audiology patient appointment scheduling is managed by clinic faculty and staff. The student's preparation and coursework are considered when assigning appointment types and patients. Students have access to the schedule via Practice Perfect to see their assigned patients.

Patient Charts

Student clinicians have access to patient charts on Practice Perfect in order to prepare for their appointments. The student should be aware of the following components of the patient's electronic chart:

- File numbers: Patients are assigned a number by the audiology assistant or other staff. Students will need to use this number when completing clinic forms and reports.

- **Audiology Intake & Case History:** Clinic staff complete an intake when scheduling an appointment. The student will use it to obtain information about the patient. The patient will also complete a Hearing Health Assessment prior to or at the first visit.
- **Chart Note:** Students must record when they see a patient for an appointment. If no report was written, the student must write a chart note. Rechecks, earmold impressions or fittings, hearing aid fittings, etc. must be noted.
- **Contact Log:** If the student has phone contact with a patient, this communication must be recorded on the patient's Contact Log. Students must contact their preceptor to initiate this process.
- **Attached Documents:** May include previous audiograms, previous clinic reports, reports from other facilities, etc.

AUD Reports (CAA Standard 3.1.1A)

In cases where it is necessary to write a report the following rules should be followed:

1. The first draft of the report must be submitted electronically (SharePoint) within 24 hours of seeing the patient.
2. The report must be formatted according to established guidelines. Preceptors will provide templates and sample reports for reference.
3. The report must be edited for spelling and grammar before submitting the first draft.
4. Flow Sheet must be updated as the report is submitted to preceptor and returned.
5. Report must be completed within 10 working days. Failure to achieve this will adversely affect the grade.

Maintaining Audiological Equipment/Supplies

1. **Listening Checks:** A listening check must be completed and logged every day. The first clinicians to see patients for the day will be responsible for completing listening checks. A log will be in the test side of the booths. The check will be completed using the method described in Katz. The check must be completed before seeing patients.
2. **Biologic Checks:** Students must perform biologic check on bone conduction of diagnostic audiometer.
3. **Cleaning Probes:** Clean all probe tips and otoscope tips in ultra sonic cleaner as needed.
4. **Supplies:** Students are responsible for notifying the Audiology Assistant or Clinic Staff when supplies are running low so that they may be replenished and patient care will not be affected.
5. **Forms:** Students are responsible for making copies of forms as they run low. Do not use the last copy of a form.

Keeping Clinic Areas Tidy

Students are responsible for cleaning up the sound booth, hearing aid fitting areas and hearing aid modification areas after seeing patients and at the end of the day. This includes tasks such as clearing scrap paper off the desk around the audiometer, putting away blocks or puzzles or placing probe tips in the designated location to be cleaned. It also includes turning off all equipment for students who are the last to see patients for the day. A complete list of opening and closing duties are posted in the Tech Center.

Purchasing Policy

Since the field of audiology deals with products (hearing aids, earmolds) as well as services, the student will often participate in the ordering of such items. **NO PRODUCT WILL BE ORDERED WITHOUT APPROVAL FROM THE PRECEPTOR.** The AUD student clinicians are to complete an invoice for products, and receive funds from the patient accordingly. The audiology preceptors and clinic staff will work with the student regarding the process.

End of the Semester

- **REPORTS:** All graduate students must have completed and processed all reports by the end of the semester. Failure to do so will result in an incomplete grade.
- **FINAL CONFERENCE:** Students will participate in a final conference with their preceptor. Students are responsible for scheduling a time for conference with their preceptor during finals week.

CSD 895 Class Meetings (CAA Standard 4.4)

Students will attend regular meetings while enrolled in CSD 895 Clinical Practicum. Meeting topics and discussions support clinical practicum and development of skills/competencies. Clinic policies and procedures will be reviewed frequently. Professional topics are also discussed. Meeting attendance is considered a course requirement. The meeting schedule is provided at the start of each semester.

SPEECH-LANGUAGE PATHOLOGY POLICIES & PROCEDURES

A. SLP Pre-Practicum Requirements

All first year SLP students participate in a Clinic Orientation course prior to beginning clinical practicum. The Orientation course includes review of SLP Code of Ethics, SLP Scope of Practice, and SLP Certification Standards in addition to the training required prior to client care ([outlined above](#)).

B. SLP Practicum Sequence and Progression (CAA standards 3.1B, 3.4B, 3.7B)

All practicum is supervised by licensed and certified speech-language pathologists (i.e., supervisors) (CAA Standard 2.3).

- Level 1: CSD 795, 2 credit hours (typically involves one clinic/client assignment, ~2-4 weekly client contact hours, offsite hearing/speech/language screenings, observations as assigned/available)
 - Description of Level 1 Expectations: Student demonstrates the ability to plan and carry out treatment procedures given specific supervisory direction. Demonstrates awareness of need to modify plans and procedures in future sessions. When given instructor direction to do so, implements suggestions for modifications. Implements assessment and diagnostic procedures when given specific supervisory direction for planning, interpretation, and integration of information in oral and/or written format. Writing skills emerging for technical professional needs.
 - Typically occurs first fall semester
- Level 2: CSD 795, 4 credit hours (typically involves 3 clinic/client assignments, ~6-8 weekly client contact hours, 1-2 diagnostic assignments, offsite screenings)
 - Description of Level 2 Expectations: Student requires general input to plan and implement treatment procedures. Some repetition may be necessary. Brings own ideas for treatment or modifications from relevant academic courses and independent research of evidence-based practice. Exhibits awareness of need for modification of treatment procedures and shows ability to accurately self-evaluate. Specific supervisory direction may be required for diagnostic procedures. Student seeks additional supervisory input with specific questions, if needed. Responsive to supervisory coaching on technical writing and applies coaching in new contexts.
 - Typically occurs first spring semester
- Level 3: CSD 795, 3 credit hours (typically involves 3 clinic/client assignments, ~6-8 weekly client contact hours, 1-2 diagnostic assignments)
 - Description of Level 3 Expectations: Given limited oral or written feedback from supervisor following sessions, the student can modify future sessions effectively. Less supervisory input is necessary than previous semesters. If client is carried forward from the previous semester, only very general direction should be needed, while new clients may need more specific direction from supervisor in the beginning. Student follows through effectively on all recommendations from supervisor regarding written or oral reporting. Professional writing skills are emerging and reflect knowledge base for specific disorders.
 - Typically occurs second summer semester
- Level 4: CSD 795, 4 credit hours (typically involves 2 clinic/client assignments, ~4-6 weekly client contact hours, 1-2 diagnostic assignments, offsite screenings)

- Description of Level 4 Expectations: Student independently modifies future sessions based on past performance. Identifies the need to modify treatment procedures during the session and does so effectively most of the time. Revises plans based on analysis in oral and written formats. Reports contain professional vocabulary and syntax and clearly analyze, interpret, and integrate information.
- Typically occurs second fall semester
- Level 5: CSD 797 2 externships/3 credits each
 - School related externship 8 weeks/5 days a week
 - Healthcare related externship 8 weeks/5 days a week
 - Description of Level 5 Expectations: Student relies on supervisor only for general input on planning. Implements treatment independently most of the time. Modifies treatment during the session when needed. Written products require only minor revisions. Ready for entry to CFY.
 - Typically occurs second spring semester

C. SLP Externship Process (CAA Standards 3.6B, 3.7B, 3.8B, 3.9B)

External practicum sites for speech-language pathology externships are identified initially by setting type (e.g., skilled nursing facility, elementary school, etc.). Students are required to complete one externship in a healthcare setting and one externship in an educational setting, each 8 weeks in length. Placements are assigned by the Clinic Director based on alignment with student interest, availability of supervision, and diversity of the experience. Students submit their requests in writing during Spring I semester. Best effort is made to accommodate the individual student's request for a specific geographic area when possible. Each will have an affiliation agreement in place prior to start of the externship. The course syllabi for externships will list the educational objectives. A phone conference is completed with the clinical supervisor during the externship to discuss student progress, goals, caseload information, and verify adherence to educational objectives. Any absences from externship must be reported to the Clinic Director and to the externship supervisor via preferred protocol. Near the conclusion of the externship, the student and externship supervisor provide the clinic director with site statistics. Students provide feedback regarding the site and supervisor, and externship supervisors provide feedback regarding the student and the graduate program.

D. Supervision and Supervisor Feedback (CAA Standards 3.7B, 4.6, 4.7, 4.8)

Within the Collaborative Care Clinic and at SLP Externships, clinical supervision is provided by licensed and certified speech-language pathologists and meets the requirements established by the Council for Clinical Certification (CFCC), the credentialing body of ASHA. The amount of direct supervision will be commensurate with the student's knowledge, skills, and experience and will be at least 25% of the student's total contact with each client.

Clinical supervisors provide ongoing feedback regarding clinical performance and progression towards competencies. Feedback includes written session feedback provided to the student on the secure SharePoint, written feedback on submitted clinical documentation (e.g., Session Plans, SOAPs, reports, etc.), and verbal feedback provided in supervisor meetings (before/following therapy sessions). Feedback may also include emails or other electronic communication (e.g., Teams Chat, etc.). The midterm and final performance evaluation within Typhon also serves as formal documentation of feedback and student progress. Both within the Collaborative Care Clinic and at Externships, the student clinician bears responsibility for clarifying feedback with the supervisor, incorporating feedback from the supervisor, and taking an active process in case management with the supervisor.

Students maintain access to all feedback and evaluations throughout the program via secure SharePoint folders and via Typhon.

E. SLP Evaluation of Clinical Performance (CAA Standards 4.4, 4.6, 4.7., 4.8, 5.1, 5.2)

Per [SLP Program Retention Policies](#), students must progress satisfactorily through the levels of practicum. Each semester the 795 syllabus will detail the performance evaluation process appropriate for that level of practicum. Evaluations (midterm and final) are completed in Typhon; students maintain access to their evaluations throughout the program.

Evaluation will be based on the student clinician's performance in practicum, development of clinical competencies, and any additional CSD 795 assignments. Competency requirements include sufficient ratings per clinical competency as identified in the CSD 795 syllabus for that practicum level. Regardless of level, performance evaluation requirements include a 90% overall competency rating at the end of the practicum level, which equates to an 'A' or 'B' letter grade; a grade of 'C' or below (i.e., average below 90%) is not acceptable for clinical practicum. Per [program retention policies](#), a grade of 'C' or below is not considered an acceptable grade in clinical practicum or sufficient to proceed to the next level of practicum. In the event of a 'C' grade or lower, loss of clock hours will occur. In addition to grade requirements, students must meet competency requirements at each practicum level. See CSD 795 syllabus for specific grading scale and competency requirements per level. Additional information regarding support and remediation in practicum is discussed below.

F. SLP Clock Hours and Typhon (CAA Standard 3.1B)

According to the [2020 ASHA/CFCC SLP Certification Standards](#) (V-C), SLP students must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client/patient care. At least 325 of the 400 clock hours must be completed while engaged in graduate study (thus 50 maximum hours may be carried over from undergraduate study).

ASHA/CFCC Standard V-F requires that experiences include patients across the life span and from culturally/linguistically diverse backgrounds, include experiences with various types and severities of communication and related disorders, differences, and disabilities.

Each student clinician is responsible for maintaining accurate accounting of diagnostic evaluation and therapy clinical clock hours, including during externships. Students who have attained clock hours of practicum from other academic institutions must provide the Clinic Director with verified copies of clock hours immediately upon entering the graduate program or within the first week of practicum enrollment.

Students will use Typhon for record keeping of accumulated clock hours over the course of each semester. It is constructed to allow concise categorical recording of all assessment and management practicum hours. Students will have one week from session with client to enter the hours into Typhon for supervisor approval. Failure to keep an accurate record of hours may result in time loss. Each semester after hours have been recorded and the designated supervisor has approved all hours electronically, students should notify the Clinic Assistant, who will run a report. Clock hours will be reviewed by the Clinic Director and considered when making clinical assignments. Students can monitor

their clock hours via Typhon as well. Specific instructions regarding clock hour accumulation and documentation will be provided in CSD 795 and 797 (Externship).

G. Knowledge and Skills Acquisition (KASA) (CAA Standards 3.1B, 4.6, 4.7, 4.8, 5.1, 5.2)

The development of clinical competencies is monitored via the CSD 795/797 performance evaluation process. Students are given access to their clinic evaluations each semester, but students may also review their overall progression toward their clinical competencies with their academic advisors or Clinic Director. Student competencies met in both didactic and clinical courses are tracked by the Program.

H. SLP Practicum Support and Remediation (CAA Standard 4.3)

As outlined above in [SLP Practicum Sequence and Progression](#), performance expectations increase as student clinicians move through level 1-5 of SLP clinical practicum. Though student clinician experience level and coursework are considered in the evaluation/grading process, student clinicians should demonstrate increasing independence over time. In addition to didactic instruction, student clinicians are provided with a number of supports to facilitate successful performance in practicum including:

- Performance expectations for each practicum level (as provided by CSD 795 and 797 syllabus, written and verbal expectations from each clinical supervisor)
- Collaboration with supervisor prior to client care
- Direct, ongoing clinical supervision and feedback (both verbal and written) from a clinical supervisor, as described [above](#)
- Opportunities to work with different clinical supervisors across the practicum sequence

Students are responsible for meeting both standards set forth in the syllabus: 1) rubric rating for each clinical competency and 2) composite competency performance rating. There may be instances where student clinicians do not demonstrate sufficient skills/ratings to proceed to the next level of practicum. These instances include:

1. Rubric ratings that fall below requirements for the practicum level (i.e., competency requirements)- In general, each competency must be rated '4' or '5' by final evaluation, even in the context of a ≥90% composite rating (equivalent to "A" or "B"). *Syllabi will indicate more details.*
2. Substandard composite performance- To progress to the next level of clinical practicum, an average final rating of 90% or above is required (equivalent to "A" or "B"). Per [program retention requirements](#), a "C" grade (<90%) would not count toward graduation requirements and clinical clock hours will not count toward required clinical experiences.

In these instances, additional support and remediation will be provided. **Support Plans** are developed when the first instance above occurs (i.e., rubric rating(s) that fall below practicum level requirements, as outlined in syllabi). Support Plans are typically addressed in the subsequent semester. **Remediation Plans** are developed when instance two occurs (i.e., substandard composite performance) and full repetition of a practicum level is required.

For both Support Plans and Remediation Plans:

- Feedback and direct instruction regarding the substandard performance will be provided, whether pertaining to specific competencies or composite performance concerns
- An individualized plan will be developed. The Clinic Director will be responsible for monitoring the plan.
- The student will be afforded an additional opportunity to demonstrate the required skill(s).

- In circumstances of substandard composite performance (i.e., average final competency rating falls below 90%), the additional opportunity to demonstrate the required skills will include repetition of a practicum level within the clinical sequence. Students should understand that this will delay program completion. In line with the [MSU Graduate College Clinical and Field Placement Policy](#), program dismissal may occur if the student clinician does not demonstrate the expected level of performance following support, remediation, and the additional practicum opportunity.

I. SLHC/SLP Practicum Requirements and Clinical Service Delivery

Collaborative Care Clinic SLP Practicum Overview

SLP practicum assignment within the MSU Collaborative Care Clinic includes seeing clients for requested services at the weekly caseload level outlined in the progression above. Providing satisfactory clinical service will include activities that do not occur during the scheduled visit, such as documentation, researching resources planning activities, meetings with clinical supervisor, and conducting follow-up contacts. All such activities will be approved by the student's supervisor. Practicum assignment also includes maintenance of the clinic facility, including materials and equipment.

SLP Scheduling Information- Onsite Clinical Practicum (CAA Standard 3.6B and 3.7 B)

Clinic scheduling is established before each academic semester. The clinic schedule is available in the clinic the week before classes begin. Students' past assignments will be reviewed prior to assigning for subsequent semesters to ensure a variety of clients across the life span and depth and breadth of scope of practice.

The clinician is directly responsible to the assigned supervisor regarding all client management decisions. Everything pertaining to diagnostic evaluations, management, parent involvement, referral, etc., must be discussed and approved by the supervisor. In turn, all decisions pertaining to scheduling, room, time, day, etc. must be approved first with the supervisor and finally the Clinic Director.

All clinic schedule changes must be approved by the supervisor and then the Clinic Director's office. The clinician is not to change appointment times, except according to the stated procedure. Inform the Clinic Director, in writing, of any schedule changes agreed upon by the parties affected. A Schedule Change Form is to be completed on Teams to notify the Front Office of any schedule changes (e.g., room changes, time changes, etc.).

Decisions regarding patient dismissal are primarily the responsibility of the assigned clinician and supervisor. Consultation may also be needed with the Clinic Director. If occurring outside the typical disposition process (discussed below), written notification of the decisions regarding patient dismissal must be made to the Clinic Director.

The Master SLP Clinic Schedule is maintained in the main clinic office.

Utilization of Therapy Materials & Clinic Space

Although the clinic attempts to supply numerous and varied therapy materials for practicum use in treatment, students may wish to initiate a personal collection of stimulus materials. Therapy materials are available for checkout. Students must follow proper procedures for checkout of clinic materials.

Before a treatment session, student clinicians should ensure the cleanliness and safety aspects of all materials to be used. Consider how materials will be housed as treatment is delivered. Students are responsible for cleaning therapy rooms after use. At the end of a session, the procedures described above under Infection Control must be followed, as well as the general guidelines regarding use of clinic space. Students will also be asked to monitor clinic inventory as it pertains to therapy materials and keep shared spaces organized and tidy as part of professional duties.

Family Involvement: (CAA standard 3.1.1B, 3.8B)

The quality and quantity of client-family interaction is a major influencing factor affecting skill development in communication for clients of all ages. Professional literature has increasingly stressed the desirability of family/caregiver involvement in treatment for communication disorders. The student clinician is responsible for initiating family involvement procedures when deemed appropriate for the case. Extent and progression of family involvement should always be approved by the clinical supervisor prior to initiation. Activities in which families may participate during session time include:

- Discussion and clarification of case history data
- Observation of treatment/service delivery
- Discussion of information related to treatment (e.g., objectives, materials, instructional strategies, etc.)
- Explanation and demonstration of techniques and materials to incorporate outside the Clinic setting

Patient/Care Partner Conferences: (CAA standard 3.1.1B, 3.8B)

The student and supervisor will discuss results of diagnostic evaluation information, treatment objectives, and/or recommendations prior to client/parent conferences. The supervisor will be present for all family/parent/client conferences unless deemed otherwise by the supervisor. The student clinician should be thoroughly prepared before the conference. The student clinician should then verbally present a comprehensive report regarding pertinent client information at the conference and be prepared to address questions regarding the case.

Overview: SLP Documentation & Reports (CAA Standard 3.1.1B, 3.8B)

To develop clinical writing skills, practicum students are required to prepare daily session documentation and numerous clinical reports during a semester (see full descriptions below). Pertinent references are the Treatment Resource Manual for Speech-Language Pathology, 7th Edition (Roth & Worthington, 2025) and Assessment in Speech-Language Pathology, 7th Edition (Shipley & McAfee, 2025). Students are also provided with templates and sample reports, as well as instruction during their CSD 795 seated coursework. The Missouri State Writing Center is also a campus resource for guidance in writing skills. (CAA Standard 4.9)

Billing/Attendance Logs & Client Disposition

Attendance logs for clients receiving ongoing services will be provided to student clinicians by the Front Office, kept in the client's working SharePoint file. The original attendance calendar, providing the full semester dates of services, will be given to the Front Office at the end of the semester. The Front Office should be notified if any diagnostic or CPT codes change throughout the semester.

SLP student clinicians are to complete a Client Disposition immediately upon completion of an evaluation/diagnostic and at the end of each semester of treatment. The Disposition indicates recommendations regarding the client's status (e.g., recommending for therapy, continued therapy,

discharge, etc.) The appropriate ICD-10 diagnosis code and CPT codes are to be completed. The clinician will consult with the supervisor regarding the appropriate codes. The decision regarding coding is part of the learning experience in determining diagnosis and treatment.

Daily Documentation

The student clinician will prepare a Session Plan prior to each session and a SOAP note summarizing each session, though format will depend on practicum level in the program. Each supervisor will specify deadlines or any additional specific requirements. Daily documentation for ongoing clients is stored in the client's SharePoint folder.

SLP Diagnostic Evaluation Reports

A diagnostic report is to be generated for any patient evaluation. A Diagnostic Report Template is available for reference on Teams, as well as sample diagnostic reports. Supervisors may also provide additional guidance regarding report format. Each SLP diagnostic evaluation is required to have a prognostic statement at its conclusion. A written summary of findings and score test protocols are due within 48-72 hours following the evaluation, with full diagnostic report to follow after review of supervisor feedback. The supervisor critiques the technical writing and report content. After having this draft returned, the clinician prepares the revised copy of the diagnostic report. All drafts are saved. Once finalized, it is submitted to the supervisor for approval and signature. The original report is added to the client's file, and copies are sent to agencies and/or individuals as requested and authorized. Punctuality in submitting clinical reports to the supervisor is considered an important aspect of the student's demonstration of professionalism.

SLP Treatment Plan (Goal Proposal) & Summary Reports

Treatment Summary Reports are written on every client served in the clinic regardless of the enrollment length. The purpose of the report is to record pertinent information regarding the client's disorder characteristics, goals and objectives, client response to therapy, progress achieved and recommendations for future management and planning. These reports also serve as useful guides for future clinicians when outlining therapy goals for the client, ensuring continuity of service. If a client has received only a few treatment sessions prior, the content and length of the report would be modified dependent upon that client's needs. A Treatment Plan (Goal Proposal) document will be generated as a working document for treatment planning purposes between the student clinician and supervisor, and the content of this document will be incorporated into the Treatment Summary.

The format used for Treatment Summary Reports should be followed carefully. Student clinicians can refer to templates provided. The student clinician must learn to describe each client's behavior and skilled treatment accurately and specifically. The first part of the report (through the Treatment Strategies section) is prepared in rough draft form by the clinician and is submitted electronically to the supervisor for editing and comments. Deadlines are set by the supervisor, and supervisors may have different deadlines for each portion of the report. Student clinicians and supervisors will agree on a notification system for each draft. After the initial draft, the student will make a copy of the supervisor's revised draft naming this "Draft 2, Draft 3, etc." They will accept all supervisor track changes and highlight any changes made from supervisor suggestions. The student is responsible for proof-reading the final report before submission to supervisor for signature. Final Treatment Summary Reports are added to the client's permanent file for reference. It is essential that the final copy be specific, concise, objective, and accurate.

SLP Discharge Summary

When a patient is discharged from therapy, the Treatment Summary may be used as the Discharge Summary and noted in the disposition section and recommendations section of the report. At times, a supervisor may request that a Discharge Summary be completed. Procedures for processing the report should follow those used in processing final Treatment Summaries.

CSD 795 Attendance Policy

Clinic grading is an assessment of the student's development of clinical skills, based on performance over the course of the semester, in scheduled practicum. Consistent attendance allows clinical supervisors to sufficiently facilitate skill acquisition and to observe the student's growth over time. Absence/cancellation of clinic sessions is ONLY expected in the case of illness or emergency. Vacations/travel should not be scheduled during dates when the student is enrolled in practicum. Specific circumstances or accommodations can be addressed with the clinical supervisor and clinic director (see below).

The minimum expected attendance rate is 90% (includes excused or unexcused absences) of scheduled sessions for each assigned client. Each unexcused absence results in final grade reduction of 5 percentage points. An attendance rate below 90% will result in a meeting with the supervisor and clinic director to discuss student performance and determine need for support and/or program modifications. In some cases, excessive absences may result in extension of the program because the student may require additional time to demonstrate clinical competency. Repeated issues/concerns with attendance across semesters may also lead to concerns about professionalism (please see CSD Professionalism Policy).

****Special circumstances or accommodations will be considered on an individual basis. If you have a concern about potential or anticipated absences, please make an appointment with the clinic director right away to discuss.**

Excused absences from clinic may include: illness, death in the family, primary caregiver responsibilities, jury duty, university-sanctioned events, emergency situations within immediate family, other special circumstances approved by clinic director. A doctor's note or proof of emergency may be requested.

Unexcused absences include: vacation, travel, traffic, outside work schedules, class assignments, hearing/speech screenings, non-emergent family or social events (e.g., weddings, reunions)

CSD 795 Practicum Class Meetings (CAA Standard 4.4)

Students will attend regular meetings while enrolled in CSD 795 Clinical Practicum. Meeting topics and discussions support clinical practicum and development of skills/competencies. Clinic policies and procedures will be reviewed frequently. Professional topics are also discussed. Meeting attendance is considered a course requirement. The meeting schedule is provided at the start of each semester.

Missouri State University
Speech-Language-Hearing Clinic
901 S. National Avenue
Springfield, MO 65897
Phone: (417) 836-5275 Fax: (417) 836-7662

Authorization for Use and Disclosure of Protected Health Information

All disclosures are in compliance with Federal and State laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), governing the use and disclosure of Protected Health Information (PHI).

Print Name of Patient/Client

Date of Birth

Previous name under which records may be found

I hereby authorize the Missouri State University Speech-Language-Hearing Clinic ("Clinic") to:

____ Disclose/Release to ____ Obtain from ____ Communicate via phone and/or email with

Name of Person and/or Organization

Phone

Fax

Address

City

State

Zip

Email Address

INFORMATION REQUESTED: I hereby agree to this authorization and understand that it must contain Personally Identifiable Information and PHI as defined by HIPAA to ensure accuracy. I understand I have the right to limit the type of information obtained and/or released and to revoke this authorization by submitting a notice, in writing, to the Clinic's Privacy Officer. **This authorization will EXPIRE one (1) year from 'Date of Signature'.** If I choose to limit information obtained, I understand that the Clinic will be informed that portions of the record have been withheld. I understand that information disclosed may be subject to re-disclosure by the recipient and will no longer be protected by the Clinic. The University and its staff are hereby released from any legal responsibility or liability for disclosure of the below information to the extent indicated and authorized herein.

Medical/clinical records as indicated below:

____ Audiograms
____ IEP

____ Diagnostic Reports
____ Treatment Summaries

____ OTHER: _____

Covering the periods of health care:

FROM: _____ (date) TO: _____ (date)

Patient/Client or Legal Guardian Signature

Date of Signature

Relationship to Patient/Client

Witnessed by (if signature is a "Mark")

Clinic Representative Signature (Clinician)

Supervisor Signature

Note to Recipient: This information has been disclosed to you from records whose confidentiality is protected by Federal and State laws and prohibits you from further disclosure without the written consent of the person to whom it pertains. Charges may apply for copies of medical/health records.

Missouri State University Speech, Language and Hearing Clinic

EMERGENCY MEDICAL SYSTEM (EMS)

Name: _____
Client, Faculty, Staff or Clinician

Contact Numbers: _____
Client, Faculty, Staff or Clinician

Please list individuals that may be contacted in case of emergency; Parent, guardian, spouse, etc.:

Name: _____ Relationship: _____
Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____
Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____
Home: _____ Cell: _____ Work: _____

Medical History: _____

Pertinent Medical Problems: _____

Medications: _____

Physician: _____ Preferred Hospital _____

If a life threatening situation occurs and it is perceived necessary by the professional, I give permission for the Emergency Medical System to be activated by calling 911.

I declare the above information is current; if the information changes I will contact the Speech Language Hearing Clinic to complete a new form.

Name _____ Date _____
Client, Parent or Responsible Party, Faculty, Staff or Clinician

Name _____ Date _____
Client, Parent or Responsible Party, Faculty, Staff or Clinician

Name _____ Date _____
Client, Parent or Responsible Party, Faculty, Staff or Clinician

Please return this form to the receptionist when completed.



Missouri State
UNIVERSITY

Likeness Release Policy

The undersigned hereby irrevocably consents to and authorizes the use by Missouri State University, its officers and employees, ("University") of the undersigned's image, voice and/or likeness as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse the undersigned's image, voice and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in University's products or services, as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or nonprofit. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may simply be the opportunity to represent the University in its promotional and advertising materials as described above.

Please indicate your agreement to the foregoing by signing below.

Signature _____

Print Name _____

Address, Telephone _____

Date _____

If you are under eighteen (18) years of age, your parent or guardian must sign below:

I represent that I am a parent/guardian of the minor who has signed the above release and that in that capacity University has my consent and authorization to use the name, voice and/or likeness as described above.

Parent/Guardian:

Signature _____

Print Name _____

Date _____

McQueary College of Health and Human Services

Telehealth Remote Provider Agreement

In an effort to practice social distancing during the ongoing COVID-19 pandemic, telehealth may be provided remotely by providers at their homes until the Dean of McQueary College of Health and Human Services directs otherwise.

Before providing telemedicine remotely, providers must agree to the following to ensure a safe and professional experience for both patient and provider.

1. I will maintain a private environment during treatment in order to maintain patient confidentiality and ensure that treatment interactions are not overheard.
2. I agree to only using devices for telemedicine that are running up-to-date, regularly patched operating systems.
3. I agree to use anti-virus software and keep it up to date with the most recent virus definitions.

Student Provider

Printed Name

Signature

Date

Provider

Printed Name

Signature

Date



Missouri State

U N I V E R S I T Y

REQUEST FOR SERVICES

Admission of _____
Please print name

to the Missouri State University Communication Sciences and Disorders (CSD)/Speech-Language-Hearing Clinic is requested for evaluation, habilitation/rehabilitation and other services as may be rendered to the patient/client. I understand that, consistent with the mission of the Department of Communication Sciences and Disorders:

- Services are provided by clinical teams. Each team is composed of CSD faculty, graduate student clinician(s), and such other consultative faculty as may be indicated.
 - All clinical faculty hold a Missouri license and a Certificate of Clinical Competence in Speech-Language Pathology and /or Audiology awarded by the American Speech-Language-Hearing Association, or Certification in Special Education with an emphasis in Deaf and Hearing Impaired. Clinical faculty are directly responsible for patient care and supervision.
- Services may be observed by CSD students for educational purposes.
- Services may be observed by visual and/or electronic means, and/or audio and video taped to be used by the student clinician and supervisor in the development of the diagnostic and/or treatment plan. Audio/video tapes of diagnostic/treatment sessions may be used for educational purposes in the classroom. Confidentiality of information will be honored with HIPAA Guidelines followed.
- Due to the unique university educational setting, Medicare billing is not utilized.
- Patients are responsible for payment as determined by the Client Payment Agreement. Further information can be found in the Clinic Policies and FAQ at www.missouristate.edu/csd.

I further understand and agree to the importance of consistent attendance and will make every effort to assure that I and/or the client will be present and on time for every session.

- Three (3) unexcused absences in a semester will be cause for terminating the treatment/education program.
- Frequent excused absences, late cancellations or excessive tardiness may be cause for termination of services.
- In case of illness, notify the Clinic as early as possible at (417)836-5275. Please give at least 4 hours advance notice of cancellation, unless required otherwise by emergencies.

Signature of patient; parent or legal guardian; personal representative

Date

Please print name of person signing form

Witness if signature is a "Mark"

Relationship to patient



Missouri State[™]

U N I V E R S I T Y

TELEPRACTICE CONSENT ADDENDUM

The American Speech-Language-Hearing Association (ASHA) defines telepractice as “the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation.” This means we are able to provide speech therapy/audiological services through digital meetings. The student clinician(s), supervisors/preceptors, and client/patient would join a computer-based session at the designated time and would work on the same materials or consult in the same way as an office visit. It is important to know that licensed health care providers can provide care via telehealth in the State of Missouri as specified in section 191.1145.3, RSMo.

I _____ hereby consent to engage in teletherapy and/or receive audiological services involving telepractice with the Missouri State University Speech-Language Hearing Clinic (MSU SHC).

- I understand that “teletherapy” includes treatment using interactive audio, video, or data communications.
- I understand that teletherapy also involves the communication of my medical information, both orally and visually.
- I understand the following with respect to teletherapy/teleservices:
 - I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
 - The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is confidential.
 - I understand that there are risks and consequences from teletherapy/teleservices, including, but not limited to, the possibility, despite reasonable efforts on the part of the MSU SHC, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. The MSU SHC currently uses Zoom for Telehealth to provide teletherapy services, and it is HIPAA compliant.
 - If participating in teletherapy, I understand that I am responsible for 1) providing the necessary computer, telecommunications equipment, and internet access for my teletherapy sessions, 2) the information security on my computer, and 3) arranging a location with my sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.

S P E E C H - L A N G U A G E H E A R I N G C L I N I C

901 South National Avenue, Springfield, MO 65897 • Phone: 417-836-5275 • Fax: 417-836-7662

www.missouristate.edu/csd/clinic • CSDClinic@missouristate.edu

An Equal Opportunity/Affirmative Action/Minority/Female/Veterans/Disability/Sexual Orientation/Gender Identity Employer and Institution

Teletherapy or audiological services involving telepractice has been determined to be an appropriate service delivery model for this client/patient. For speech, teletherapy will only be used if determined to be as effective as in-person treatment. If teletherapy is not deemed as effective, you will be notified and referred back to in-person treatment. For certain individuals, we ask that an adult facilitator be present in the room for assisting with technical difficulties or keeping a child on task. Teletherapy may be used as the primary means of service delivery or in combination with in-person services.

By signing below, I indicate that 1) I have received a copy of this privacy policy addendum, 2) have been provided the opportunity to discuss any thoughts or concerns regarding the policy addendum, and 3) understand its contents.

Signed: _____ Date: _____

Printed name of individual signing: _____

Relationship to client/patient, if signed by person other than client/patient: _____

Generative AI Use Policy for Audiology and Speech-Language Pathology Graduate Student Clinicians in the MSU Collaborative Care Clinic

The American Speech-Language-Hearing Association (ASHA) encourages ethical and responsible use of AI in clinical practice.¹ The ability to critically appraise clinical technologies is key for evidence-based practice.² Preparation for both ethical use and critical appraisal of AI must begin in the graduate training program if graduate students are to be prepared for independent clinical practice.

Risks associated with AI use in Clinical Settings

It is important to understand the risks related to client privacy and ethical care associated with generative AI use. Widely available platforms (ChatGPT, Claude, etc.) **are not HIPAA compliant** for several reasons³:

- HIPAA-Compliant AI is governed by legal terms within Business Associate Agreements (BAAs), which stipulate appropriate data uses and privacy terms. These types of agreements are not in effect when users interact with publicly-available platforms.
- Large tech companies, like Google, have access to such large amounts of personal data that true de-identification is challenging. Using data-triangulation, companies may be able to cross-reference de-identified records with other available information to ultimately identify individuals.

Beyond HIPAA, concerns about bias in AI should be considered. Risks for bias fall in three categories⁵:

- Input bias: Biases in the input data due to incompleteness, errors, skewed representation
- System bias: Biases in the design and development of algorithms or in processing and validation of algorithms
- Application bias: Bias in deployment of information; in other words, human biases in interpretation and application

Competency Verification in Clinical Settings

Clinical competency verification for professional certification (CCC-A, CCC-SLP) and licensure depends on demonstration of skill during clinical experiences. Clinical supervisors and preceptors attest that student clinicians demonstrate the specified skills. Many competencies require clinical writing skills. If authorship cannot be verified, clinical faculty cannot confidently assess clinical competencies.

Guidance from ASHA

ASHA advocates for safe and responsible clinical uses of generative AI tools. ASHA reminds audiologists and speech-language pathologists that without clinician expertise, **AI cannot be trusted to interpret**

¹ ASHA. (n.d.). Artificial intelligence: Considerations for CSD professionals.

<https://www.asha.org/practice/generative-artificial-intelligence-for-clinicians/>

² Benway, N.R., & Preston, J.L. (2025). Equipping speech-language-clinicians for the critical appraisal of an artificial intelligence-driven, evidence-based future. *Language, Speech, and Hearing Services in Schools*, 56(3). https://pubs.asha.org/doi/epdf/10.1044/2025_LSHSS-24-00085

³ Rezaeikhonakdar, D. (2023). AI chatbots and challenges of HIPAA compliance for AI developers and vendors. *Journal of Law, Medicine & Ethics*, 51(2023), 988-995.

⁵ Hofmann, B. (2025). Biases in AI: Acknowledging and addressing the inevitable ethical issues. *Frontiers in Digital Health*, 7, 1114105. doi:10.3389/fdgth.2025.1614105

diagnostic data, individualize care, or replace professional judgment.⁶ ASHA recommends four key considerations for clinical AI use⁶:

- 1) **Ensuring ethical responsibility:** Ensuring ethical responsibility includes awareness of state and local laws, payer regulations, and facility guidelines for generative-AI use. This would also include checking any generative text for accuracy and editing errors accordingly. It is important to understand the limitations of any AI tool.
- 2) **Prioritizing security:** When using a publicly-available AI tool, prioritizing security includes privacy protections for PHI but also other identifiers such as the name of the facility or the academic program. If using integrated technology, such as Copilot with Microsoft platforms, *AI integrations should be turned off*.
- 3) **Obtaining informed consent:** *ASHA Code of Ethics (Principle IV, Rule H)* states, “Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed.”⁷ In instances where healthcare or education facilities *do* permit AI tools for clinical use, such as for transcription of an intake interview, *clients/patients must still be informed of the risks associated with AI*, such as privacy risks.
- 4) **Citing use of generative AI:** Especially for science or research purposes, clinician-researchers should “clearly and plainly disclose” use of AI tools. Sources should be cited. Depending on state and local laws or facility regulations, clinicians may also need to disclose other uses, such as generating drafts of instructions for follow-up care, development of therapy materials, or generating a list of websites for home reference.

Permitted and Prohibited Uses

The following table provides *examples* of both permitted and prohibited uses. If you have questions, please consult with your supervisor/preceptor or the clinic director.

Permitted Uses	Prohibited Uses
○ Summarizing and synthesizing research articles or website information ○ Development of therapy materials, such as word lists, phoneme-loaded sentences/stories/reading passages, social stories, reading passages by age or reading level, etc. ○ Role play conversations to practice delivering results or difficult conversations, etc. ○ Create a documentation “key phrase lists” as a clinical resource ○ Generate synonyms for clinical writing ○ Create a sample list of treatment goals from evidence-based resources	○ Prompts containing PHI ○ Composition of chart notes, SOAP notes, and clinical reports* ○ Editing or giving feedback on clinical documentation* ○ Data interpretation* ○ Diagnostic decision making based on specific client data, including generation of treatment recommendations* *Related to competency evaluation

⁶ ASHA. (n.d.). Artificial intelligence: Considerations for CSD professionals.

<https://www.asha.org/practice/generative-artificial-intelligence-for-clinicians/ai-considerations-for-csd-professionals/>

⁷ ASHA. (2023). Code of ethics. www.asha.org/policy/code-of-ethics/

○ Preparing meeting agendas/questions for supervisor collaboration meetings ○ Brainstorming therapy activities ○ Creating visuals for sessions or client counseling ○ Generating ideas for how to simplify or add complexity to verbal/written commands, etc.	
--	--

University AI Policy

Per Missouri State University Information Security, the following AI tools are not permitted for use with highly restricted information: Microsoft Copilot (Basic), Microsoft 365 Copilot (Premium), Microsoft Teams Premium, Zoom AI Companion, ChatGPT Business, Claude Team, Personal AI services (like free and paid versions of ChatGPT, Claude, and Copilot), Read.ai. For further information on permitted AI tools at Missouri State, review here: [Article - AI Tools for University Use](#)

When to Cite AI Use

Please disclose any use of AI related to clinical practicum, including development of clinic/therapy materials, to your preceptor or supervisor. This can be done in notes or comments on your documents. Citations should identify the AI tool that was used, the date of the use, and the prompt or description of the generated content. Use [APA style](#). If a document is shared with clients, such as tips for home care, consult with your supervisor first regarding appropriate use disclosure and how to cite. Contact your supervisor/preceptor or clinic director with any questions.

Accountability Structures

Clinic and program policies regarding HIPAA violations and professionalism will serve as accountability structures for violation of the AI Use Policy, depending on the nature of the issue. Please refer to your *Graduate Student Clinician Handbook* and your *Academic Handbook* for additional information.

Review of Policy

This policy will be reviewed annually by clinical faculty in audiology and speech-language pathology, in conjunction with MCHHS IT staff. Students are encouraged to give feedback at any time.