Aphasia Center
Clinical Handbook
2011-2013
INTRODUCTION
• The Aphasia Center

CONTENT OF THIS CLINICAL HANDBOOK

CERTIFICATION INFORMATION
• The American Speech-Language-Hearing Association (ASHA)
• Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology
• Standards and Implementation Procedures for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology

APHASIA CENTER POLICIES AND PROCEDURES
• Preparing for Aphasia Center Placement
• Student Clinician Orientation
• Client/Clinician Schedules
• Scheduling Changes
• Preparing for the First Session
• Preparing for Subsequent Sessions
• Client Diagnostic Evaluations and Diagnostic Reports
• Patient Files
• Aphasia Groups and group Binder/Box
• Co-treatments
• Aphasia Center Outings and Parties
• Documentation of Clinical Practice
• Ongoing Responsibilities
• Client Reassessments
• Standard Aphasia Therapy Programs
• Family Meetings
• C-Speak Aphasia
• Aphasia Rounds
• Research Opportunities
• Counseling In-Service Requirements
• Required Interdisciplinary Activities
• Required Reflective Writing (Journaling) Exercise
• Student Folders
• Student Practicum Contract
• Shared Resource Binder
• Room Schedule
• End of Semester Treatment Plans for Incoming Clinicians
• Materials
  o Tests
  o Treatment Materials
  o Boardmaker/Speaking Dynamically Pro
• Aphasia Case Discussion (CD) Groups

GENERAL CLINICAL POLICIES AND PROCEDURES
Total Hours
• Policy for Documentation of Supervised Clinical Hours and Clinical Practicum Evaluations
  o Submission of Completed Forms
  o Storage of Clinical Documentation
  o Location of Forms
• Evaluation of Clinical Competency
  o Non-passing Grades in Practicum
  o Mediation
• Evaluation of Supervision and Practicum
• Professional Conduct
• Professional Decorum
  o Dress
  o Verbal
• Therapy Rooms
• Confidentiality
  o Verbal
  o Confidentiality Guidelines
• Digital Recording of Sessions
• Supervision
• Referrals
• Contact with Family and Professionals
• Client Plan of Care
• Cancellations and Absences
• Professional Practice
  o Punctuality
  o Holidays/Cancellations
  o Snow Cancellations
• Safety Procedures
  o Medical Emergencies
  o Security Incidents
  o Fire Evacuation Procedures
This confirms that I have received the Aphasia Center Clinical Handbook of the Graduate Program in Communication Sciences and Disorders. It has been reviewed by faculty and I have had an opportunity to ask questions regarding the content.

Print your name: ________________________________

Sign your name: ________________________________

Today’s date: ________________________________
INTRODUCTION

The clinical handbook is designed to assist students throughout the clinical practicum in the Aphasia Center within the Graduate Program in Communication Sciences and Disorders. The handbook includes clinical policies and procedures, American Speech-Language-Hearing Association (ASHA) standards, and operating guidelines and procedures for the Aphasia Center.

The MGH IHP Aphasia Center within the Speech, Language and Literacy Center

The Speech, Language and Literacy Center (SLLC) is operated by the Department of Communication Sciences and Disorders at the MGH Institute of Health Professions. The Aphasia Center is a part of the SLLC and is exclusive to second year CSD students. It is considered to be an advanced clinical placement. The clinical education experiences within the Aphasia Center have been designed to integrate science, theory, and practice under the mentorship and direction of licensed CSD faculty supervisors. This clinical experience is designed to promote knowledge and skills integration and to meet knowledge and skill standards established by the American Speech Language and Hearing Association.

The Aphasia Center provides assessment, and intervention services in the areas of speech, language, and literacy to adults with acquired communication disorders; specifically aphasia, dysarthria, apraxia of speech and cognitive disorders. Research in the area of acquired disorders is also completed within this Center. The Aphasia Center does not discriminate in the delivery of professional services on the basis of race, ethnicity, gender, age, religion, national origin, sexual orientation, or the ability to pay. Aphasia Center services are provided free of charge, though a nominal clinic support fee is requested each semester. The graduate student clinicians are assigned to the Aphasia Center for a 14-week semester and work under the supervision of ASHA certified and state licensed faculty. Student clinicians perform the services provided at the Aphasia Center. The student clinicians provide individual treatment sessions to approximately 5-7 clients per week. Most clients participate in therapy sessions twice weekly for one hour individual sessions and at least one hour of group therapy. Many clients will require completion of an initial diagnostic assessment or periodic re-assessment. Generally, six graduate students each term are assigned to this practicum, and supervised by two full time faculty supervisors. The faculty on each case is the individual responsible for all aspects of that client’s care and co-signs all documents. Supervision is provided through direct observation, collaborative hands on work with clients, review and revision of all documentation, and bi-weekly case discussion groups which may include video review of sessions. Students are generally observed directly by their faculty supervisor 50% of the time initially with
a goal of increased independence over the course of the semester. ASHA standards require 25% direct observation. There is always a licensed faculty member on site and in charge at the Aphasia Center when clients are being seen.

The Aphasia Center program is coordinated by CSD department faculty members Eileen Hunsaker, MS CCC-SLP and Marjorie Nicholas, PhD CCC-SLP. Eileen Hunsaker is the primary coordinator and supervisor and Marjorie Nicholas and other faculty members serve as supplementary supervisors.

CONTENTS OF THIS CLINICAL HANDBOOK

The first segment of this clinical handbook provides students with information about the American Speech-Language-Hearing Association (ASHA), requirements for the Certificate of Clinical Competence. The second segment of this handbook describes the policies and procedures which students are required to follow during clinical practicum.

CERTIFICATION INFORMATION

The American Speech-Language-Hearing Association (ASHA)

ASHA is the national scientific, professional, and credentialing association for speech - language pathology/hearing scientists. ASHA promotes appropriate academic and clinical preparation and provides opportunities for continuing professional development to keep practitioners current with the latest knowledge. ASHA can be reached at: www.asha.org or 800-498-2071.

Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology

The CAA is ASHA’s accrediting body. The MGH Institute master’s education program in speech-language pathology is accredited by the CAA. The CAA can be contacted at: ASHA , 10801 Rockville Pike, Rockville, MD  20853 (301-897-5700).

Standards and Implementation Procedures for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology

Students are oriented to the Standards and Implementation Procedures for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology in the
context of their clinical practicum seminar during their first term of enrollment in the program. Standards and procedures for application for membership and certification are reviewed during clinical seminars prior to graduation. ASHA approved a new set of standards for the CCC, which went into effect January 1, 2005.

**APHASIA CENTER POLICIES AND PROCEDURES**

**Preparing for Aphasia Center Placement**
Prior to starting a placement within the Aphasia Center, it is recommended that student clinicians review notes from Aphasia Class, CD 839. Textbooks that will be helpful include the *Manual of Aphasia and Aphasia Therapy* and *Aphasia and Related Neurogenic Language Disorders*.

It is helpful to review the administration and scoring of the *Boston Diagnostic Aphasia Examination-3 (BDAE-3), Standard Form, Boston Naming Test (BNT)*, and the *Cognitive Linguistic Quick Test (CLQT)*.

**Student Clinician Orientation**
All Aphasia Center student clinicians are required to complete an orientation with the primary supervisor. This meeting will take place approximately one week before the beginning of direct client contact. During this meeting, caseloads will be assigned and client/clinician schedules will be provided. Also, the supervisor and student clinicians will provide each other with their contact information (phone number). Many of the following topics will be discussed and explained during the orientation.

**Client/Clinician Schedules**
Aphasia Center supervisors will provide each student clinician with a therapy schedule approximately one week prior to the beginning of the semester. This schedule will be provided electronically and will include individual session times, the required group times as well as the required clinical case discussion group meetings (CD Groups).

**Scheduling Changes**
The clinical faculty conducts all scheduling and schedule changes. Clinicians must not change their client’s session time without first clearing changes with their supervisor.

**Preparing for the First Session**
Upon caseload assignment, client files should be carefully reviewed. Each file will contain the information outlined below. The past semester’s student clinician will have placed a Client Treatment Plan and the most current SOAP note in the front of each file. Please use these documents in planning your sessions. These will include details about client goals and performance as well as informal information about client’s personalities and needs. The treatment plan should also have noted the date, time, and room number of a previously recorded treatment session that can be reviewed on the viewing system. Please review at least one previous digitally recorded session per client prior to meeting the clients. Contact information for the last student clinician should also be provided. It is recommended that incoming student clinicians contact the last student clinician to exchange client information. (Please see Confidentiality Guidelines below).

If needed, student clinicians may schedule to meet individually with the supervisor to discuss the clients on the caseload.

Please contact each client prior to their first therapy session to remind them of the time and date of their first session that semester. (Clients receive their schedules during the final week of the previous semester). Clients/caregivers may be contacted via phone and/or email. Client contact lists will be provided electronically prior to the start of the semester.

The initial session is primarily spent in rapport-building, or “getting to know each other”. Students should use this time to become familiar with the communication skills of each client and to ask questions about each client (students should have some previous knowledge about each client from the file review). It is helpful for the student clinician to prepare and present personal information to share with the client. Appropriate examples include short photo albums, scrapbooks, or slide presentations.

Please prepare and give each client/caregiver your contact information, including phone number and email address, for communication of cancellations, illness, etc.

Supervisor/Client Sessions
The supervisor will conduct a client therapy session with many of the clients once within the first three weeks of the semester. The schedule will be determined by the supervisor and will allow the student clinician to observe a master clinician providing treatment to a client. Student clinicians are invited to participate in these sessions.

Preparing for Subsequent Sessions
Treatment tasks should be administered in the second session of the semester. To determine appropriate tasks, please use the information from the previous semester’s
treatment plans and SOAP notes, including the goals, and from the client sessions to be completed by the supervisor. Generally, the client completes approximately three treatment activities for each 50 minute session. It is recommended that additional therapy activities be prepared and available.

**Client Diagnostic Evaluations and Diagnostic Reports**
Each clinician will be required to complete a minimum of one diagnostic evaluation and diagnostic report. This can either be completed on a client that is new to the Aphasia Center or with a client who has been attending the center for at least two semesters. The supervisor will assign a minimum of one client per caseload for assessment.

Diagnostic testing should begin during the first session. This includes the completion of a client/caregiver interview where a detailed case history/background information will be completed. Assessment measures that should be completed include the *BDAE-3 (Standard Form)*, the *Boston Naming Test*, and the *Cognitive Linguistic Quick Test*. Other testing measures may also be required as per supervisor recommendation. Audio recording of the assessment is recommended.

Diagnostic reports should include concise written background information, testing scores and interpretation, impressions, plan of care, and, long- and short-term goals. Multiple revisions of diagnostic reports may be required. Report due dates will be assigned by the supervisor.

**Patient Files**

Each client has a hanging file with a manila folder in the short filing cabinet in the aphasia workroom. Report to your supervisor any missing materials.

New and ongoing client files should contain:
- A completed intake form
- A completed case history form
- A signed digital recording release form
- An attendance sheet
- Medical records or other information from outside facilities
- Dated diagnostic protocols (BDAE, BNT, CLQT etc)
- Diagnostic reports and monthly SOAP notes
- Audiotapes (when applicable)
- A file organization checklist

**Aphasia Groups and Group Binder/Box**
Students are required to plan and implement Aphasia Center Groups. These may include, but are not limited to, a Discussion Group, a Movie Group, and Wii group. Conversation group will meet as a whole two weeks per month and will be
alternated with two smaller groups (group split in two) the other two weeks of the month. The responsibilities of the student clinicians during the conversation group include assisting clients in understanding the conversation within the group by writing notes for them and by clarifying information. They are also responsible for making sure the conversation remains ongoing and that all members who wish to contribute to the conversation have an opportunity to do so. In addition students should use their best judgment to guide the conversation away from offensive or politically incorrect topics should these arise. The group box and binder (found in the Aphasia workroom on the tall metal bookcase) should be taken to each group. Client name tags, found in the group box, should be distributed during each group and collected at the end of the group. Minutes for each group will be recorded in the Group binder.

The client’s spouses/caregivers have chosen to have their own support group simultaneous to the Aphasia Conversation group. This group is held independently from the Aphasia Center student clinicians or supervisors. There are no student responsibilities for this group.

Movie Group (Fall and Spring Semester only) takes place on Thursday mornings from 10-11:30 am. The six student clinicians will be divided in pairs which will each be assigned to implement movie group for 4-5 consecutive weeks. Each pair of students will be rotated through this group. Please refer to the Movie Group Protocol for details on planning and leading this group.

Students are responsible for preparing the classrooms assigned to the groups ahead of time to accommodate the needs of the group and for returning the classroom chairs and tables to the former configuration after the group.

**Co-Treatments**

Various clients are seen once weekly in a co-treatment with another client where social skills can be practiced and therapeutic tasks can be shared. These are particularly prominent during the Summer semester. Each client who participates in a co-treatment will also be seen individually once weekly with his/her primary clinician. Occasionally, the primary clinician will not be present in the co-treatment session, and it will be the responsibility of the clinician assigned to the co-treatment to implement the co-treatment session. It is the primary clinician’s responsibility to complete the client’s monthly SOAP note, including any important data or findings from the co-treatments.

**Aphasia Center Outings and Parties**

Students are required to collaborate in the planning and implementation of a group outing that will generally take place during the last week of the treatment semester. All clients, spouses/caregivers, supervisors, and students will be invited to the outings. Please contact the supervisor regarding the given budget for each outing/party.
Documentation of Clinical Practice

All drafts of clinical documentation should be computer generated, edited, and proofed for grammar, spelling, and punctuation prior to submission. Students should make every effort to complete documentation as if every draft were a final draft. Monthly S.O.A.P. notes are required where the client's attendance, participation, data, and progress toward goals will be reported. Revision of goals and establishment of new goals should be included as appropriate. During the semester, a total of three progress notes will be written. SOAP notes will be sent to the supervisor via email, using the client’s initials only. Due dates for the notes will be specified in the student practicum contract. Supervisors may require revisions of these SOAP notes and supervisors may request a due date for revised reports. Final drafts of documentation must contain no errors and should be printed out with the client’s name (not initials). Weekly Lesson Plans are not required.

Handwritten documentation, such as clinical hour forms, should be completed in black ink. No White-Out is allowed. Cross out mistakes with a single black line and have them initialed by your supervisor.

Ongoing Responsibilities

1. Attendance should be documented for every session
2. Diagnostic reports and SOAP notes should be filed as soon as they are completed and signed by the supervisor;
3. File information should be maintained in the order listed on the file organization checklist contained in the file

Client Reassessments

Clients should be reassessed approximately every six months. Results of the reassessment will be included in the monthly SOAP note unless otherwise indicated.

Standard Aphasia Therapy Programs

Student clinicians may learn to administer the following aphasia therapy programs that they learned about in their aphasia course, depending on the treatment plan of their particular clients: (This is not an exhaustive list)

- Melodic Intonation Therapy (MIT)
- Voluntary Control of Involuntary Utterances (VCIU)
- Boardmaker (for Communication Notebooks)
- Treatment of Aphasia Perseveration (TAP)
- Sentence Production Program for Aphasia (SPPA)
- Verb Network Strengthening Treatment (VNeST)
- Various treatments for anomia
- Response Elaboration Treatment (RET)
- Anagram Copy and Recall Treatment (ACRT)
- Multiple Oral Rereading
- Various drawing therapy programs
- Amerind gesture training

**Family Meetings**
Student clinicians will conduct family/caregiver meetings at midterm and at the end of the semester. Clients may choose to participate in this meeting. Client performance and progress will be discussed, and family/caregiver will be educated regarding appropriate tasks or techniques that can be implemented outside of the therapeutic environment.

**C-Speak Aphasia**
Several clients use the computerized communication system, C-Speak Aphasia, designed by Marjorie Nicholas, PhD CCC-SLP using the software Boardmaker/Speaking Dynamically Pro. Student clinicians who are assigned to clients who use this system will learn to use Boardmaker/Speaking Dynamically Pro and to edit information within each client’s computer system. The treatment manual for C-Speak Aphasia and blank score sheets are in the aphasia student workroom. Dr. Nicholas will be available by appointment for consultation regarding the use of C-Speak Aphasia.

**Aphasia Rounds**
Aphasia Rounds are held from 9:00 to 11:00 at the VA Medical Center in Jamaica Plain on the 1st, 3rd, and 5th Thursdays of each month (September-May). Students are expected to attend these rounds, except when leading client Movie Group (see above). Occasionally, an Aphasia Center client is discussed at the Aphasia Rounds, upon which the student clinician will be asked to prepare and present the findings of client’s speech and language diagnostic evaluation.

**Research Opportunities**
Participation in various research projects may be available in coordination with IRB approved faculty research projects and/or IRB approved research for a student thesis.

**Counseling In-service Requirements**
Student clinicians are required to attend and participate in the Counseling Module, which is presented each semester during CD Group. They are also required to view the Schwartz Center Educational Rounds presentation, via the internet, where spouses of two Aphasia Center clients present information about living with chronic aphasia.

**Required Interdisciplinary Activities**
During the Spring semester, students will actively participate with the clients in the Physical Therapy Health Promotions Group (as the therapy schedule allows).
Students will also be responsible for creating an in-service about aphasia and presenting it to the PT students within the Health Promotions Group.

During Summer and Fall semesters, students will participate in multidisciplinary in-services and programming as they become available or as the need arises.

**Required Reflective Writing (Journaling) Exercise**
Each student will be required to write reflectively about one client on a weekly basis. This tool is to be used as a means for student clinicians to respond to and work through evoked emotions that may come as part of this clinical experience. Writing entries will be submitted for supervisory review a week before midterm and final evaluations. Further details will be provided in the semester’s first CD group.

**Student Folders**
A file folder with the name of each student clinician will be placed in a visible place within the aphasia workroom. Students should check these folders daily as supervisor feedback forms, reviewed SOAP notes, and other printed information will be placed in these folders.

**Student Practicum Contract**
The student clinicians will provide their student practicum contract to the supervisor during the first week of the semester. The clinician is required to complete as much of the form as he/she is able, including the Contract Clinical Growth Goals, and will sign the form. The supervisor will complete the remainder of the form, sign it, and return a copy to the student.

**Shared Resource Binder**
Student clinicians are encouraged to share therapy resources that they have created or found. They may be placed in the Shared Resource Binder which is found on the tall metal bookcase in the aphasia workroom.

**Room Schedule**
Please refer to the SLLC Master Schedule for rooms that have been assigned to the Aphasia Center during that day/time. When requested, the supervisor will provide a separate Aphasia Center Room schedule. All treatment rooms are used on a first come, first served, basis.

**End of Semester Treatment Plans for Incoming Clinicians**
Prior to the last day of the semester, student clinicians are required to create a Treatment Plan for each client and place it in the client’s folders. This should include any information that you would have liked to know about each client prior to meeting him/her. Details about client goals and performance as well as informal information about client’s personalities and needs should be outlined. The treatment plan should also have noted the date, time, and room number of a previously recorded treatment session that the future student clinician can review.
on the viewing system. Please provide contact information such as email or phone number so that the future clinician may contact you, if needed. (Please see Confidentiality Guidelines below). A hard copy of each treatment plan should be placed in each client’s folder by the last day of finals week. Treatment plans do not need to be submitted to the supervisor.

Materials

*Tests and materials do not leave the building and must be used within the center.*

**Tests**
Tests are kept in alphabetical order in the tall metal filing cabinet in the Aphasia workroom, with the exception of BDAE -3 (Standard and Short Forms) and the BNT which are stored in a box on the shelves at the back of the aphasia workroom. Test manuals and forms are kept together in the files. Please keep all tests in alphabetical order.

Each test file contains original forms which are to be use for administering formal tests to your clients. Please do not use the final form in a file. Notify a supervisor if we are low on forms.

**Treatment Materials**
Treatment materials and kept in the filing cabinet in the reception room of Center 2 during Fall and Spring semesters and in the tall metal bookcase in the aphasia workroom during Summer semester (as the Center 2 space is shared with Physical Therapy during Summer semester). Materials include therapy manuals, picture cards, letter tiles etc. Sign out of these materials is not necessary though it is required that materials be returned to their place each day.

**Boardmaker/Speaking Dynamically Pro**
The two copies of Boardmaker/Speaking Dynamically Pro (used for communication boards and for C-Speak Aphasia) are kept in the Supervisor’s Room on the upper left shelf. Each copy needs to be checked-out from a supervisor and documented on the sign-out sheet provided. Copies also need to be checked-in and returned to this location.

**Aphasia Case Discussion (CD) Groups**

**Mission/Outcomes:**
Students will develop their ability to apply theory to clinical practice while learning to think critically, analyze and synthesize information, and collaborate and communicate professionally.
Structure
All Aphasia Center students participate together in faculty mentored Aphasia Center case discussion groups twice monthly for one hour. (Please refer to this semester’s CD Group schedule which is distributed electronically at the beginning of each semester). When required, students present their clinical cases for discussion. Supervisors will provide instruction on test administration and scoring, data collection and reporting, clinical documentation, client counseling, clinical excellence etc. Timely arrival and active participation are required as they serve as a formative assessment measure at the end of each term. Communicate with the supervisor prior to the group meeting time if the discussion group has to be missed due to illness or family emergency.

GENERAL CLINICAL POLICIES AND PROCEDURES

Total Hours
ASHA requires that applicants complete at least 375 hours of supervised clinical practicum that includes the evaluation and treatment of individuals across the lifespan with a variety of disorders and levels of severity. It is anticipated that a minimal of 100 hours will be completed while working with the adults within the Aphasia Center placement.

Policy for Documentation of Supervised Clinical Hours and Clinical Practicum Evaluations

Submission of Completed Forms
Completed documentation sheets for clinical practicum must signed by the supervisor and submitted to the Practicum Coordinator, Chuck Jeans, by the final day of classes each semester. All documentation must be checked by the student for accuracy prior to submission. Documentation submitted following that date will result in a grade of Incomplete for the term. Students submitting incomplete, inaccurate, and/or late documentation will receive a notation in the area of Professional Competency on their Clinical Evaluation for the term.

Storage of Clinical Documentation
Originals of hours are kept on file in the CSD Program Office. Totals are entered into a computer record maintained in the central office of the Graduate Program in Communication Sciences and Disorders and a copy is given to the students each term. Student evaluations are filed in the student’s file in the CSD Program Office. Clinical skills and Knowledge checklists as well as the ASHA KASA form are also kept in the student’s file in the Program Office. Practicum contracts, supervisor evaluations, supervisor licensure/certification information forms, and practicum
evaluations are filed in the office of the Practicum Coordinator. **Students are required to keep copies of all completed forms in their clinical portfolios.**

**Location of Forms**
Copies of forms for clinical documentation can be found online in the practicum distance learning courseware.

**Evaluation of Clinical Competency**
The clinical evaluation system is used to evaluate clinical competency and skills. All grading for clinical practice is Pass/Fail. The system uses definitions for performance in each area of competency at the advanced level of practice. The evaluation measure is correlated with ASHA standards for clinical knowledge and skills. A program emphasis is placed on developing critical thinking and self-evaluation skills.

Students are evaluated by the supervisor at midterm and during the final week of practicum each term. Self-evaluation as part of the clinical evaluation process is utilized across terms. A list of strengths, developmental goals and a plan for meeting those goals is part of each clinical evaluation and documented on the evaluation cover sheet.

Clinical evaluations are conducted in written and verbal form. Copies of written evaluations will be kept on file in the CSD Program Office.

**Non-Passing Grades in Practicum:**
Students receiving a non-passing grade in any two terms of clinical practicum will be dismissed from the Program.

There are four categories of issues that are considered grounds for **removal** of a student from a clinical practicum experience by the Clinical Coordinator. These are listed below:

1. Unethical behavior, according to the ASHA Code of Ethics, on the part of student or supervisor.
2. Unprofessional behavior on the part of the student or supervisor that is unable to be mediated.
3. Significant safety or health issues.
4. Significant and persistent deviations from accepted ASHA practice patterns across clinical contexts at the practice site.

**Mediation:**
The following areas of concern are considered grounds for the initiation of a **mediation** process. Practicum Coordinators lead mediation processes. Issues can be referred by the Practicum Coordinator to the Practicum Committee for mediation.
1. Concerns regarding the supervisory process
2. Communication breakdowns between supervisor and student
3. Personal style conflicts between the supervisor and student
4. Unprofessional behavior on the part of the student or supervisor
5. Contract issues related to time, student or supervisor responsibilities, and opportunities for learning.

Evaluation of Supervision and Practicum

Students complete a supervisor evaluation each term and submit it to the Clinical Coordinator. Supervisor evaluations are used as part of the annual review process for clinical faculty and as part of the practicum placement process by clinical practicum coordinators.

Students also evaluate the Aphasia Center practicum sites each term. Practicum evaluation forms are completed at the end of each term and are anonymous in the context of the in-house placements.

Professional Conduct

All students must adhere to the principles of ethics described in the ASHA Code of Ethics (see 2011-2013 CSD Policies and Procedures Manual for a copy of this Code). In addition, students in the CSD Program are expected to adhere to the guidelines for professional conduct as stated in the MGH Institute of Health Professions Student Handbook and the Graduate Program in Communication Sciences and Disorders Policies and Procedures Manual, as well as following all guidelines specific to the professional role of speech-language pathologists. These guidelines have been established to protect the rights of students, faculty, and clients.

Professional Decorum

Dress
During center hours, students working with clients or working on projects in the Center area should dress in a professional manner. Clothing should be neat, and skin should be covered. Clothing should fit comfortably and allow for movement. Overly tight tops and bottoms should be avoided. The following clothing and accessories are NOT appropriate to be worn in the clinic:

- Blue jeans, overalls, pants with low waist bands, shorts;
- Mini skirts; hats; message T-shirts
- Tank tops, belly shirts, low cut shirts, visible lingerie;
- Flip-Flops, sneakers, extremely high heels;
- Visible piercing other than ears

**Verbal**

Students must use language and interaction styles appropriate to the professional practice context. Supervisors and faculty have the right to make judgments and provide feedback regarding professionally appropriate verbal interaction.

**Therapy Rooms**

No eating or drinking is permitted in the therapy rooms or waiting area in the Center. No water or gum chewing is allowed during sessions. Students should refrain from bringing in water bottles to the treatment rooms. Students may eat lunch in the aphasia workroom.

Replace all materials following each session. Remove all garbage and wipe down tables with disinfectant following each session. Clean writing boards and replace pens in their appropriate slots.

Clinicians are expected to adhere to all professional dress and behavior guidelines of the SLLC that are outlined in the SLLC manual that all students received in their first year. Students must not wear perfume/cologne in the center.

**Confidentiality**

All interactions with and about clients are considered to be confidential. Students must adhere to the standards below and to additional confidentiality requirements specified by each practicum site. All email communications should include an approved privacy statement at their conclusion. Students will be instructed in this procedure during their first term in practicum.

**Verbal**

No discussions of clients should take place at any time outside of the clinical setting. Examples of outside settings and contexts include (but not limited to): waiting rooms, classrooms, elevators, restrooms, restaurants, and interactions with friends and family. Client conferences should be held in a private space and not in center waiting areas. Students will not leave messages regarding clients on voicemail machines.

**Confidentiality Guidelines**

- No patient files shall leave the center at any time.
No documentation with identifying information should leave the center at any time.
All identifying information must be eliminated on any patient related written information prior to its removal from the center.
Use only client initials on drafts of SOAP Notes, and diagnostic reports.
All computer copies of final drafts of documents containing identifying information must be deleted from disks and hard drives.
No email communications containing identifying information regarding clients are allowed.
Faxing of client information is prohibited. No identifying information regarding clients should be transmitted via email.
Digital recordings of clients are considered to be confidential information. Digital recordings may be viewed and analyzed in the clinic only.
No discussions of clients should take place at any time outside of clinical settings.
Client meetings should be held in the center room or another private space and not in the waiting or viewing areas.
Client documentation which will be filed in the client’s locked file in the Aphasia workroom.

Digital Recording of Sessions

All students must review the policy for the digital recording and viewing system. It is the student’s responsibility to know and adhere to this policy.

Purposes of Center Digital Recording:
Digital Recording will be used as an educational tool to:
- provide student clinicians with visual feedback for self-evaluation of clinical sessions with regard to client behavior and performance, clinician behavior and performance, materials usage, etc.;
- provide clinical supervisors with examples of clinical applications for use during theoretical instruction and practicum sessions; and
- for teaching purposes within the institution by faculty, as needed.

All students and faculty will agree to follow all terms set for digital recording use as determined by the Graduate Program in Communication Sciences and Disorders of the MGH Institute of Health Professions.

Supervision
Supervisors are responsible for making final decisions regarding all client care conducted by student clinicians. Supervisors must directly supervise a minimum of 25% of the student’s total contact time with each client.

**Referrals**

Students should not make referrals to outside sources without specific permission from their supervisor.

**Contact with Family and Professionals**

All interactions with persons associated with the client should be made only with specific approval of the supervisor. Supervisors are responsible for overseeing the form and content of all interactions associated with client care. Students should not interact with clients in non-professional contexts.

**Client Plan of Care**

Supervisors are responsible for all final decisions regarding client care. Discussions of alternative care plans should be conducted within the context of supervisory meetings.

**Cancellations and Absences**

Except for exceptional situations, illness is the only approved reason for cancellation by students. Student clinicians are responsible for contacting the supervisor via phone before 8 am on the day of illness/absence. S/he is also responsible for personally contacting each client/caregiver to cancel that day’s session. It is recommended that clients/caregivers be contacted by telephone as early in the day as possible (prior to 8 am). Absences for exceptional situations should be approved by the supervisor and by the practicum coordinator prior to starting the placement and will be documented on the student practicum contract.

**Professional Practice**

**Punctuality**

Students are responsible for meeting all clinical responsibilities in a timely and punctual manner. This includes preparing for and starting sessions as per the clinic schedule. All therapy sessions must begin and end on time; not early and not
late. Sessions last for 50 minutes. To allow for clean up and set up of next session, it is essential that you end your session exactly on time.

**Holidays/Cancellations**
Student clinicians are responsible for notifying their clients of holidays or cancellations. Clinicians must notify their supervisor if their client has canceled. The SLLC is a neutral entity that honors all cultural and religious beliefs and seeks to create an inclusive environment. In support of this policy, no religious holidays are celebrated or represented by the faculty and graduate students providing services in the center. This means no decorations for holidays or gifts or holiday specific activities are utilized. Clients are welcome to bring items related to their celebrations and beliefs into the center if they choose to do so.

**Snow Cancellations**
The center operates on the snow cancellation schedule of the Institute. Clinicians must call the IHP Snow Hotline at 617-724-8484 and they must notify their clients if the center is closed due to snow.

**Safety Procedures**

**Medical emergencies**
Notify the supervisor immediately. Call MGH Police and Security at (72)6-0528. The center phone is located in the video supervision room and the emergency number is posted on the phone and on the wall. In the event that the room is not accessible, notify the security guard at the front desk, which is immediately outside the center.

**Security Incidents**
Call MGH/IHP emergency number (617) 726-5400. Thefts or personal security should also be immediately reported to the CSD Program Office and to the MGH Police and Security at (617) 726-5400.

**Fire Evacuation Procedures**
Center supervisors will assume a leadership role in evacuating center clients, families, students, and they will account for everyone once outside of the building using the Center schedule checklist for that time. Students should accompany their clients out of the Center. Everyone should exit out the rear door of the building to the left as you exit the center and they must gather next to the Korean War Memorial. The last supervisor in the Center will search all therapy rooms and bathroom stalls.