

Section VII: Off-Campus Forms

The University of Texas at El Paso
College of Health Sciences
SAFE AND EFFECTIVE HEALTH CARE PRACTICE POLICY



This policy must be adhered to in order for a student to succeed in clinical health care courses.

This policy identifies the essentials of health care practice, and is complementary and supplementary to the objectives of all clinical health care courses.

All overt and covert acts which comprise the health care process must be directed toward quality care for the client/ client/ family, which promotes health.

Safe and Effective Health Care Practice is defined as all of the following: The student demonstrates knowledge about client's/client's health status within the knowledge and practice base of the student's discipline of study;

- The student demonstrates the ability to observe, report and record signs and symptoms;
- The student accurately interprets, reports and records changes in client's condition, within the parameters of the student's discipline of study;
- The student accurately performs, interprets, reports and records all client information and test results;
- The student demonstrates through overt and covert acts assurance of the delivery of quality health care;
- The student sets priorities and carries through with appropriate health care interventions related to the student's discipline of study;
- The student demonstrates the ability to evaluate and make substantive judgments relative to the quality of health care specific to his/her discipline of study;
- The student plans and administers care procedures safely, and documents such procedures correctly;
- The student demonstrates knowledge of all Quality Control/Quality Assurance for Continuous Quality Improvement in the practice setting (hospital, clinic, laboratory, etc.); and
- The student demonstrates responsibility for safeguarding the client's/client's right to privacy by judiciously protecting information of a confidential nature.

As health care professionals with a commitment to the welfare of clients/clients, the faculty of the College of Health Sciences reserves the right to refuse the opportunity to a student to care for clients or perform evaluation/testing procedures if the student's health interferes with performance or if the student gives evidence of unsafe and/or ineffective health care practice. A student may not render care, tests or evaluations when under the influence of prescribed or over-the-counter medication which may affect judgment or if the student imbibes and/or is under the influence of alcohol or illicit drugs. A student who is deemed to demonstrate unsafe practice will fail the course and be dropped from all clinical courses in which s/he is enrolled at that time.

Therefore, it is imperative that each student assume personal responsibility to be prepared for each clinical practice experience. Each student is expected to check immediately with the instructor, clinical supervisor or other appropriate agency staff if in doubt about staff when leaving the clinical area, in order to assure continuity of care for clients.

Graduate student Printed Name

Graduate Student Signature

Date

Site Supervisor Printed Name

Site Supervisor Signature

Date

**RELEASE AND INDEMNIFICATION AGREEMENT
CONVENIO DE LIBERACION DE RESPONSABILIDAD E INDEMNIZACION
(Adult Participant/ Participante Adulto)**



Participant/Participante:
(Name and Address)/(Nombre y Domicilio)

Institution/Institución: The University of Texas at El Paso
Department/Departamento: College of Health Sciences,
Dept. of Rehab Sciences, Speech Language Pathology Program

Description of Activity or Trip / Descripción de la Actividad o Viaje: Location/Lugar: Date(s)/Fecha(s): Participation in Off –Campus Practicum at assigned site: _____ for Semester Dates: _____

I, the above named participant, am 18 years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

Yo el/la Participante cuyo nombre aparece arriba, tengo 18 años de edad o más y voluntariamente he solicitado participar en la Actividad o Viaje que se especifica arriba. Reconozco que por su naturaleza, dicha Actividad o Viaje puede implicar ciertos riesgos o peligros que tal vez me causen enfermedad, lesiones o la muerte, y entiendo y estoy consciente de la naturaleza de dichos riesgos o peligros.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation. **I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD (THE UNIVERSITY OF TEXAS SYSTEM BOARD OF REGENTS), OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.**

En consideración a mi participación en la Actividad o Viaje, por medio de la presente acepto todos los riesgos a mi salud y el riesgo de lesiones o mi muerte que puedan resultar con motivo de mi participación. **En este acto libero a la Institución arriba identificada, su consejo directivo (The University of Texas System Board of Regents), oficiales, empleados y representantes en lo personal y en su capacidad oficial, de toda responsabilidad hacia mi persona, mis representantes personales, mi patrimonio, masa hereditaria, mis herederos, parientes o cesionarios con respecto a todas y cada una reclamación, causal o acción legal por concepto de pérdida o daños ocasionados a mi propiedad y toda enfermedad o lesiones a mi persona, incluso mi muerte, que puedan resultar de u ocurrir durante dicha Actividad o Viaje, SEAN CAUSADOS POR NEGLIGENCIA POR PARTE DE LA INSTITUCIÓN, SU JUNTA DIRECTIVA (THE UNIVERSITY OF TEXAS SYSTEM BOARD OF REGENTS), OFICIALES, EMPLEADOS, REPRESENTANTES U OTRAS ENTIDADES, O DE CUALQUIER OTRA FORMA.**

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

Además acepto asimismo indemnizar y liberar de cualquier responsabilidad a la Institución arriba Page 2 of 2 Rev. 10/2011 identificada, su junta directiva (The University of Texas System Board of Regents), oficiales, empleados y representantes en lo personal y en su capacidad oficial, en caso de las lesiones o muerte de cualquier persona o personas y de daños a la propiedad que puedan ocurrir como resultado de un acto intencional o de negligencia mía o de una omisión de mi parte durante mi participación en la Actividad o Viaje descrita.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

HE LEÍDO CON CUIDADO ESTE DOCUMENTO Y ENTIENDO QUE SE TRATA DE UNA LIBERACIÓN Y DESCARGO DE RESPONSABILIDAD RESPECTO DE TODO RECLAMO, CAUSAL Y ACCION LEGAL POR MIS LESIONES, MUERTE O DAÑOS A MI PROPIEDAD QUE PUEDAN OCURRIR DURANTE MI PARTICIPACIÓN EN LA ACTIVIDAD O VIAJE DESCRITO, Y QUE ME OBLIGA A INDEMNIZAR A LAS PARTES NOMBRADAS POR CUALQUIER RESPONSABILIDAD POR LESIONES O LA MUERTE DE CUALQUIER PERSONA Y POR DAÑOS A LA PROPIEDAD OCASIONADOS POR UN ACTO INTENCIONAL O NEGLIGENTE DE MI PARTE U OMISION.

Signature of Participant/Firma del Participante: _____

Date/Fecha: _____

Witness/Testigo: _____

Date/Fecha: _____



SUPPLEMENTARY INFORMATION FOR EMERGENCIES

Student Name:		Student ID:	
Home Phone:		Cell Phone:	
Address:			
City/State/Zip:			
Email:			
Emergency Contact Name:			
Relation:		Phone:	
Allergies:			
Primary Doctor:		Phone:	
Hospital of Preference:			
Insurance:		Policy #:	
Policy is in name of:			
Claims should be addressed to:			
<i>Please note: It is the student's responsibility to update the information on this form every semester.</i>			



Waiver for Hepatitis B Vaccine

I understand the risks involved for myself, a student in the College of Health Sciences at the University of Texas at El Paso, if I do not receive the Hepatitis B vaccine: I understand that this is a serious, even life-threatening disease. I also understand that I could have an antibody test done to determine if I have natural immunity.

I am willing to take these risks and do not wish to be immunized. I shall not hold the University or affiliated agency liable if I contract Hepatitis B.

Printed Name

Signature

Date

Witness

The University of Texas at El Paso
 Speech-Language Pathology Program
 Speech-Hearing and Language Clinic



OFF-CAMPUS PRACTICUM SCHEDULE

Graduate student Name:		Semester:		
Site:				
Site Supervisor:				
State Lic #		ASHA #:		
Cell Phone:		Email:		
Alternate Supervisor:				
State Lic #		ASHA #:		
Cell Phone:		Email:		
S C H E D U L E:				
DAY	ARRIVAL TIME	LUNCH/BREAK	DISMISSAL TIME	COMMENTS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
Weekly Supervisor Meeting Day/ Time:				

- Students may not be absent more than three times during each off-campus practicum experience. The student must inform the Off-Campus Clinical Coordinator and off-campus supervisor of each absence. When the student is absent more than three times for **ANY** reason, the experience may be terminated upon agreement between the off-campus supervisor and the Off-Campus Clinical Coordinator.
- Students are expected to arrive on time for the experience. Off-campus supervisor and/or student must notify the Off-Campus Clinical Coordinator when a student arrives late more than two times during the semester.
- The work and vacation schedule of the site supervisor/agency, **not the university**, is to be followed at all times during the semester, including but not limited to on-call, weekend, and evening schedules.
- **Off-Campus Clinical Coordinator is to be notified of temporary changes to the schedule – permanent changes must be submitted in writing.**

 Graduate student Signature

 Date

 Site Supervisor Signature

 Date



ON AND OFF- CAMPUS PRACTICUM IN SPEECH-LANGUAGE PATHOLOGY POLICIES AND PROCEDURES FORM

1. Students may not be absent more than three times during each off-campus practicum experience. Each practicum site will establish a procedure for notification when a student will be absent. The student must also inform the Off-Campus Clinical Coordinator, either before or on the date of said absence.
2. Students must be on time, allow adequate time to prepare for therapy sessions, and remain on site until the agreed-upon time for dismissal. After being tardy two times (more than ten minutes late), the student will be expected to remain at the practicum site an extra day for each additional tardy arrival. Extra practicum days are to be completed before the end of the current semester.
3. Student graduate students will be expected to maintain a full client schedule by midterm. The number of hours student graduate students need to complete ASHA CCC requirements is minimal. Students must complete the entire term as designated at the beginning of the experience.
4. Students are responsible for implementing approved treatment plans with appropriate procedures and materials. Graduate students will research diagnostic and therapy techniques that will enhance client treatment. Graduate students will involve family members in home assignments as needed or suggested by the supervisor.
5. Students will dress professionally and conduct themselves in a professional manner at all times.
6. Students are responsible for seeking and following through on supervisory input in planning and reporting client progress and/or problems.
7. On-site staffing, seminar, and workshops will be attended by student graduate students.
8. Student graduate students will comply with regulatory guidelines under which the on- or off-campus site (school, hospital, or agency) functions.
9. Student graduate students will demonstrate that they have purchased liability insurance, by providing the compliance monitor with a receipt before practicum begins.
10. The work and vacation schedule of the site supervisor/agency, **not of the university**, is to be followed at all times during the semester, to include but not limited to on-call, weekend, and evening schedules.

Graduate student Printed Name

Graduate student Signature

Date

Site Supervisor Printed Name

Site Supervisor Signature

Date



WRITTEN FEEDBACK OF SUPERVISION FORM

Graduate student Name: _____ Date: _____ Semester: _____

Clinical Supervisor Name: _____ Site: _____ Time Supervised: _____

Client Initials: _____ Parameter: _____ Circle: Child Adult Time: _____ to _____

Observed Strengths:

Suggestions for Improvement:

Graduate student Signature

Date

Site Supervisor Signature

Date



STUDENT OBSERVATION FORM

Graduate student Name: _____ Date: _____ Semester: _____

Clinical Supervisor Name: _____ Site: _____ Time Supervised: _____

Client Initials: _____ Parameter: _____ Circle: Child Adult Time: ____ to ____

Description of the client: (Include behavior aspects)

Description of the procedures used to meet the needs of the client:

How successful/unsuccessful were the procedures in meeting the needs of the client?
Explain. (Your perception based upon limited training.)

Questions:

Graduate student Signature

Date

Site Supervisor Signature

Date

The University of Texas at El Paso
 Speech-Language Pathology Program
 Speech-Language and Hearing Clinic



OBSERVATIONS LOG

Graduate student Name: _____ Date: _____ Semester: _____

Clinical Supervisor Name: _____ Site: _____

Age Group: C=Child (birth to 18) A=Adult (18 & over)

Parameters: A=Articulation V=Voice F=Fluency L=Language S=Swallowing C=Cognition SA=Social Aspects
 CM=Communication Modalities H=Hearing

CLIENT(S) INITIALS	DATE	CLOCK HOURS	PARAMETER	AGE GROUP	SUPERVISOR'S INITIALS

**Please attach the Student Observation Forms to this log prior to submitting form.*

The University of Texas at El Paso
Speech-Language Pathology Program
Speech-Hearing and Language Clinic



HOURS LOG

Graduate student:			Site:				Semester:			
Site Supervisor:			Alternate Supervisor:(off campus only)				Week: (off campus only)			
Parameters: A-Articulation V-Voice F-Fluency L-Language S-Swallowing C-Cognition SA-Social Aspects H-Hearing CM-Communication Modalities										
Age Group: C-Child (birth to 17:11) A-Adult (18 & over)					MINIMUM 25% SUPERVISION REQUIRED!					
Date	Client/Group Initials	Age Group	Bilingual Y/N	Parameter(s)	Minutes			Direct Supervision Minutes	Supervisor's Initials	
					DX	TX	Staffing			
For University use only.					TOTAL MINUTES			Total Minutes Supervised	Percent Supervision	

The University of Texas at El Paso
Speech-Language Pathology Program
Speech-Hearing and Language Clinic



SEMESTER HOURS SUMMARY FORM

Graduate student Name: _____ Semester: _____ Site: _____

SPEECH-LANGUAGE PATHOLOGY

Standard V-C The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech language pathology. 25 hours must be spent in clinical observation, and 375 hours must be spent in direct client/client contact. <http://www.asha.org/certification/2014-speech-language-pathology-certification-standards/>

	Hours of Evaluation/Treatment	Supervisor(s) Print Name(s)	Date
SPEECH / LANGUAGE			
Children			
Adults			
AUDIOLOGY			
Evaluation (15 hours)			
Screening			
May be supervised by CCC-SLP			
STAFFING HOURS			
TRANSFER HOURS			
From previous institutions or employment			
SEMESTER TOTAL			
TOTAL EVALUATION/TREATMENT HOURS TO DATE			

OBSERVATION (25 clock hours)	Hours		
SEMESTER OBSERVATION TOTAL			
TOTAL OBSERVATION HOURS TO DATE			

Combined Evaluation/Treatment and Observation Semester Total			
TOTAL HOURS TO DATE			

NOTE: Hours of speech-language pathology evaluation and treatment as well as all hours of audiological assessment and habilitation/rehabilitation audiology refer only to hours of CLIENT CONTACT, except for a maximum of 20 hours in client staffing and related disorders.

 Clinical Supervisor Signature ASHA Number Date

 Site Supervisor Signature ASHA Number Date

The University of Texas at El Paso
Speech-Language Pathology Program
Speech-Hearing and Language Clinic



CLINICAL AFFILIATIONS CHECKLIST

Student Name:		Student ID:	
Affiliation Dates:		Site:	
Pre-Affiliation Student Visit Completed Date:			
Did the student have to complete orientation, packet, readings, other: _____			
Compliance Clearance Confirmed- student can start rotation.			
Safe and Effective Health Care Practice Policy Form- provide copy to site supervisor.			
Release and Indemnification Agreement Form			
Suggested Supplementary Information for Emergencies Form- provide copy to site supervisor.			
Waiver for Hepatitis B Vaccine Form		N/A	
Off-Campus Practicum Schedule Form- provide copy to site supervisor.			
On- and Off-Campus Practicum in Speech Language Pathology Policies and Procedures Form- provide copy to site supervisor.			
Supervisor Credentials- copies of ASHA card and state licensing card required.			
Is alternate supervisor needed? Y/N			
Alternate Site Supervisor on File? Y/N			
Supervisor Name:		Asha#	TX #
Phone:			
Copies of ASHA card and state licensing card required.			
Written Feedback of Supervision- needs to be submitted weekly by supervisors for first 5 weeks of rotation.			
Student Observation Form and SPLP Observation Log (25 hours)- due once all hours are completed to TA.			
Speech Language Pathology Program Hour Logs- Original forms due weekly to TA no later than Mondays 7 p.m.			
Semester Hour Summary- due at end of term (see syllabus)			
Supervisor Evaluation Form- due at end of term (see syllabus)			
Competences Form- due at midterm and at end of term (see syllabus)			
Staffing Hours to Date:			
Bilingual Hours to Date:			
Observation Hours to Date:			
DX Hours to Date:			
Service Learning Opportunities Hours to Date:			
Off- Campus Visit Date Completed:			
Other:			



The University of Texas at El Paso
Speech-Language Pathology Program
Speech-Hearing and Language Clinic

GRADUATE STUDENT CHECKLIST

Before practicum begins:

- _____ Complete all compliance requirements and obtain clearance from the compliance department prior to initiating client care.
- _____ Verify receipt of site placement confirmation.
- _____ Attend orientation meeting with Off-Campus Clinical Coordinator.
- _____ Read and understand all information in the handbook.
- _____ Contact site and site supervisor 4-6 weeks prior to the rotation and inquire about additional site requirements for clearance, orientation, and paperwork.

During First Week of Practicum:

- _____ Submit a daily schedule to the Off-Campus Clinical Coordinator by date indicated on syllabus.
- _____ Read, sign and submit a copy of the Policies and Procedures document to the university monitor by date indicated on syllabus. The site supervisor and student may retain copy for reference.
- _____ Students and site supervisor in a medical setting will read and sign the Safe and Effective Health Care Practice Policy and submit to the Off-Campus Clinical Coordinator by date indicated on syllabus. The site supervisor and student may retain copy for reference.
- _____ Learn rules, regulations, policies and procedures and attend orientation of practicum site.
- _____ Read and sign any additional documents required by the practicum site.
- _____ Complete required observations prior to initiating client care.

Daily:

- _____ Make all entries on the weekly hour logs and have them signed by supervisor.
- _____ Keep weekly hour logs accessible to the off-campus supervisor at all times.
- _____ Complete all daily documentation at the site. Do not email documentation, make copies, and/or take home any client care related paperwork.

Weekly:

- _____ Turn in weekly hour logs to T.A. as outlined on syllabus.
- _____ Attend weekly staff meeting as scheduled by Off-Campus Clinical Coordinator.
- _____ Meet weekly with supervisor and discuss ongoing progress and areas of clinical development.
- _____ Obtain feedback from your site supervisor via the Written Feedback of Supervision Form.

At Midterm:

- _____ Complete midterm self-evaluation of applicable competencies.
- _____ Have off-campus supervisor complete evaluation of student using applicable competencies. Meet with supervisor to review evaluation.
- _____ Meet with Off-Campus Clinical Coordinator to discuss competency evaluations.

During Final two weeks of practicum:

- _____ Complete final self-evaluation ratings of applicable competencies.
- _____ Have supervisor complete final evaluation of applicable competencies. Meet with supervisor to review final evaluation.
- _____ Complete supervisor evaluation form and turn in to Off-Campus Clinical Coordinator.
- _____ Complete audit of semester hour log with T. A. and have off-campus supervisor sign log.
- _____ Deliver signed originals (typed or in black ink) of your semester hour summary, final evaluations and clinical competencies to the Off-Campus Clinical Coordinator by date specified.
- _____ Schedule meeting with Off-Campus Clinical Coordinator to review final evaluations and receive final grade.



OFF-CAMPUS SITE CLINICAL SUPERVISOR CHECKLIST

During First Week of Practicum:

- Orient the student graduate student and introduce the student to other site staff members.
- Educate the student regarding rules, regulations, and policies of the practicum site.
- Supervisor and student fill out the practicum schedule. Student is to submit the schedule to the Off-Campus Clinical Coordinator by the date assigned. Keep copy for records.
- Retain copy of the UTEP Policies and Procedures Document – which student signs and turns in to Off-Campus Clinical Coordinator.
- Medical setting – supervisor and student sign and retain copies of the Safe and Effective Health Care Practice Policy. Student will submit to Off-Campus Clinical Coordinator on assigned date.
- Have the student read and sign any documents required by your facility.
- Acquaint the student with materials and equipment.
- Inform the student about your expectations, e.g., responsibilities for writing and submitting weekly lesson plans, developing new materials, researching the literature for clinical strategies, or making presentations.
- Familiarize the student with paperwork, providing examples.
- Provide opportunities for student to obtain observation hours prior to initiating client care **as per ASHA requirements**.
- Students should not initiate client care until they have been cleared by the university compliance department.

Daily

- Direct supervision of a minimum of 25% of student's total contact with clients/clients, and must take place periodically throughout the year.
- Document the amount of supervision on the weekly hour logs.
- Provide regular oral and/or written feedback using the Written Feedback of Supervision Form.
- Be present on site or make sure someone with CCC-SLP is present when the student is performing therapy or evaluations. Provide copies of certification and licensure to Off-Campus Clinical Coordinator or additional supervisor may print name, ASHA # and License # on hour log. **Prior approval is needed for student to work with another supervisor.**

Weekly

- Meet with student at regularly scheduled time to review feedback, discuss progress, etc.
- Ensure weekly hour logs have been filled out and initialed for student to turn in to Off-Campus Clinical Coordinator.
- Complete weekly written feedback forms (due weekly during 1st five weeks of clinical practicum).

At Midterm

- Rate the student's performance and supervisory input level on applicable competencies on the Midterm Evaluation Form. Review with student and discuss plans for remainder of semester.

During Final Week

- Make a final rating on the Final Evaluation Form and discuss it with the student. Retain a copy for your records.
- Check, sign and initial the semester hour summary. Make sure you enter your ASHA number by your signature.
- The student will submit the **original** final evaluation to the university by the date assigned.
- If needed, meet by phone or in person, with the Off-Campus Clinical Coordinator to discuss the student's performance.