Diagnostic Clinic Procedures

A half- to full hour planning meeting with the supervisor takes place prior to a Rees Clinic evaluation, at a time determined by the supervisor and diagnostic team members. Each case is assigned one Lead and one Assistant clinician; each Diagnostic clinician will have training opportunities in both roles. Assistants for diagnostic cases will accrue evaluation hours according to ASHA standards. Clinicians complete a minimum of one or two onsite cases in lead and assistant roles, which may include Twin Oaks Montessori and other sites as assigned by Clinic Director and outlined in each term's SLHS 696 syllabus and Diagnostic Schedule. Additional onsite DX leads will be scheduled as dictated by the clinician's performance on their first

10. All test manuals and protocols should remain in the Clinic at all

Diagnostic Expectations

(Please refer to SLHS 696 Syllabus posted on Canvas)

- Review the available background information in a diagnostic case file and determine the purpose of the evaluation.
- Plan a complete, well-organized interview, appropriate for the problem and information available.
- Plan diagnostic testing or screening for the problem presented and for the client’s age and functional level, utilizing behavioral observation, non-standardized and standardized assessment measures, and instrumental procedures with the goal of completing a non-biased assessment.
- Conduct a well-organized interview, utilizing active listening strategies, appropriate to the situation and the informant with careful attention to the needs of the client and/or the family.
- Correctly administer all diagnostic and screening procedures. This includes completing test protocols, language samples, phonological analyses, behavioral checklists, etc.
- Correctly score, analyze and interpret all evaluation procedures.
- Interpret, integrate and synthesize background information from a variety of sources, observations, assessment findings in order to formulate appropriate clinical impressions and recommendations.
- Present overall impressions and recommendations to clients and or families in a complete and organized fashion using language appropriate to the needs of the listener.
- Write a complete, accurate professional report that follows the established format and which succinctly, but completely summarizes the outcome of each evaluation.
- Write an individualized letter to the client of family summarizing the outcome and recommendations of each diagnostic evaluation in language appropriate to the reader.
- Promptly complete all written documentation associated with the diagnostic clinic and the maintenance of clinic records, including information releases as necessary

Diagnostic Report Grading Rubric

Statement of the Problem - Abstract of the case

- Written in present tense, avoiding wordy and passive voice.
- Personal information included.
- *Statement of the Problem* clearly stated.
- Succinct, but includes most important, relevant info, including reason for assessment (e.g., family concerns, determination of treatment objectives, etc.)
- Do not include redundant information (date of evaluation, Rees Clinic, etc.) as it is in report heading.

History

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Evaluation of Performance in Clinical Practicum Via CALIPSO

Typically, a supervisor will complete one "final" CALIPSO evaluation for each Rees Clinic evaluation for the lead clinician and in the case of telepractice, both clinicians.

PERFORMANCE RATING SCALE

1 **Not evident:** Skill not evident most of the time. Clinician requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).

2 **Emerging:** Skill is emerging, but is inconsistent or inadequate. Clinician shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).

3 **Present:** Skill is present and needs further development, refinement or consistency. Clinician is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing clinician's critical thinking on how/when to improve skill (skill is present 51-75% of the time).

4 **Adequate:** Skill is developed/implemented most of the time

SELECTED GUIDELINES FOR PREPARING DIAGNOSTIC REPORTS AND LETTERS

FORMAT:

1. Only first page of Diagnostic Letter is on letterhead; subsequent pages on plain bond, but very few letters are more than one page.

2. Margins of one inch at top and bottom of page for reports and letters, but supervisor may change this for better page breaks.

3. Use pagination, bottom center.

4. Cannot have topic heading, e.g., **Receptive Language**, alone at the bottom of the page without additional text. Adjust page breaks accordingly.

5. Double space between paragraphs.

6. Cannot have signatures alone on page; adjust text accordingly. Allow four spaces between end of text to insert electronic signature on lines

10. Avoid wordiness, passive voice, and *is/was able/unable.*

11. Use quotation marks to indicate client's verbal responses, but in referring to test items of say adjectives within client's repertoire, italicize. Never use quotation marks around italicized text.

PUNCTUATION/STYLE:

1. Commas: In a compound sentence, use a comma if there is a separate subject in the second clause. For example:

She reported that he walked early, but he was late in all other developmental areas.

vs.

She reported that he walked early but was late in all other developmental areas.
He dresses and undresses himself and takes care of his toilet needs.

vs.

He dresses and undresses himself, and he takes care of his toilet needs.
He initiated conversation and used a variety of sentence types.

vs.