

**Western Illinois University
Speech-Language-Hearing Clinic
Department of Speech Pathology & Audiology**

**POLICIES & PROCEDURES
MANUAL**

Revised September 2018

**WESTERN ILLINOIS UNIVERSITY
SPEECH-LANGUAGE-HEARING CLINIC
DEPARTMENT OF SPEECH PATHOLOGY & AUDIOLOGY
POLICIES & PROCEDURES MANUAL**

MISSION STATEMENT
PREAMBLE
STRATEGIC PLAN

[CHAPTER 1: Introduction](#)

[INTRODUCTION](#)
[CODE OF ETHICS](#)
[PREAMBLE](#)
[TERMINOLOGY](#)
[PRINCIPLE OF ETHICS I](#)
[PRINCIPLE OF ETHICS II](#)
[PRINCIPLE OF ETHICS III](#)
[PRINCIPLE OF ETHICS IV](#)

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

[Introduction](#)
[2016 Revisions](#)
[Standard I: Degree](#)
[Standard II: Education Program](#)
[Standard III: Program of Study](#)
[Standard IV: Knowledge Outcomes](#)
[Standard V: Skills Outcome](#)
[Standard VI: Assessment](#)
[Standard VII: Speech-Language Pathology Clinical Fellowship](#)
[Standard VIII: Maintenance of Certification](#)

[FERPA](#)

[HIPAA](#)

[SCOPE OF PRACTICE IN SPEECH--- LANGUAGE PATHOLOGY](#)

[INTRODUCTION](#)
[STATEMENT OF PURPOSE](#)
[DEFINITIONS OF SPEECH---LANGUAGE PATHOLOGIST AND SPEECH---LANGUAGE PATHOLOGY](#)
[FRAMEWORK FOR SPEECH---LANGUAGE PATHOLOGY PRACTICE](#)

[CHAPTER 2: Responsibilities](#)

[POLICY: Uses and disclosures of protected healthcare information \(PHI\)](#)
[POLICY: Workforce Responsibilities For Faculty, Supervisors, Staff and Students](#)
[POLICY: WIU Clinic will limit incidental uses and disclosures of PHI](#)
[HEARING CLINIC FILES](#)
[CLIENTS OF BOTH SPEECH AND HEARING CLINICS](#)
[MEMORIAL HALL BUILDING](#)
[STUDENT/SUPERVISOR MEETINGS](#)

[PARKING](#)
[RECEIPTS](#)
[SPEECH-LANGUAGE CLINIC REPORTS](#)
[CAMERA SYSTEM \(AXIS\) & SESSION RECORDINGS](#)
[AUDIO RECORDING](#)
[COMPUTER LAB](#)
[DESTROYING OF PERSONAL DOCUMENTS](#)

[CHAPTER 4: Therapy Policies](#)

[GENERAL INFORMATION AND REQUIREMENTS FOR THERAPY](#)
[SEQUENTIAL STEPS TO BEGIN THERAPY](#)
[DRESS CODE](#)
[UNACCEPTABLE FOR ANYONE DURING CLINIC](#)
[PROCEDURE FOR REVIEWING CLIENT FILES--CLINICNOTE](#)
[PAPER FILES](#)
[SOCIAL MEDIA POLICY](#)
[CLINIC CANCELLATION POLICY](#)
[PROCEDURES: PRINTING DOCUMENTS W/PROTECTED HEALTH INFORMATION \(PHI\)](#)
[THERAPY MATERIALS, SUPPLIES & FORMS](#)
[CLEANING OF TOYS, MATERIALS, ETC.](#)
[WHERE TO WAIT FOR CLIENTS](#)
[CLIENT FEES AND BILLING](#)
[HIPAA COMPLIANCE:](#)

[CHAPTER 5: Evaluations](#)

[STUDENT AND SUPERVISOR EVALUATIONS](#)
[PERFORMANCE EVALUATION IN CLINICAL PRACTICUM](#)
[PERFORMANCE EVALUATION](#)
[Clinical Grading Scales](#)
[PROCEDURES FOR DEALING WITH INADEQUATE STUDENT PERFORMANCE](#)
[STUDENT COMPLAINT PROCESS](#)

[CHAPTER 6: Clinical Documentation](#)

[PROCEDURE FOR CONTACT NOTES](#)
[PROCEDURES FOR SOAP NOTES \(INITIAL and OFFICIAL SOAP NOTES\)](#)
[PROCEDURE FOR PROGRESS REPORTS WITH INSTRUCTIONS](#)
[PROCEDURE FOR PRINTING DOCUMENTS W/ PROTECTED HEALTH INFORMATION \(PHI\)](#)

[CHAPTER 7: Diagnostics](#)

[Speech-Language Pathology Diagnostic Procedures](#)
[DIAGNOSTIC REFERRAL AND SCHEDULING PROCEDURES:](#)
[CONDUCTING A DIAGNOSTIC:](#)
[DIAGNOSTIC REPORT WRITING:](#)
[CLINICNOTE REPORT](#)

[CHAPTER 8: Off-Campus Experiences](#)

[BRIDGEWAY PROCEDURES:](#)
[Medical and Legal Considerations:](#)
[NURSING HOME DOCUMENTATION](#)

Strategic Plan 2016-2020
Long and Short-Term Strategic Goals for
Western Illinois University -- Speech Pathology & Audiology

Mission Statement: The Communication Sciences and Disorders (SPA) Department of Western Illinois University (WIU) aims to develop their students' professional and academic skills to a level which will ensure well-rounded speech-language pathologists, capable of quality service provision to diverse populations across the lifespan. In accordance with the core values of the University, social responsibility and personal growth will be nurtured for the purpose of achieving academic excellence. The SPA Department recognizes the strength in developing lifelong learning skills among faculty, supervisors, staff, and students alike and the contribution that this allows each individual to make in support of the ongoing development of both the program and the profession.

- **Bachelor of Science:** The goal of the undergraduate program is to provide students with a basic foundation of knowledge of human communication development and disorders across the lifespan. It also promotes student awareness of the knowledge and skills required to interact with typical and atypical populations. Students will be successfully prepared to enter graduate or professional study in speech and hearing or related fields.

- **Master of Science:** The goal of the MS program is to further develop and expand on foundational knowledge and skills gained at the undergraduate level. Students will be prepared to enter the profession as critical thinking and problem solving practitioners who are prepared for advanced clinical practice.

Preamble: The Department of Speech Pathology & Audiology (SPA) of Western Illinois University devised an updated strategic plan during the 2015-16 academic year to address the changing needs of the students, the department, and the University. These include the advances in technology that are directly linked to education and changing clinical practice, meeting the professional standards that continue to develop thus requiring progressive educational models. Additionally, the financial constraints that continually impact resources available to educators and practitioners are addressed. Therefore, the goals set by the SPA Department for the next four years intend to develop optimal conditions which will effectively support the recruitment, retention, and high-quality education of our students at the undergraduate and graduate levels. Effective stewardship of our resources, and strong links with the local community, our professional organization, and clinical practitioners regionally and nationally will ensure that we continue to expand upon the diverse academic and clinical education we are proud to deliver to our students. The following goals identify the steps the department intends to take to fulfil these needs:

Goal #1. Replace administration, faculty, supervision, and staff open positions

- **1.1:** Search for and hire a Department Chair/Program Director
 - Obtain presidential and provost approval to organize a search committee for filling the position by the 2017-2018 academic year (Chair began July 1, 2018 after attaining tenure)
- **1.2:** Search for and hire a Unit A tenure track faculty position
 - Obtain presidential and provost approval to organize a search committee for filling the position by the 2017-2018 academic year (failed search Spring 2017)
- **1.3:** Search for and hire a Unit B non-tenure clinical faculty position for immediate start
 - Obtain presidential and provost approval to organize a search committee for filling the position as soon as possible (hired Unit B who began Summer 2016)
- **1.4:** Search for and hire a second Unit B non-tenure clinical faculty member to provide supervision for telepractice clinicians (During the search for this second position, we had another Unit B resign and we were able to hire two positions for the single search.)
- **1.5:** Request a change in university requirements for graduate advisor
 - Clinical or academic faculty who are Unit A or Unit B
 - Allow a wider variety of people to serve as academic advisor for graduate students (officially changed May 2016)

Goal #2 Maximize technology for clinic and academic needs

- **2.1:** Implementation of an electronic medical records system by 2020
 - Determine system that meets the needs of our clinic (partnering with ClinicNote out of Des Moines, Iowa)
 - Request fiscal approval to purchase a system (received permission from administration to use clinic funds to purchase EMR system - signed one year contract)
- **2.2:** Increase use of Master Clinician Network (MCN) and SimuCase for undergraduate observations.
 - Provide structured observations in the undergraduate curriculum to expose students to profession's scope of practice
 - Provide structured observation in undergraduate curriculum to expose students to diagnoses not readily seen in our clinic (e.g., cleft palate, Deaf)
 - Use of technology such as MCN and SimuCase to assess undergraduate clinic readiness in the undergraduate Clinical Methods course (SPA 482)
- **2.3:** Increase use of Master Clinician Network (MCN) and SimuCase in the graduate curriculum.
 - Structured observations for clinic experiences in the graduate program curriculum

- Increase exposure to less frequent diagnoses not readily seen in clinical experiences
- Prior to beginning clinical rotation during orientation / 'clinic boot camp', the supervisors will assign additional videos to facilitate clinical transition from academics
- Assign diagnostic experiences across the lifespan with a variety of diagnoses using SimuCase
 - Exposure to less frequent diagnoses, scoring tests, transcribing, and report writing
- ~~2.4: Integration of Primal Pictures across courses in the undergraduate curriculum~~
 - ~~Allows for a cohesive approach to basic knowledge (e.g., anatomy and physiology, neurology)~~
- ~~2.5: Integration of Primal Pictures across courses in the graduate curriculum~~
 - ~~Utilize resources for review of basic core knowledge (e.g., anatomy and physiology, neurology) across courses~~
 - ~~Use as a resource for remediation and assessment of basic knowledge~~
- **2.6:** Utilize SimuCase, MCN, and Primal Pictures in weekly clinic meetings as a resource for bridging the gap between academics, university clinic, and real-world situations (MCN was used to increase fluency experiences that are not readily available in our clinic)
 - Clinic meetings will continue to be important for providing experiences specific to clinic populations and situations that are not readily available in our clinic

Goal #3. Enhance recruiting efforts for a diverse body of top-quality undergraduate and graduate students in speech-language pathology

- **3.1:** Facilitate preparation of undergraduate students for future graduate coursework in SPA to align with the recruitment and retention goals of the University
 - Minimum grade-point average to continue in upper division courses
 - Minimum grade-point average and satisfactory performance in Clinical Methods course
- **3.2:** Approach the graduate admissions process with transparency to recruit students while addressing the state of Illinois budgetary issues
 - Include statement from administration ensuring the future of Western Illinois University
- **3.3:** Recruit students to the undergraduate program
 - Coordinate with similar disciplines across campus to hold a health care and/or educational open house, campus visit day
 - Coordinate efforts with the Office of Undergraduate Admissions to have admissions counselors available for general questions, campus tours, and the on-site application process offered by WIU

- **3.4:** Continue hosting undergraduate and graduate open houses for prospective students
 - Prospective undergraduates open house in spring semester
 - Prospective graduate student open house in the fall semester (students applying for graduate school) and one in the spring semester for students who have been accepted or on the wait-list
- **3.5:** Re-evaluate graduate admissions process
 - Implement rotation of faculty on graduate admissions committee to serve 2-3 year terms while maintaining at least one past member and including at least one new member for each cycle
 - Increase use of CSDCAS features to individualize the system for WIU (The graduate coordinator made significant changes to streamline the process and make the site more accessible to committee members. The coordinator also made any updates to the site that were necessary for student access, as well.)
 - Decide on requirements if they differ from what Graduate School currently requires (The graduate committee performed correlations across the criteria used in accepting students over the previous four year and found no significant changes have been made in the actual students whom we admit. Basically, no matter the process used to determine our admits, we are getting the same type of student based on our completion rate, PRAXIS pass rate, and PRAXIS scores. Therefore, we have decided to continue with our current process, but continue to monitor the data.)

Goal #4. Monitor undergraduate and graduate curriculum and update as needed

- ~~4.1:~~ Implement standard rubrics and writing assessments formulated by the Writing Committee in undergraduate coursework
- ~~4.2:~~ Implement standard rubrics and writing assessments formulated by the Writing Committee in graduate coursework and clinical documentation (Graduate Clinical Documentation was completed May 2016; documents were updated August 2016)
- **4.3:** Increase use of case studies in the graduate curriculum (See 5.3)
- **4.4:** Update curriculum at both the undergraduate and graduate levels, as needed (Curriculum Committee has voted on changes necessary for UG and Grad; process will begin to move forward with idea of implementing changes 2017-2018)
 - Graduate curriculum was thoroughly reviewed and changes were implemented beginning with the cohort entering fall 2013.
 - Reassessment of graduate curriculum changes should occur in 2017-2018 academic year. (Significant changes were made the ug and grad curriculums that will be implemented Fall 2017. GRADUATE: The assessment and treatment courses that had been split into two separate courses were combined into one.

Analysis of the PRAXIS exam scores indicated that students were not making crucial connections that are typically made during this course. Fluency and Voice courses were also increased from 2 semester hours to 3 semester hours to include all of the necessary information. Also, the requirement for taking the PRAXIS examination prior to graduation was added to SPA 604. UG: Course sequences were updated. A speech sound disorders course was added back into the curriculum, and the developmental disorders course was made more specific to language disorders. Speech Science was changed to Speech and HEARING Science, and Basic Anatomy of Speech and Hearing Mechanisms was changed to Anatomy and PHYSIOLOGY of Speech and Hearing Mechanisms.)

Goal #5. Increase interprofessional education

- **5.1:** Contact programs across campus (e.g., nursing, psychology, social work, dietetics, special education) to align with the University's goal of supporting interdisciplinary course, program, institute, and center development.
- **5.2:** Contact off-site professionals as speakers in courses or to present challenging case studies that involved SLPs
- **5.3:** Increase use of case studies in the graduate curriculum (See 4.3)
- **5.4:** Continue current interprofessional education opportunities (APE, Autism support group, Stroke support group, Best Buddies).
 - Determine eligibility for clinical hours based upon level of skill needed and documentation
- **5.5:** Collaborate with occupational therapists to establish a sensory room/area to accommodate sensory needs of our clients (The Sensory Room was built during Spring 2018 and was opened for summer camp in Summer 2018. We also hired an OT to work with the SLP clinical faculty and graduate student clinicians during Summer 2018.)

Goal #6. Increase diversity of clinical experiences

- **6.1:** Continue contract with Macomb school district
- **6.2:** Add additional contracts with local sites, as available
- ~~**6.3:** Add telepractice conducted by student clinicians and supervised by faculty as an option to cover staffing shortages in outside organizations~~
- **6.4:** Provide speech-language and hearing screening opportunities

Goal #7. Disseminate policies, procedures, and criteria set forth by the SPA department to comply with maintaining accreditation and compliance for successful completion of program requirements and conferral of MS degree in SPA

- **7.1:** Build and maintain up-to-date SPA website with COFAC technology representative (Completed updates Summer 2016 will continue as necessary)

- **7.2:** Update Department informational materials (Clinic Manual, HIPAA manual, Department Handbook, etc.) (Completed all of the updates Summer 2016 and will continue as necessary)

**Western Illinois University
Speech-Language-Hearing Clinic
Department of Speech Pathology & Audiology**

CHAPTER 1: Introduction

Policies & Procedures

INTRODUCTION

This manual is designed to acquaint students, faculty, and staff with the policies and procedures of the Western Illinois University Speech-Language-Hearing Clinic, as a reference to be followed during your clinical practicum.

The Western Illinois University Speech-Language-Hearing Clinic is an integral part of the educational program for speech-language pathologists within the Department of Speech Pathology & Audiology at Western Illinois University. It is monitored by the Council of Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). The policies and procedures contained in this manual are designed to carry out the policies of the CAA. These policies are representative of the necessary standard for all training programs to assure quality control in the educational experiences involved in professional development of a speech-language pathologist or audiologist. Since the WIU Department of Speech Pathology & Audiology is CAA accredited, students completing this program are eligible to apply for the ASHA Certification of Clinical Competence upon satisfactory completion of their Master's degree and an application form with payment of dues and/or certification fees.

All student clinicians and supervisors are responsible for reading and understanding the full content of this manual prior to beginning clinic.

Reference this material as: American Speech--Language--Hearing Association. (2016). Code of Ethics [Ethics]. Available from www.asha.org/policy.

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CODE OF ETHICS

ASHA Code of Ethics

PREAMBLE

The American Speech--Language--Hearing Association (ASHA; hereafter, also known as “The Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day--to--day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional’s role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech--language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech--Language--Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists,

speech-- language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

ASHA Standards and Ethics – The mailing address for self--reporting in writing is American Speech--Language--Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

advertising – Any form of communication with the public about services, therapies, products, or publications.

conflict of interest – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the “Disclosure Information” section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud – Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner – An individual whose professional practice is adversely affected by addiction, substance abuse, or health--related and/or mental health--related conditions.

individuals – Members and/or certificate holders, including applicants for certification.

informed consent – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction – The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual’s geographic location.

know, known, or knowingly – Having or reflecting knowledge.

may vs. shall – May denotes an allowance for discretion; shall denotes no discretion.

misrepresentation – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

plagiarism – False representation of another person’s idea, research, presentation, result, or product as one’s own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient

continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report – A professional obligation of self--disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self--reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self--reported information, takes additional processing time.

shall vs. may – Shall denotes no discretion; may denotes an allowance for discretion.

support personnel – Those providing support to audiologists, speech--language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech--language pathology, or communication sciences and disorders).

telepractice, teletherapy – Application of telecommunications technology to the delivery of audiology and speech--language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in--person service.

written – Encompasses both electronic and hard--copy writings or communications.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the

unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

H. 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. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health--related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

RULES OF ETHICS

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall

adhere to prevailing professional standards and shall contain no misrepresentations.

D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self--report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-- reporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self--report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-- reporting.

2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Questions on [applying for the CCC-SLP](#)? Consult the [frequently asked questions](#) for more information.

Effective Date: September 1, 2014

Revised Date: March 1, 2016

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2009 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2014 standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology are now in effect as of September 1, 2014. View the [SLP Standards Crosswalk](#) [PDF] for more specific information on how the standards have changed.

Citation

cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2013). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved [date] from

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.

2016 Revisions

Revision 1: Implementation Language to Standard V-B (new paragraphs 3 and 4) – Expanded definition of supervised clinical experiences:

These experiences should allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

Revision 2: Implementation Language to Standard V-C (additions to paragraph 2) – Acceptance of clinical simulation for up to 20% (75 hours) of direct client hours:

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through clinical simulation (CS) methods. Only the time spent in active engagement with the CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included.

Revision 3: Implementation Language to Standard VII (addition to paragraph 1) – Clinical Fellowship report due date:

Applicants whose Clinical Fellowship report is not reported to ASHA within 90 days after the 48-month timeframe will have their application closed.

The Standards for the Certificate of Clinical Competence in Speech-Language Pathology are shown in bold. The Council for Clinical Certification implementation procedures follow each standard.

- [Standard I—Degree](#)
- [Standard II—Education Program](#)
- [Standard III—Program of Study](#)
- [Standard IV—Knowledge Outcomes](#)
- [Standard V—Skills Outcomes](#)
- [Standard VI—Assessment](#)

- [Standard VII—Speech-Language Pathology Clinical Fellowship](#)
- [Standard VIII—Maintenance of Certification](#)

Standard I: Degree

The applicant for certification must have a master's, doctoral, or other recognized post-baccalaureate degree.

Implementation: The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation: If the graduate program of study is initiated and completed in a CAA-accredited program or in a program that held candidacy status for CAA accreditation, and if the program director or official designee verifies that all knowledge and skills required at the time of application have been met, approval of academic course work and practicum is automatic. Applicants eligible for automatic approval must submit an official graduate transcript or a letter from the registrar that verifies the date the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the National Office no later than 1 year from the date the application was received. Verification of the graduate degree is required of the applicant before the certificate is awarded.

Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant for certification must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic course work and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standard IV-A through IV-G and Standard V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope

of Practice in Speech-Language Pathology.

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Academic advisors are strongly encouraged to enroll students in [courses in the biological, physical, and the social/behavioral sciences](#) in content areas that will assist students in acquiring the basic principles in social, cultural, cognitive, behavioral, physical, physiological, and anatomical areas useful to understanding the communication/linguistic sciences and disorders.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- articulation;
- fluency;

- voice and resonance, including respiration and phonation;
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing;
- hearing, including the impact on speech and language;
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology);
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning);
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities);
- augmentative and alternative communication modalities.

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional

issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

Standard V-B

The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. **Evaluation**
 1. **Conduct screening and prevention procedures (including prevention activities).**
 2. **Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others,**

including other professionals.

3. **Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.**
 4. **Adapt evaluation procedures to meet client/patient needs.**
 5. **Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.**
 6. **Complete administrative and reporting functions necessary to support evaluation.**
 7. **Refer clients/patients for appropriate services.**
2. **Intervention**
1. **Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.**
 2. **Implement intervention plans (involve clients/patients and relevant others in the intervention process).**
 3. **Select or develop and use appropriate materials and instrumentation for prevention and intervention.**
 4. **Measure and evaluate clients'/patients' performance and progress.**
 5. **Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.**
 6. **Complete administrative and reporting functions necessary to support intervention.**
 7. **Identify and refer clients/patients for services as appropriate.**
3. **Interaction and Personal Qualities**
1. **Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.**
 2. **Collaborate with other professionals in case management.**
 3. **Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.**
 4. **Adhere to the ASHA Code of Ethics and behave professionally.**

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation,

screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

These experiences should allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

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. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through clinical simulation (CS) methods. Only the time spent in active engagement with the CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included. Although several students may observe a clinical session at one time, clinical practicum hours should be

assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. It is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Standard V-E

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. **The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.**

Standard V-F

Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct client/patient clinical experiences in

both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Implementation: Results of the Praxis Examination in Speech-Language Pathology must be submitted directly to ASHA from ETS. The certification standards require that a passing exam score must be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the exam is not successfully passed and reported within the 2-year application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, the individual will be required to reapply for certification under the standards in effect at that time.

Standard VII: Speech-Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).

Implementation: The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date the application is received. Once the CF has been initiated, it must be completed within 48 months. For applicants completing multiple CFs, all CF experiences related to the application must be completed within 48 months of the date the first CF was initiated. Applications will be closed for a CF/CFs that is/are not completed within the 48-month timeframe or that is/are not reported to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and must meet the Standards in effect at the time of re-application. CF experiences older than 5 years at the time of application will not be accepted.

The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship. It is the Clinical Fellow's responsibility to identify a mentoring speech-language pathologist (SLP) who holds an active Certificate of Clinical Competence in Speech-Language Pathology. Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It, therefore, is incumbent on the CF to verify the mentoring SLP's status periodically throughout the Clinical Fellowship experience. A family member or individual related in any way to the

Clinical Fellow may not serve as a mentoring SLP.

Standard VII-A: Clinical Fellowship Experience

The Clinical Fellowship must have consisted of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current Scope of Practice in Speech-Language Pathology. The Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: No less than 80% of the Fellow's major responsibilities during the CF experience must have been in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience of less than 5 hours per week will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of the 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.

Implementation: Mentoring must have included on-site observations and other monitoring activities. These activities may have been executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Fellow, and evaluations by professional colleagues with whom the Fellow works. The CF mentor and Clinical Fellow must have participated in regularly scheduled formal evaluations of the Fellow's progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF Mentor.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the clinical fellowship experience. This supervision must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaged in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Use of real-time, interactive video

and audio conferencing technology is permitted as a form of on-site observation, for which pre-approval must be obtained.

Additionally, supervision must also include 18 other monitoring activities. At least six other monitoring activities must be conducted during each third of the CF experience. Other monitoring activities are defined as evaluation of reports written by the Clinical Fellow, conferences between the mentoring SLP and the Clinical Fellow, discussions with professional colleagues of the Fellow, etc., and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes.

On rare occasions, the CFCC may allow the supervisory process to be conducted in other ways. However, a request for other supervisory mechanisms must be submitted in written form to the CFCC, and co-signed by the CF mentor, before the CF is initiated. The request must include the reason for the alternative supervision and a description of the supervision that would be provided. At a minimum, such a request must outline the type, length, and frequency of the supervision that would be provided.

A CF mentor intending to supervise a Clinical Fellow located in another state may be required to also hold licensure in that state; it is up to the CF mentor and the Clinical Fellow to make this determination before proceeding with a supervision arrangement.

Standard VII-C: Clinical Fellowship Outcomes

The Clinical Fellow must have demonstrated knowledge and skills consistent with the ability to practice independently.

Implementation: At the completion of the CF experience, the applicant will have acquired and demonstrated the ability to

- integrate and apply theoretical knowledge,
- evaluate his or her strengths and identify his or her limitations,
- refine clinical skills within the Scope of Practice in Speech-Language Pathology,
- apply the ASHA Code of Ethics to independent professional practice.

In addition, upon completion of the CF, the applicant must have demonstrated the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.

The CF mentor must submit the *Clinical Fellowship Report and Rating Form*, which includes the *Clinical Fellowship Skills Inventory (CFSI)*, as soon as the CF successfully completes the CF experience. This report must be signed by both the Clinical Fellow and mentoring SLP.

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

Implementation: Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours of professional development during every 3-year maintenance interval. Intervals are continuous and begin January 1 of the year following award of initial certification or reinstatement of certification. A random audit of compliance will be conducted.

Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual dues and/or certification fees are required for maintenance of certification.

If renewal of certification is not accomplished within the 3-year period, certification will expire. Individuals wishing to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology

Approved February 2016 | Last Updated October 2017 Effective August 1, 2017

Introduction

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA) accredits graduate programs that prepare individuals to enter professional practice in audiology or speech-language pathology. The CAA and its predecessors were established by ASHA, which authorized the CAA to function autonomously in setting and implementing standards and awarding accreditation. The CAA is recognized by the Council for Higher Education Accreditation (CHEA) and by the U.S. Secretary of Education as the accrediting body for the accreditation and pre-accreditation (accreditation candidate) of education programs leading to the first professional or clinical degree at the master's or doctoral level and for the accreditation of these programs offered via distance education, throughout the United States.

To maintain recognition by the U.S Secretary of Education and the CHEA, the CAA continues to meet the Department of Education (ED) Criteria for Recognition and the CHEA Recognition Standards, provides periodic reports on its success in meeting those standards, and undergoes periodic reviews to demonstrate continued compliance.

The CAA operates within a set of core values that are used to guide decisions to ensure excellence in graduate education. Because the CAA has been entrusted to act on behalf of the professions of audiology and speech-language pathology, the Council's actions and decisions must be credible and trustworthy. Members of the CAA, in conducting the business of accreditation of academic programs, act with:

- honesty and integrity,
- accountability,
- fairness and validity,
- clarity and consistency,
- recognition of the role of creativity and innovation in meeting the established accreditation standards.

The Council is committed to using a peer-review process that is facilitative and transparent and supports programs in delivering a high quality educational experience. Graduates of CAA- accredited programs enter the workforce prepared to meet the expectations of the public and the professions and to achieve the credentials required to practice. The CAA is responsible for evaluating the adequacy of an applicant

program's efforts to satisfy each standard. Compliance with all standards indicates that the program meets the expectations of the CAA for accreditation, regardless of mode of delivery, including distance education. The CAA evaluates programs to ensure that there is equivalence across all modes of delivery, that students enrolled in distance education or other modes of education delivery are held to the same standards as students in residential programs, and that students enrolled in all modes of education are afforded equal access to all aspects of the education program, including courses, clinical practicum opportunities, supervision, advising, student support services, and program resources.

Accreditation by the CAA indicates that a program is committed to excellence and ongoing quality improvement so that students and the public are assured that graduates are prepared to meet the challenges they will face when entering the workforce.

Preamble

The CAA recognizes that programs are responding to a range of pressures from within their institutions (e.g., to increase enrollment) and outside the institutions (e.g., to provide more employment-ready, highly educated professionals to fill the vast need for practitioners). Not only is there a demand for more professionals, but—in the changing health care and educational arenas—these new professionals are expected to be able to function in complex, interdisciplinary, and collaborative models of service delivery. They also must be prepared to meet the need to provide efficacious service based on a strong base of evidence to all individuals who seek the services of audiologists and speech-language pathologists. Further, they must have at least introductory preparation to provide clinical education to future professionals.

The Council recognizes the diversity of models of educational delivery, institutions providing these programs, and missions of the education programs. At the same time, the CAA is committed to excellence in educational preparation, while assuring the public that graduates of accredited programs possess a core set of knowledge and skills necessary to qualify for state and national credentials for independent professional practice. Further, the CAA acknowledges that there are distinct sets of knowledge and skills and methods of service delivery required of individuals who will become audiologists or speech-language pathologists and, thus, has different expectations with regard to the curricular elements of the programs that educate future audiologists and speech-language pathologists.

Understanding the impact of these many challenges, the CAA designed the accreditation standards to ensure the provision of high quality educational experiences. These standards are not prescriptive because the CAA values the variety of ways that high quality education can be achieved. The standards and each program's implementation of them should allow for consistency in the quality of graduates from the accredited programs. At the same time, each program should be innovative, flexible, and creative in meeting the standards, in congruence with its individual mission and goals.

To that end, the accreditation standards have been written to address six essential components. The standards are designed to ensure that, when programs are in full compliance, their graduate students are prepared to function in the complex and ever-changing service provision (or delivery) arenas. The components are:

- Standard 1.0: Administrative structure and governance
- Standard 2.0: Faculty
- Standard 3.0A: Curriculum (academic and clinical education) for audiology programs

- Standard 3.0B: Curriculum (academic and clinical education) for speech-language pathology programs

- Standard 4:0 Students

- Standard 5:0 Assessment

- Standard 6:0 Program resources

Standards for accreditation appear in bold. Following each standard, the Requirement for Review provides interpretations or explanations of the standard.

A Glossary is provided following the standards with definitions to assist in interpreting the accreditation standards.

Citation Cite as: Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2017). Standards for accreditation of graduate education programs in audiology and speech-language pathology (2017). Retrieved [date] from <http://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf>

Standard 1.0 Administrative Structure and Governance

1.1 The sponsoring institution of higher education holds current regional accreditation.

Requirement for Review:

- The institution of higher education within which the audiology and/or speech-language pathology program is housed must hold regional accreditation from one of the following regional accrediting bodies:
 - o Middle States Commission on Higher Education;
 - o New England Association of Schools and Colleges, Commission on Institutions of Higher Education;
 - o North Central Association of Colleges and Schools, The Higher Learning Commission;
 - o Northwest Commission on Colleges and Universities;
 - o Southern Association of Colleges and Schools, Commission on Colleges;
 - o Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities.

1.2 The sponsoring institution of higher education must be authorized to provide the program of study in audiology and/or speech-language pathology.

Requirement for Review:

- The sponsoring institution of higher education must be authorized under applicable laws or other acceptable authority to provide the program of post-secondary education.
- The sponsoring institution of higher education must have appropriate graduate degree- granting authority.

1.3 The program has a mission and goals that are consistent with preparation of students for

professional practice.

Requirement for Review:

- The mission statement and the goals of the program (including religious mission, if relevant) must be presented.
- The program must describe how the mission statement and program goals are used to guide decision making to prepare students for entry level into professional practice in audiology or speech-language pathology.

1.4 The program faculty must regularly evaluate the congruence of program and institutional missions and the extent to which the goals are achieved.

Requirement for Review:

- The program monitors its mission and goals to ensure that they remain congruent with those of the institution.
- The program periodically reviews and revises its mission and goals.
- The program systematically evaluates its progress toward fulfillment of its mission and goals.

1.5 The program develops and implements a long-term strategic plan.

Requirement for Review:

- The plan must be congruent with the mission and goals of the program and the sponsoring institution, have the support of the administration, and reflect the role of the program within its community.
- The plan identifies long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan.
- The plan must include a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives.
- An executive summary of the strategic plan or the strategic plan must be shared with faculty, students, staff, alumni, and other interested parties.

1.6 The program's faculty has authority and responsibility for the program.

Requirement for Review:

- The institution's administrative structure demonstrates that the program's faculty is recognized as the body that can initiate, implement, and evaluate decisions affecting all aspects of the professional education program, including the curriculum.
- The program faculty has reasonable access to higher levels of administration.

1.7 The individual responsible for the program of professional education seeking accreditation holds a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science and holds a full-time appointment in the institution.

Requirement for Review:

- The individual designated as program director holds a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science
- The individual designated as program director holds a full-time appointment in the institution.

1.8 The institution and program must comply with all applicable laws, regulations, and executive orders prohibiting discrimination towards students, faculty, staff, and persons served in the program's clinics. This includes prohibitions on discrimination based on any category prohibited by applicable law but not limited to age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.

Requirement for Review:

- The institution and program must comply with all applicable federal, state, and local laws, regulations, and executive orders prohibiting discrimination, including laws that prohibit discrimination based on age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.
- The program must adhere to its institutional policies and procedures—including non-harassment policies, internal complaint procedures, and appropriate educational programs—to ensure that the program complies with all applicable nondiscrimination statutes and that all staff and faculty are made aware of the policies and the conduct they prohibit.
- The program must maintain, as relevant, a record of internal and external complaints, charges, and litigation alleging violations of such policies and procedures and ensure that appropriate action has been taken.

1.9 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.

Requirement for Review:

- Websites, catalogs, advertisements, and other publications/electronic media must be accurate regarding the program's accreditation status. The program must indicate the program's CAA accreditation status in accordance with the language specified in the Public Notice of Accreditation Status in the CAA Accreditation Handbook, as required under federal regulations.
- Websites, catalogs, advertisements, and other publications/electronic media must be accurate regarding standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, academic calendars, grading policies and requirements, and fees and other charges.
- The program must make student outcome measures available to the general public by posting the results on the program's website via a clearly visible and readily accessible link.
- The program must make public the number of expected terms for program completion for full-time and part-time students.
- At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided:

- o number and percentage of students completing the program within the program's published time frame for each of the 3 most recently completed academic years,

- o number and percentage of program test-takers who pass the Praxis® Subject Assessment examination for each of the 3 most recently completed academic years (programs need report only the results once for test-takers who take the test more than one time in the reporting period),

- o number and percentage of program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation for each of the 3 most recently completed academic years.

- Student outcome measures must be labeled “Student Achievement Data” or “Student Outcome Data.”

- o If both the audiology and the speech-language programs are accredited, separate data tables must be provided for each program.

- o If the program has a distance education component or a satellite campus, the student outcome data must be presented for each modality.

Standard 2.0 Faculty

2.1 The number and composition of the full-time program faculty (academic doctoral, clinical doctoral, other) are sufficient to deliver a program of study that:

2.1.1 allows students to acquire the knowledge and skills required in Standard 3,

2.1.2 allows students to acquire the scientific and research fundamentals of the discipline,

2.1.3 allows students to meet the program's established goals and objectives,

2.1.4 meets the expectations set forth in the program's mission and goals,

2.1.5 is offered on a regular basis so that it will allow the students to complete the program within the published time frame.

Requirement for Review:

- The program must document
 - o the number of individuals in and composition of the group that delivers the program of study;
 - o the distribution of faculty in terms of the number of full-time and part-time individuals who hold academic doctoral degrees, clinical doctoral degrees, and master's degrees;
 - o how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3;
 - o how the faculty composition is sufficient to allow students to acquire the scientific and research fundamentals of the profession;
 - o how the faculty composition is sufficient to allow students to meet the program's established learning goals and objectives;
 - o how the faculty composition is sufficient to allow students to meet the expectations set forth in the program's mission and goals;
 - o how the faculty composition ensures that the elements (classes and clinical practica) of the program are offered on a regular basis so that students can complete the program within the published time frame.

2.2 The number, composition, and workload of the full-time program faculty are sufficient to allow faculty to meet expectations with regard to teaching, research, and service of the sponsoring institution.

Requirement for Review:

- The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide teaching, research, and service as part of their workload
 - o are accessible to students,
 - o have sufficient time for scholarly and creative activities,
 - o have sufficient time to advise students,
 - o have sufficient time to participate in faculty governance,
 - o have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution.

- The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide clinical education and service as part of their workload
 - o are accessible to students,
 - o have sufficient time for scholarly and creative activities,
 - o have sufficient time to advise students,
 - o have sufficient time to participate in faculty governance,
 - o have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution.
- The program must demonstrate that faculty who are tenure eligible have the opportunity to meet the criteria for tenure of the sponsoring institution.
- The program must demonstrate that faculty who are eligible for promotion have the opportunity to meet the criteria for promotion of the sponsoring institution.
- The program must demonstrate that faculty who are eligible for continuing employment have the opportunity to meet the expectations for continued employment of the sponsoring institution.

2.3 All faculty members (full-time, part-time, adjuncts), including all individuals providing clinical education, are qualified and competent by virtue of their education, experience, and professional credentials to provide academic and clinical education as assigned by the program leadership.

Requirement for Review:

- The program must demonstrate that the qualifications and competence to teach graduate-level courses and to provide clinical education are evident in terms of appropriateness of degree level, practical or educational experiences specific to responsibilities in the program, and other indicators of competence to offer graduate education.
- The program must demonstrate that all individuals providing didactic and clinical education, both on-site and off-site, have appropriate experience and qualifications for the professional area in which education is provided.
- The program must demonstrate that the faculty possess appropriate qualifications and expertise to provide the depth and breadth of instruction for the curriculum as specified in Standard 3.
- The program must demonstrate that the majority of academic content is taught by doctoral faculty who hold the appropriate terminal academic degree (PhD, EdD).

2.4 All faculty members maintain continuing competence and demonstrate pursuit of lifelong learning.

Requirement for Review:

- The program must demonstrate that all individuals who have responsibility to deliver academic and clinical components of the graduate program maintain continuing competence.
- The program must demonstrate that all individuals who have responsibility to deliver the graduate program pursue lifelong learning.

Standard 3.0A Curriculum (Academic and Clinical Education) in Audiology

3.1A An effective entry-level professional audiology program allows each student to acquire knowledge and skills in sufficient breadth and depth to enable the student to function as an effective, well-educated, and competent clinical audiologist (i.e., one who can practice within the full scope of practice of audiology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for independent professional practice as an audiologist.

Requirement for Review: The doctoral program in audiology must meet the following requirements.

- Provide evidence of a curriculum that allows students to achieve the knowledge and skills listed below. Typically, the achievement of these outcomes requires the completion of 4 years of graduate education or the equivalent.
- Include a minimum of 12 months' full-time equivalent of supervised clinical experiences. These include short-term rotations and longer term externships and should be distributed throughout the program of study.
- Establish a clear set of program goals and objectives that must be met for students to acquire the knowledge and skills needed for entry into independent professional practice.
- Establish a clear process to evaluate student achievement of the program's established objectives.
- Offer opportunities for each student to acquire the knowledge and skills needed for entry into independent professional practice, consistent with the scope of practice for audiology, and across the range of practice settings.
- Offer a plan of study that encompasses the following domains:
 - o professional practice competencies;
 - o foundations of audiology practice;
 - o identification and prevention of hearing loss, tinnitus, and vestibular disorders;
 - o assessment of the structure and function of the auditory and vestibular systems;
 - o assessment of the impact of changes in the structure and function of the auditory and vestibular systems;
 - o intervention to minimize the effects of changes in the structure and function of the auditory and vestibular systems on an individual's ability to participate in his or her environment.
- Offer high quality learning environments that are learner centered, knowledge and skill centered, and assessment centered.
- Offer the academic and clinical program on a regular basis so that students are able to satisfy degree and other requirements within the published time frame.
- Offer opportunities to qualify for state and national credentials that are required for entry into independent professional practice that are consistent with the program mission and goals.

3.1.1A Professional Practice Competencies The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.

Accountability

- Practice in a manner that is consistent with the professional codes of ethics and the scope of practice documents for the profession of audiology.
- Adhere to federal, state, and institutional regulations and policies that are related to care provided by audiologists.
- Understand the professional's fiduciary responsibility for each individual served.
- Understand the various models of delivery of audiologic services (e.g., hospital, private practice, education, etc.).
- Use self-reflection to understand the effects of his or her actions and make changes accordingly.
- Understand the health care and education landscapes and how to facilitate access to services.
- Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values.

Integrity

- Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers.
- Understand and use best professional practices as they relate to maintenance of confidentiality for all individuals in accordance with requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

Effective Communication Skills

- Use all forms of expressive communication—including written, spoken, and nonverbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.
- Communicate—with patients, families, communities, interprofessional team colleagues, and other professionals caring for individuals—in a responsive and responsible manner that supports a team approach to maximize care outcomes.

Clinical Reasoning

- Use valid scientific and clinical evidence in decision making regarding assessment and intervention.
- Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served.
- Use clinical judgment and self-reflection to enhance clinical reasoning.

Evidence-Based Practice

- Access sources of information to support clinical decisions regarding assessment and intervention and management.
- Critically evaluate information sources and apply that information to appropriate populations.
- Integrate evidence in the provision of audiologic services.

Concern for Individuals Served

- Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care.

- Encourage active involvement of the individual in his or her own care.

Cultural Competence

- Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation).
- Understand the impact of the cultural and linguistic variables of the individuals served on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation).
- Understand the interaction of cultural and linguistic variables between the caregivers and the individual served in order to maximize service delivery.
- Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, physical and sensory abilities) and how they relate to clinical services.
- Understand the role of manual and other communication systems and the use of sign and spoken interpreters/transliterators and assistive technology to deliver the highest quality care.

Professional Duty

- Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services.
- Understand the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services.
- Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel.
- Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.
- Understand and use the knowledge of one's own role and the roles of other professionals to appropriately assess and address the needs of the individuals and populations served.

Collaborative Practice

- Understand how to apply values and principles of interprofessional team dynamics.
- Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is safe, timely, efficient, effective, and equitable.

3.1.2A Foundations of Audiology Practice The program includes content and opportunities to learn so that each student can demonstrate knowledge of the

- embryology, anatomy, and physiology of the auditory, vestibular, and related body systems;
- normal aspects of auditory and vestibular function across the lifespan;
- normal aspects of speech production and language function across the lifespan;
- normal aspects of speech perception across the lifespan;

- effects and role of genetics in auditory function, diagnosis, and management of hearing loss;
- effects and role of genetics in vestibular function, diagnosis, and management of vestibular disorders;
- effects of chemicals and other noxious elements on auditory and vestibular function;
- effects of pathophysiology on the auditory, vestibular, and related body systems;
- medical and surgical interventions that may be used to treat the results of pathophysiology in these systems;
- interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders;
- effects of hearing loss on the speech and language characteristics of individuals across the life span and the continuum of care;
- effects of hearing impairment on educational, vocational, social, and psychological function and, consequently, on full and active participation in life activities;
- physical characteristics and measurement of simple and complex acoustic stimuli;
- physical characteristics and measurement of non-acoustic stimuli (e.g., EEG, tactile, electrical signals);
- methods of biologic, acoustic, and electroacoustic calibration of clinical equipment to ensure compliance with current American National Standards Institute (ANSI) standards (where available) and other recommendations regarding equipment function;
- principles of psychoacoustics as related to auditory perception in individuals with normal hearing and those with hearing loss;
- principles and practices of research, including experimental design, evidence-based practice, statistical methods, and application of research to clinical populations.

3.1.3A Identification and prevention of hearing loss, tinnitus, and vestibular disorders The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in

- the prevention of the onset of loss of auditory system function, loss of vestibular system function, development of tinnitus, and development of communication disorders;
- the use of protocols to minimize the impact of the loss of hearing, tinnitus, loss of vestibular system function, and development of communication disorders;
- the use of screening protocols, including clinically appropriate and culturally sensitive screening measures, to assess individuals who may be at risk for hearing impairment and activity limitation or participation restriction;
- the screening of individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures;
- the use of screening tools for functional assessment;
- administering programs designed to reduce the effects of noise exposure, tinnitus, and agents that are toxic to the auditory and vestibular systems;
- applying psychometrics and principles of screening;
- applying the principles of evidence-based practice;
- selection and use of outcomes measures that are valid and reliable indicators of success of prevention

programs.

3.1.4A Assessment of the structure and function of the auditory and vestibular systems The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to

- evaluate information from appropriate sources to facilitate assessment planning;
- obtain a case history;
- perform an otoscopic examination;
- remove cerumen, when appropriate;
- administer clinically appropriate and culturally sensitive assessment measures;
- perform audiologic assessment using behavioral, physiological (e.g., immittance, wideband reflectance, evoked potentials), psychophysical, and self-assessment tools;
- perform audiologic assessment using techniques that are representative of the challenges listeners may face in everyday communication situations;
- perform assessment to plan for rehabilitation;
- perform assessment to characterize tinnitus;
- perform balance system assessment and determine the need for balance rehabilitation;
- document evaluation procedures and results;
- interpret results of the evaluation to establish type and severity of disorder;
- generate recommendations and referrals resulting from the evaluation processes;
- provide counseling in a culturally sensitive manner to facilitate understanding of the hearing loss, tinnitus, or balance disorder of the individual being served;
- maintain records in a manner consistent with legal and professional standards;
- communicate results and recommendations orally and in writing to the individual being served and other appropriate individual(s);
- engage in interprofessional practice to facilitate optimal assessment of the individual being served;
- assign the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s);
- apply the principles of evidence-based practice;
- select and use outcomes measures that are valid and reliable indicators of success in assessment protocols that are used.

3.1.5A Assessment of the impact of changes in the structure and function of the auditory and vestibular systems The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to

- administer clinically appropriate and culturally sensitive self-assessment measures of communication function for individuals across the lifespan and the continuum of care,
- administer clinically appropriate and culturally sensitive scales of communication function to communication partners of the individual being served,
- administer clinically appropriate and culturally sensitive functional assessment tools for individuals

across the lifespan and the continuum of care,

- determine contextual factors that may facilitate or impede an individual's participation in everyday life,
- select and use outcomes measures that are valid and reliable indicators of success in determining the impact of changes in structure and function of the auditory and vestibular systems.

3.1.6A Intervention to minimize the effects of changes in the auditory and vestibular systems on an individual's ability to participate in his or her environment The program's curriculum provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to

- perform assessment for aural (re)habilitation;
- perform assessment for tinnitus intervention;
- perform assessment for vestibular rehabilitation;
- develop and implement treatment plans using appropriate data;
- counsel individuals served, families, and other appropriate individuals regarding prognosis and treatment options;
- develop culturally sensitive and age-appropriate management strategies;
- perform hearing aid, assistive listening device, and sensory aid assessment;
- perform assessment of devices used to manage tinnitus;
- recommend, dispense, and service prosthetic and assistive devices;
- provide hearing aid, assistive listening device, and sensory aid orientation;
- conduct audiologic (re)habilitation and engage in interprofessional practice to maximize outcomes for individuals served;
- serve as an advocate for individuals served, their families, and other appropriate individuals;
- monitor and summarize treatment progress and outcomes;
- assess efficacy of interventions for auditory, tinnitus, and balance disorders;
- apply the principles of evidence-based practice;
- document treatment procedures and results;
- maintain records in a manner consistent with legal and professional standards;
- communicate results, recommendations, and progress in a culturally sensitive and age-appropriate manner to appropriate individual(s);
- select and use outcomes measures that are valid and reliable indicators of success in determining the impact of the interventions used to minimize the effects of changes in structure and function of the auditory and vestibular systems.

3.2A An effective audiology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.

Requirement for Review:

- The program must demonstrate that the
 - o curriculum is planned and based on current standards of audiology practice;
 - o curriculum is based on current literature and other current documents related to professional practice and education in audiology;
 - o curriculum is delivered using sound pedagogical methods;
 - o curriculum is reviewed systematically and on a regular basis;
 - o review of the curriculum is conducted by comparing existing plans to current standards of audiology practice, current literature, and other documents related to professional practice and education in audiology.

3.3A An effective audiology program is planned and delivered in an organized, sequential, and integrated manner to allow each student to meet the program’s established learning goals and objectives and develop into an independent, competent audiologist.

Requirement for Review:

- The program must demonstrate how the courses and clinical experiences are organized and sequenced and allow for integration across all elements of the program.

3.4A An effective audiology program is organized and delivered in such a manner that the diversity of society is reflected in the program.

Requirement for Review:

- The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program.

3.5A An effective audiology program is organized so that the scientific and research foundations of the profession are evident.

Requirement for Review:

- The program must demonstrate the procedures used to verify that students obtain knowledge in
 - o the basic sciences;
 - o basic science skills (e.g., scientific methods, critical thinking);
 - o the basics of communication sciences (e.g., acoustics, psychoacoustics and neurological processes of speech, language, and hearing).
- The program must demonstrate how the curriculum provides opportunities for students to
 - o understand and apply the scientific bases of the profession,
 - o understand and apply research methodology,
 - o become knowledgeable consumers of research literature,
 - o become knowledgeable about the fundamentals of evidence-based practice,
 - o apply the scientific bases and research principles to clinical populations.
- The program must include research and scholarship participation opportunities that are consistent with the mission and goals of the program.

3.6A The clinical education component of an effective entry-level audiology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals. That base includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking services, consultation, recordkeeping, and administrative duties relevant to professional service delivery in audiology.

Requirement for Review:

The program must demonstrate that it has mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to

- experience the breadth and depth of clinical practice,
- obtain experiences with different populations,
- obtain a variety of clinical experiences in different work settings,
- obtain experiences with appropriate equipment and resources,
- learn from experienced audiologists who will serve as effective clinical educators.

3.7A An effective audiology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter independent professional practice. The type and structure of the clinical education are commensurate with the development of knowledge and skills of each student.

Requirement for Review:

- The program must demonstrate that the procedures used in clinical education ensure that student development is supported and that each student acquires the independence needed to enter professional practice.
- The program must demonstrate that the clinical education component of the program is structured to be consistent with the knowledge and skill levels of each student.

3.8A Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.

Requirement for Review:

- The program must demonstrate that the supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services.
- The program must demonstrate that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is protected.
- The program must demonstrate that the services provided by the student and clinical educator team is in accordance with recognized standards of ethical practice and relevant federal and state regulations.

3.9A Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

Requirement for Review:

- The program must have evidence of valid agreements (written or electronic) with all active external facilities in which students are placed for clinical practicum experiences.
- The program must have written policies regarding the role of students in the selection of externship sites and the placement of students in the sites.
- The program must have written policies that describe the processes used by the program to select and place students in external facilities.
- The program must have written policies and procedures that describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student.
- The program must have processes to ensure that the clinical education in external facilities is monitored by the program to verify that educational objectives are met.

3.10A An effective entry-level audiology program ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education.

Requirement for Review:

- The program must have written policies and procedures that describe its expectations of student behavior with regard to academic and clinical conduct.
- The program must have policies and procedures that describe the processes used to address violations of academic and clinical conduct, including, but not limited, to plagiarism, dishonesty, all aspects of cheating, and violations of ethical practice.

Standard 3.0B Curriculum (Academic and Clinical Education) in Speech-Language Pathology

3.1B An effective entry-level professional speech-language pathology program allows each student to acquire knowledge and skills in sufficient breadth and depth to function as an effective, well-educated, and competent clinical speech-language pathologist (i.e., one who can practice within the full scope of practice of speech-language pathology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for professional practice in speech-language pathology.

Requirement for Review: The master's program in speech-language pathology must perform the following functions.

- Provide the opportunity for students to complete a minimum of 400 supervised clinical practice hours, 25 of which may be in clinical observation; 325 of these hours must be attained at the graduate level. The supervised clinical experiences should be distributed throughout the program of study.
- The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical education experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology, sufficient to enter professional practice. Typically, the achievement of these outcomes requires the completion of 2 years of graduate education or the equivalent.

- Establish a clear set of program goals and objectives that must be met for students to acquire the knowledge and skills needed for entry into professional practice.
- Establish a clear process to evaluate student achievement of the program's established objectives.
- Offer opportunities for each student to acquire the knowledge and skills needed for entry into professional practice, consistent with the scope of practice for speech-language pathology, and across the range of practice settings.
- Offer a plan of study that encompasses the following domains:
 - o professional practice competencies;
 - o foundations of speech-language pathology practice;
 - o identification and prevention of speech, language, and swallowing disorders and differences;
 - o assessment of speech, language, and swallowing disorders and differences;
 - o intervention to minimize the impact for speech, language, and swallowing disorders and differences.
- Offer high quality learning environments that are learner centered, knowledge and skill centered, and assessment centered.
- Offer the academic and clinical program on a regular basis so that students are able to satisfy degree and other requirements within the program's published time frame.
- Offer opportunities for students to qualify for state and national credentials that are required for entry into professional practice, consistent with the program's mission and goals (e.g., state license, state teacher certification, national credential).

3.1.1B Professional Practice Competencies The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.

Accountability

- Practice in a manner that is consistent with the professional code of ethics and the scope of practice documents for the profession of speech-language pathology.
- Adhere to federal, state, and institutional regulations and policies that are related to services provided by speech-language pathologists.
- Understand the fiduciary responsibility for each individual served.
- Understand the various models of delivery of speech-language pathology services (e.g., hospital, private practice, education, etc.).
- Use self-reflection to understand the effects of his or her actions and makes changes accordingly.
- Understand the health care and education landscape and how to facilitate access to services.
- Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values.

Integrity

- Use the highest level of clinical integrity with each individual served, family members, caregivers, other

service providers, students, other consumers, and payers; and

- Understand and use best professional practices related to maintenance of confidentiality for all individuals in accordance with HIPAA and FERPA requirements.

Effective Communication Skills

- Use all forms of expressive communication—including written, spoken, and non-verbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.
- Communicate—with patients, families, communities, and interprofessional team colleagues and other professionals caring for individuals in a responsive and responsible manner that supports a team approach to maximize care outcomes.

Clinical Reasoning

- Use valid scientific and clinical evidence in decision-making regarding assessment and intervention.
- Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served.
- Use clinical judgment and self-reflection to enhance clinical reasoning.

Evidence-Based Practice

- Access sources of information to support clinical decisions regarding assessment and intervention/management,
- Critically evaluate information sources and applies that information to appropriate populations, and
- Integrate evidence in provision of speech-language pathology services.

Concern for Individuals Served

- Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care; and
- Encourage active involvement of the individual served in his or her own care.

Cultural Competence

- Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care. These include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation.
- Understand the impact of the cultural and linguistic variables of the individuals served on delivery of care. These include but are not limited to variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation.
- Understand the interaction of cultural and linguistic variables between the caregivers and the individuals served in order to maximize service delivery.
- Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, and physical and sensory abilities) and how these characteristics relate to clinical services.

Professional Duty

- Engage in self-assessment to improve his or her effectiveness in the delivery of services.
- Understand the roles and importance of professional organizations in advocating for rights to access to

speech-language pathology services.

- Understand the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.
- Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.
- Understand and use the knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.

Collaborative Practice

- Understand how to apply values and principles of interprofessional team dynamics.
- Understand how to perform effectively in different interprofessional team roles to plan and deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable.

3.1.2B Foundations of Speech-Language Pathology Practice The program must include content and opportunities to learn so that each student can demonstrate knowledge of the

- discipline of human communication sciences and disorders;
- basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases;
- ability to integrate information pertaining to normal and abnormal human development across the life span;
- nature of communication and swallowing processes
 - o elements
 - articulation;
 - fluency;
 - voice and resonance, including respiration and phonation;
 - receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
 - hearing, including the impact on speech and language;
 - swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology);
 - cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning);
 - social aspects of communication (e.g., behavioral and social skills affecting communication);
 - augmentative and alternative communication.
 - o knowledge of the above elements includes each of the following:
 - etiology of the disorders or differences,

- characteristics of the disorders or differences,
- underlying anatomical and physiological characteristics of the disorders or differences,
- acoustic characteristics of the disorders or differences (where applicable),
- psychological characteristics associated with the disorders or differences,
- developmental nature of the disorders or differences,
- linguistic characteristics of the disorders or differences (where applicable),
- cultural characteristics of the disorders or differences.

3.1.3B Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences

The program must include content and opportunities to learn so that each student can demonstrate knowledge of

- principles and methods of identification of communication and swallowing disorders and differences,
- principles and methods of prevention of communication and swallowing disorders.

3.1.4B Evaluation of Speech, Language, and Swallowing Disorders and Differences

The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in assessment across the lifespan for disorders and differences associated with

- articulation;
- fluency;
- voice and resonance, including respiration and phonation;
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
- hearing, including the impact on speech and language;
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology);
- cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning);
- social aspects of communication (e.g., behavioral and social skills affecting communication); and
- augmentative and alternative communication needs.

3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms

The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in

- intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment.
- intervention for disorders and differences of
 - o articulation;
 - o fluency;

- o voice and resonance, including respiration and phonation;
- o receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities; o hearing, including the impact on speech and language;
- o swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology);
- o cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning);
- o social aspects of communication (e.g., behavioral and social skills affecting communication);
- o augmentative and alternative communication needs.

3.1.6B General Knowledge and Skills Applicable to Professional Practice The program must include content and opportunities to learn so that each student acquires knowledge and skills in working with individuals with the aforementioned communication and swallowing disorders across the lifespan and by demonstration of

- ethical conduct;
- integration and application of knowledge of the interdependence of speech, language, and hearing;
- engagement in contemporary professional issues and advocacy;
- processes of clinical education and supervision;
- professionalism and professional behavior in keeping with the expectations for a speech-language pathologist;
- interaction skills and personal qualities, including counseling and collaboration;
- self-evaluation of effectiveness of practice.

3.2B An effective speech-language pathology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.

Requirement for Review:

- The program must demonstrate that the
 - o curriculum is planned and based on current standards of speech-language pathology practice;
 - o curriculum is based on current literature and other current documents related to professional practice and education in speech-language pathology;
 - o curriculum is delivered using sound pedagogical methods;
 - o curriculum is reviewed systematically and on a regular basis;
 - o review of the curriculum is conducted by comparing existing plans with current standards of speech-language pathology practice, current literature, and other documents related to professional practice and education in speech-language pathology.

3.3B An effective speech-language pathology program is planned and delivered in an organized, sequential, and integrated manner to allow each student to meet the program's established

learning goals and objectives and develop into a competent speech-language pathologist.

Requirement for Review:

- The program must demonstrate how the courses and clinical experiences are organized and sequenced and allow for integration across all elements of the program.

3.4B An effective speech-language pathology program is organized and delivered in such a manner that the diversity of society is reflected in the program.

Requirement for Review:

- The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program.

3.5B An effective speech-language pathology program is organized so that the scientific and research foundations of the profession are evident.

Requirement for Review:

- The program must demonstrate the procedures used to verify that students obtain knowledge in
 - o the basic sciences and statistics;
 - o basic science skills (e.g., scientific methods, critical thinking);
 - o the basics of communication sciences (e.g., acoustics, linguistics, and neurological processes of speech, language, and hearing).
- The program must demonstrate how the curriculum provides opportunities for students to
 - o understand and apply the scientific bases of the profession,
 - o understand and apply research methodology,
 - o become knowledgeable consumers of research literature,
 - o become knowledgeable about the fundamentals of evidence-based practice,
 - o apply the scientific bases and research principles to clinical populations.

The program must include research and scholarship participation opportunities that are consistent with the mission and goals of the program.

3.6B The clinical education component of an effective entry-level speech-language pathology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking service, consultation, recordkeeping, and administrative duties relevant to professional service delivery in speech-language pathology.

Requirement for Review:

- The program must demonstrate that it has mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to
 - o experience the breadth and depth of clinical practice,

- o obtain experiences with diverse populations,
- o obtain a variety of clinical experiences in different work settings,
- o obtain experiences with appropriate equipment and resources,
- o learn from experienced speech-language pathologists who will serve as effective clinical educators.

3.7B An effective speech-language pathology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter professional practice. The type and structure of the clinical education is commensurate with the development of knowledge and skills of each student.

Requirement for Review:

- The program must demonstrate that the procedures used in clinical education ensure that student development is supported and that each student acquires the independence needed to enter professional practice.
- The program must demonstrate that the clinical education component of the program is structured to be consistent with the knowledge and skills levels of each student.

3.8B Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.

Requirement for Review:

- The program must demonstrate that the supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services.
- The program must demonstrate that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is protected.
- The program must demonstrate that the services provided by the student and clinical educator team are in accordance with recognized standards of ethical practice and relevant federal and state regulations.

3.9B Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

Requirement for Review:

- The program must have evidence of valid agreements (written or electronic) with all active external facilities in which students are placed for clinical practicum experiences.
- The program must have written policies regarding the role of students in the selection of externship sites and the placement of students in the sites.
- The program must have written policies that describe the processes used by the program to select and place students in external facilities.
- The program must have written policies and procedures that describe the processes used to determine

whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student.

- The program must have processes to ensure that the clinical education in external facilities is monitored by the program to verify that educational objectives are met.

3.10B An effective entry-level speech-language pathology program ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education.

Requirement for Review:

- The program must have written policies and procedures that describe program expectations of student behavior with regard to academic and clinical conduct.
- The program must have policies and procedures that describe the processes used to address violations of academic and clinical conduct, including, but not limited to, plagiarism, dishonesty, and all aspects of cheating, and violations of ethical practice.

Standard 4.0 Students

4.1 The program criteria for accepting students for graduate study in audiology or speech-language pathology meet or exceed the institutional policy for admission to graduate study.

Requirement for Review:

- The admission criteria must meet or exceed those of the institution and be appropriate for the degree being offered.
- Policies regarding any exceptions to the criteria (such as "conditional" status) must be clearly explained and consistently followed.

4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.

Requirement for Review:

- The program must provide evidence that its curriculum and program policies and procedures for admission, internal and external clinical placements, and retention of students reflect a respect for and understanding of cultural, linguistic, and individual diversity.
- The program must have a policy regarding proficiency in spoken and written English and other languages of instruction and service delivery and all other performance expectations.
- The program must demonstrate that its language proficiency policy is applied consistently.
- The program must have a policy regarding the use of accommodations for students with reported disabilities.

4.3 The program has policies and procedures for identifying the need to provide intervention for each student who does not meet program expectations for the acquisition of knowledge and skills

in the academic and clinical components of the program.

Requirement for Review:

- The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the academic component of the curriculum.
- The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the clinical component of the curriculum.
- The program has policies and procedures for implementing and documenting all forms of intervention used to facilitate each student's success in meeting the program's expectations.
- The program must demonstrate that the policies and procedures are applied consistently across all students who are identified as needing intervention.

4.4 Students are informed about the program's policies and procedures, expectations regarding academic integrity and honesty, ethical practice, degree requirements, and requirements for professional credentialing.

Requirement for Review:

- The program must provide information regarding
 - o program policies and procedures,
 - o program expectations regarding academic integrity and honesty,
 - o program expectations for ethical practice, o the degree requirements,
 - o the requirements for professional credentialing.

4.5 Students are informed about the processes that are available to them for filing a complaint against the program.

Requirement for Review:

- The program must provide information regarding the process and mechanism to file a complaint against the program within the sponsoring institution.
- The program must maintain a record of student complaints filed against the program within the sponsoring institution.
- The program must maintain a record of student complaints regarding any of the program's policies and procedures or regarding unlawful conduct and make these available to the CAA upon request.
- Students must be made aware of the process and mechanism, including contact information for the CAA, to file a complaint related to the program's compliance with standards for accreditation.

4.6 Students receive advising on a regular basis that pertains to both academic and clinical performance and progress.

Requirement for Review:

- The program must maintain records of advisement for each of its students.
- The program must maintain records demonstrating that students are advised on a timely and continuing basis regarding their academic and clinical progress.
- The program must maintain records demonstrating that any concerns about a student's performance in meeting the program requirements, including language proficiency, are addressed with the student.

4.7 The program documents student progress toward completion of the graduate degree and professional credentialing requirements.

Requirement for Review:

- The program must maintain complete and accurate records of all students' progress during the entire time of their matriculation in the program.
- The records for each student must include documentation that can demonstrate that the student has met all the academic, clinical, and other requirements for the degree and the credential(s) that are identified by the program in its mission and goals.

4.8 The program makes the documentation of student progress toward completing the graduate degree and meeting professional credentialing requirements available to its students to assist them in qualifying for the credential(s).

Requirement for Review:

- The program must provide each student access to his or her own records upon request.
- The program must make records available to program graduates and those who attended the program, but did not graduate.
- The availability of records for program graduates and those who attended the program, but did not graduate, must be consistent with the institution's and the program's policies regarding retention of student records.

4.9 Students are provided information about student support services available within the program and institution.

Requirement for Review:

- The program must have a mechanism to inform students about the full range of student support services (beyond accommodations for disabilities addressed in Standard 4.2) available at the sponsoring institution.

4.10 The program must adhere to its institutional policies and procedures to verify that a student who registers for a distance education course or program is the same student who participates in and completes the program and receives the academic credit.

Requirement for Review:

- The program must document that the institutional policies regarding verification of a student's identity are followed and implemented and applied consistently.

- The program must make clear that the identities of students enrolled in a distance education course or program are protected.
- If there are fees associated with learning within a distance modality, the program must document how that information is provided to students.

Standard 5.0 Assessment

5.1 The program regularly assesses student learning.

Requirement for Review:

- The program must demonstrate that it assesses the achievement of student learning outcomes to determine student success in the acquisition of expected knowledge and skills.
- The program must demonstrate that it provides a learning environment that provides each student with consistent feedback.

5.2 The program conducts ongoing and systematic formative and summative assessments of the performance of its students.

Requirement for Review:

- The program must develop an assessment plan that is used throughout the program for each student. The plan must include the purpose of the assessments and use a variety of assessment techniques, including both formative and summative methods.
- Assessments must be administered by multiple academic and clinical faculty members.
- The program must demonstrate how it uses its assessments to evaluate and enhance student progress and acquisition of knowledge and skills.
- The program must demonstrate that student assessment is applied consistently and systematically.

5.3 The program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement.

Requirement for Review:

- The assessment protocols must be used to evaluate the academic and clinical aspects of the entire program.
- The program must collect data from multiple sources (e.g., alumni, faculty, employers, off-site clinical educators, community members, individuals receiving services) and allow evaluation of the program's success in achieving its goals, objectives, and the extent to which student learning outcomes have been met.
- The program must systematically collect evaluations of the academic and clinical aspects of the program from students and use these to assess those aspects of the program.
- The program must use the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the program's stated goals and objectives and the measured student learning outcomes.

5.4 The program uses the results of its ongoing programmatic assessments for continuous quality improvement and evaluates the improvements.

Requirement for Review:

- The program must describe how it uses programmatic assessment data to promote continuous quality improvement of the program.
- The program must describe the processes it uses to evaluate program improvements for congruence with its stated mission and goals.

5.5 The percentage of students who are enrolled on the first census date of the program and complete the program within the program's published academic terms meets or exceeds the CAA's established threshold.

Requirement for Review:

- The CAA's established threshold requires that at least 80% of students must have completed the program within the program's published time frame (number of academic terms), as averaged over the 3 most recently completed academic years.
- If, when averaged over 3 academic years, the program's completion rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results.

5.6 The percentage of test-takers who pass the Praxis® Subject Assessments in audiology or speech-language pathology meets or exceeds the CAA's established threshold.

Requirement for Review:

- The CAA's established threshold requires that at least 80% of test-takers from the program pass the Praxis® Subject Assessment examination, as averaged over the 3 most recently completed academic years; results should be reported only once for test-takers who took the exam multiple times in the same examination reporting period.
- If, when averaged over 3 academic years, the program's Praxis® Subject Assessment exam pass rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results.

5.7 The percentage of program graduates who are employed in the profession or pursuing further education in the profession within 1 year of graduation meets or exceeds the CAA's established threshold.

Requirement for Review:

- The CAA's established threshold requires that at least 80% of program graduates must be employed in the profession or pursuing further education in the profession within 1 year of graduation, as averaged over the 3 most recently completed academic years.
- If, when averaged over 3 academic years, the program's employment rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results.

5.8 The program demonstrates how it uses the results of its analyses of success in meeting the established CAA thresholds for program completion rate, Praxis® Subject Assessments pass rate, and employment rate or the rate of continuation of education in the field for continuous quality improvement at the programmatic level.

Requirement for Review:

- The program must demonstrate its analysis processes to determine whether the program is meeting or exceeding each established CAA threshold.
- The program must demonstrate how it uses the results of these analyses to ensure continuous quality improvement.

5.9 The program regularly evaluates and documents the results of the assessment of all faculty and staff to determine their effectiveness in delivering a thorough and current program.

Requirement for Review:

- The program must demonstrate the mechanisms that it uses to evaluate the effectiveness of the faculty and staff in delivering the program.
- The program must demonstrate that the evaluation takes place in a fair and systematic fashion that is consistent with institutional policy and procedures.
- The program faculty must be actively involved in these evaluations in a manner that is consistent with institutional policy and procedures.

5.10 The faculty and staff involved in delivering the program to students use the results of the evaluation of their performance to guide continuous professional development that facilitates the delivery of a high quality program.

Requirement for Review:

- The program must demonstrate how the faculty and staff use the results of evaluations of performance to guide continuous professional growth and development.
- The program must demonstrate how the growth and development of its faculty and staff facilitate the delivery of a high quality program.

5.11 The individual responsible for the program of professional education seeking accreditation effectively leads and administers the program.

Requirement for Review:

- The program director's effectiveness in advancing the goals of the program and in leadership and administration of the program must be regularly evaluated.

Standard 6.0 Program Resources

6.1 The institution provides adequate financial support to the program so that it can achieve its stated mission and goals.

Requirement for Review:

- The program must demonstrate
 - o that its budgetary allocation is regular, appropriate, and sufficient to deliver a high quality program that is consistent with its mission and goals;
 - o that there is sufficient support, consistent with the program mission and goals, for personnel, equipment, educational and clinical materials, and research activities;
 - o consistency of sources of funds that are received outside the usual university budgeting processes, if the program is dependent on them.

6.2 The institution provides adequate support to the program so that its faculty and staff have the opportunities to maintain continuing competence.

Requirement for Review:

- The program must demonstrate that support, incentives, and resources are available for the continued professional development of the faculty.

6.3 The program has adequate physical facilities (classrooms, offices, clinical space, research laboratories) that are accessible, appropriate, safe, and sufficient to achieve the program's mission and goals.

Requirement for Review:

- The program must demonstrate that its facilities are adequate to deliver a program that is consistent with its mission and goals.
- The program must demonstrate that the facility has been evaluated and that the program includes access and accommodations for the needs of individuals with disabilities, in accordance with federal regulations.

6.4 The program's equipment and educational and clinical materials are appropriate and sufficient to achieve the program's mission and goals.

Requirement for Review:

- The program must demonstrate that the quantity, quality, currency, and accessibility of materials and equipment are sufficient to meet the mission and goals of the program.
- The program must demonstrate that it has a process for reviewing and updating materials and equipment to determine whether the quantity, quality, and currency are sufficient to meet the mission and goals of the program.
- The program must demonstrate that the equipment is maintained in good working order.
- The program must demonstrate that any equipment for which there are ANSI or other standards-setting body requirements meets the expectations of the standard(s).

6.5 The program has access to an adequate technical infrastructure to support the work of the students, faculty, and staff. The technical infrastructure includes access to the Internet, the online and physical resources of the library, and any streaming or videoconferencing facilities needed

for the program to meet its mission and goals

Requirement for Review:

- The program must demonstrate adequate access to a technical infrastructure that supports the work of the students, faculty, and staff.
- The program must demonstrate how access to this infrastructure helps the program meet its mission and goals.

6.6 The program has access to clerical and technical staff that is appropriate and sufficient to support the work of the students, faculty, and staff. The access is appropriate and sufficient for the program to meet its mission and goals.

Requirement for Review:

- The program must demonstrate adequate access to clerical and technical staff to support the work of the students, faculty, and staff.
- The program must demonstrate how access to the clerical and technical staff helps the program meet its mission and goals.

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GLOSSARY Last Updated March 2018

For the purpose of interpreting the accreditation standards, the following definitions are provided.

Academic content

Lectures or other pedagogical methods, laboratory experiences, and/or clinically related activities or experiences provided within the context of a credit-earning didactic course or research experience

Academic year

The period of time that is covered from a fall term through the end of the subsequent summer term.

Academic term or term

The period of time used by an institution to capture a portion of an academic year in which it holds classes (e.g., semester, quarter, trimester)

Breadth and depth

Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of prerequisite education, breadth is usually achieved through the general education component of an undergraduate degree program and usually, though not always, through lower division courses, while depth is achieved through the major/minor requirements at the upper division levels. In the context of course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviors, or skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected and (e.g., the taxonomic level within a domain of learning) described in the objectives.

Care

The provision of professional clinical service to students/patients/clients by audiologists or speech-language pathologists. This term is to be interpreted broadly to include delivery of services to individuals across all ages and conditions and in all settings.

Census Date

The official fall reporting date used by the institution of higher education to determine a cohort of students. According to the National Postsecondary Education Cooperative

“Institutions may use a census date of October 15, 20xx, or the end of the institution’s drop-add period or another official fall reporting date to determine the cohort.”¹

Clinical Education Experiences

That aspect of the professional curriculum that includes the spectrum of experiential learning and clinical

education settings where students practice applying knowledge, skills and professional behaviors under the direction of a qualified clinical educator.

Cohort

A group of students that is created for the purpose of tracking progress. For the purposes of these standards, a cohort is a group of students who enter a program in the same term and are enrolled in the same program (e.g., residential, distance education).

Completion or Graduation Rate

A student outcome measure that is designed to capture the success of students completing their programs of study in the expected time frame. Specifically, it is the number and percentage of students admitted to the professional program who complete the program (e.g., are awarded the appropriate degree) within the expected number of terms published by the program as averaged over the 3 most recently completed academic years.

Cultural Competence (culturally competent)

“Cultural and linguistic competence is an asset of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thought, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”²

Distance Education

Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include

- the Internet;
- one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- audio conferencing; or
- video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course.

Employment rate

A student outcome measure that is designed to capture the success of graduates in finding employment in the profession or in continuing for further education in the profession. Specifically, it is the number and percentage of program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation, as averaged over the 3 most recently completed academic years.

Entry-Level Clinical Degree

The degree required to qualify for credentials to practice independently in one’s profession (e.g., ASHA’s Certificate of Clinical Competence, state licensure).

Executive Summary of the Program’s Strategic Plan

A short document that summarizes the essential elements of the program’s strategic plan including a description of the evaluation of the plan. The executive summary should be written so that stakeholders can rapidly grasp the key elements of the plan. Details of the strategic plan are included in the full

strategic plan.

Faculty

The CAA recognizes that individual institutions may have different definitions or faculty classifications than those identified below; however, for the purposes of these Standards and related accreditation activities, the following definitions are to be used.

- Adjunct - Persons who are responsible for teaching at least 50% of a course and are part-time, non-tenure-track faculty members who are paid for each class they teach.
- Clinical Educator - Individuals engaged in providing the clinical education components of the curriculum.
- Full-Time - Faculty members who hold a full-time appointment, as defined by the institution, and whose job responsibilities include teaching, research, service and contribute to the delivery of the designed curriculum regardless of the position title (e.g., full-time instructional staff, and clinical instructors would be considered faculty). Only those full-time faculty members who contribute to the accredited program are considered in the review of the program's compliance with the accreditation standards.
- Part-Time - Faculty members who hold an appointment that is considered by that institution to constitute less than full-time service and whose job responsibilities include teaching and/or contributing to the delivery of the designed curriculum regardless of the position title.
- Rank – This is a status that is defined by institutional policy. Typically, faculty who are on a tenure track or are tenured hold the rank of Professor, Associate Professor, or Assistant Professor. In some cases, Instructor and Lecturer are considered ranks. A similar system may be used for individuals whose primary responsibility is in the clinical realm. These positions may or may not have tenure associated with them and are typically Clinical Professor, Clinical Associate Professor, and Clinical Assistant Professor. In some cases, Clinical Instructor is considered a rank.
- Academic Doctoral – Those individuals who hold a terminal academic degree (PhD, EdD) designed to prepare individuals for an academic and research career with the expectation that the degree holder will contribute to the science of the discipline.

FERPA

The acronym for the Family Educational Rights and Privacy Act of 1974. Compliance with this act assures that personally identifiable information (PII) of students is private and secure. All institutions that receive federal funds must abide by this privacy act. For more detailed information see <http://www2.ed.gov/policy/gen/reg/ferpa/index.html>

Formative Assessment

Ongoing measurement throughout educational preparation for the purpose of monitoring acquisition of knowledge and skills and improving student learning; provides feedback and information during the instructional process while learning is taking place.

Full-Time Equivalent (FTE)

Typically, FTE is based on an institution's definition of a full-time academic or clinical faculty or full-time staff. The definition of full-time faculty is typically tied to the number of (semester/quarter) hours or student credit hours (SCH) expected. The definition of full-time staff is typically tied to the full-time work week as defined by the institution.

Goals

The ends or desired results toward which program faculty and student efforts are directed. Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process. In the discipline of communication sciences and disorders, goals are typically related to the educational setting, the educational process, the scholarly work of faculty and students, the service activities of faculty and students, etc.

HIPAA

An acronym for the Health Insurance Portability and Accountability Act of 1996. An aspect of this act is the HIPAA Privacy Rule. This Privacy Rule is also known as “Standards for Privacy of Individually Identifiable Health Information. Compliance with this portion of the act assures that clinicians, health plans, healthcare clearinghouses, business associates, and other covered entities assure that private health information (PHI) is protected and secure. For more detailed information concerning HIPAA see <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/>

Interprofessional Education

Interprofessional education occurs when individuals of two or more professions learn about, from, and with each other to enable effective collaboration and improve outcomes for individuals and families whom are served. (Definition adapted by ASHA from the Framework for Action on Interprofessional Education and Collaborative Practice [World Health Organization, 2010]).

Interprofessional Collaborative Practice

When multiple service providers from different professional backgrounds provide comprehensive health care or educational services by working with individuals, their families, caregivers, and communities to deliver the highest quality of service across settings. (Definition adapted by ASHA from the Framework for Action on Interprofessional Education and Collaborative Practice [World Health Organization, 2010]).

Knowledge and Skills

Subject matter content and abilities within identified domains required to perform a specific task or job, often designated as competencies or outcomes to be achieved associated with a degree or credential. Knowledge and skills are typically developed by a panel of subject matter experts and validated through a peer review process.

Learning Outcomes

Brief statements that identify what a learner will know and be able to do at the end of a course or a program. These include the required knowledge and skills, attributes and abilities including professionalism and professional behaviors that involve the integrated learning needed by a graduate of a program. Learning outcomes are the achieved results of what was learned

Mission Statement

A statement that explains the unique nature of a program or institution and how it helps fulfill or advance the goals of the sponsoring institution, including religious mission. The mission is distinct from the program’s goals, which indicate how the mission is to be achieved.

Non-consecutive terms

The number of terms used to calculate program completion rates, which allows programs to count only those terms for which students are enrolled. This allowance is to be used only for students who receive an approved leave of absence as defined by the institution and cannot be used for students who are

delayed in completing their program because of the need for remediation or poor academic performance.

Objectives

Brief, clear statements that describe the desired learning outcomes of instruction that students should exhibit that are reflective of the broader goals

Policy

A general principle by which a program is guided in its management.

Procedure

A description of the methods, activities, or processes used to implement a policy.

Practices

Common actions or activities; customary ways of operation or behavior.

Praxis® Subject Assessment Examination Pass Rate

A student outcome measure that is designed to capture the success of a program's test-takers who achieve a passing score on the exam. Specifically, it is the number and percentage of test-takers from the program who passed the Praxis examination as averaged over the 3 most recently completed academic years.

Preceptor/Clinical Educator

Individuals who are clinical educators, preceptors, or mentors who guide students or others who are developing clinical knowledge and skills in the profession of audiology or speech-language pathology. The term supervision is used to refer to all of the activities used to guide students and others in developing such skills.

Program Outcomes

Predictable and demonstrable results of program faculty and student activities directed toward achievement of the stated program goals.

Service

Activities in which faculty may be expected to engage including, but not limited to, institution/program governance and committee work, clinical practice, consultation, involvement in professional organizations, and involvement in community organizations.

Strategic Plan

The strategic plan should be longer than 1 year and identify the program's long-term goals, specific measurable objectives, strategies for attainment, a schedule for analysis, and a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives. (See related: Executive Summary of the Strategic Plan)

Strategic plans include, but are not be limited to,

- evidence that the plan is based on program evaluation and an analysis of external and internal environments,
- long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the program,
- specific measurable action steps with expected timelines by which the program will reach its long-term goals,

- person(s) responsible for action steps, and
- evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.

Student Outcome Measures

Competencies that the program expects students to have achieved at the completion of the program (e.g., stated expectations for success in relationship to graduation rates, Praxis pass rates, and employment rates).

Summative Assessment

Comprehensive evaluation of learning outcomes, including acquisition of knowledge and skills, at the culmination of course work and at the culmination of the program. The assessment takes place after the learning has been completed and provides information and feedback about both teaching and learning effectiveness.

Teaching

Activities related to developing the knowledge, skills, attitudes, and behaviors of students necessary for entry to the profession. These activities include, but are not limited to:

- design, implementation, and evaluation of classroom, laboratory, clinical, and other teaching/learning activities;
- design, implementation, and evaluation of methods to assess student learning;
- student advisement; and
- supervision of student-generated research projects.

SCOPE OF PRACTICE IN SPEECH--- LANGUAGE PATHOLOGY

AD HOC COMMITTEE ON THE SCOPE OF PRACTICE IN SPEECH--LANGUAGE
PATHOLOGY

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ABOUT THIS DOCUMENT

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Mark DeRuijter (chair), Michael Campbell, Craig Coleman, Charlette Green, Diane Kendall, Judith Montgomery, Bernard Rousseau, Nancy Swigert, Sandra Gillam (board liaison), and Lemmietta McNeilly (ex officio). This document was approved by the ASHA Board of Directors on February 4, 2016 (BOD 01-2016). The BOD approved a revision in the prevention of hearing section of the document on May 9, 2016 (Motion 07-2016).

TABLE OF CONTENTS

- Introduction
- Statement of Purpose
- Definitions of Speech-Language Pathologist and Speech-Language Pathology
- Framework for Speech-Language Pathology Practice
- Domains of Speech-Language Pathology Service Delivery
- Speech-Language Pathology Service Delivery Areas
- Domains of Professional Practice
- References
- Resources

INTRODUCTION

The Scope of Practice in Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA) includes the following: a statement of purpose, definitions of speech-language pathologist and speech-language pathology, a framework for speech-language pathology practice, a description of the domains of speech-language pathology service delivery, delineation of speech-language pathology service delivery areas, domains of professional practice, references, and resources.

The speech-language pathologist (SLP) is defined as the professional who engages in professional practice in the areas of communication and swallowing across the life span. Communication and swallowing are broad terms encompassing many facets of function. Communication includes speech production and fluency, language, cognition, voice, resonance, and hearing. Swallowing includes all aspects of swallowing, including related feeding behaviors. Throughout this document, the terms communication and swallowing are used to reflect all areas. This document is a guide for SLPs across all clinical and educational settings to promote best practice. The term individuals is used throughout the document to refer to students, clients, and patients who are served by the SLP.

As part of the review process for updating the Scope of Practice in Speech-Language Pathology, the committee revised the previous scope of practice document to reflect recent advances in knowledge and research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration;

counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research and administration/leadership.

Service delivery areas include all aspects of communication and swallowing and related areas that impact communication and swallowing: speech production, fluency, language, cognition, voice, resonance, feeding, swallowing, and hearing. The practice of speech-language pathology continually evolves. SLPs play critical roles in health literacy; screening, diagnosis, and treatment of autism spectrum disorder; and use of the International Classification of Functioning, Disability and Health (ICF; World Health Organization [WHO], 2014) to develop functional goals and collaborative practice. As technology and science advance, the areas of assessment and intervention related to communication and swallowing disorders grow accordingly. Clinicians should stay current with advances in speech-language pathology practice by regularly reviewing the research literature, consulting the Practice Management section of the ASHA website, including the Practice Portal, and regularly participating in continuing education to supplement advances in the profession and information in the scope of practice.

STATEMENT OF PURPOSE

The purpose of the Scope of Practice in Speech-Language Pathology is to

1. delineate areas of professional practice;
2. inform others (e.g., health care providers, educators, consumers, payers, regulators, and the general public) about professional roles and responsibilities of qualified providers;
3. support SLPs in the provision of high-quality, evidence-based services to individuals with communication, feeding, and/or swallowing concerns;
4. support SLPs in the conduct and dissemination of research; and
5. guide the educational preparation and professional development of SLPs to provide safe and effective services.

The scope of practice outlines the breadth of professional services offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency in each practice area identified within this scope will vary among providers. An SLP typically does not practice in all areas of clinical service delivery across the life cycle. As the ASHA Code of Ethics specifies, professionals may practice only in areas in which they are competent, based on their education, training, and experience.

This scope of practice document describes evolving areas of practice. These include interdisciplinary work in both health care and educational settings, collaborative service delivery wherever appropriate, and telehealth/telepractice that are effective for the general public.

Speech-language pathology is a dynamic profession, and the overlapping of scopes of practice is a reality in rapidly changing health care, education, and other environments. Hence, SLPs in various settings work collaboratively with other school or health care professionals to make sound decisions for the benefit of individuals with communication and swallowing disorders. This interprofessional collaborative practice is defined as “members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other” (Craddock, O’Halloran, Borthwick, & McPherson, 2006, p. 237. Similarly, “interprofessional education provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals” (Bridges et al., 2011, para. 5).

This scope of practice does not supersede existing state licensure laws or affect the interpretation or

implementation of such laws. However, it may serve as a model for the development or modification of licensure laws. Finally, in addition to this scope of practice document, other ASHA professional resources outline practice areas and address issues related to public protection (e.g., A guide to disability rights law and the Practice Portal). The highest standards of integrity and ethical conduct are held paramount in this profession.

DEFINITIONS OF SPEECH---LANGUAGE PATHOLOGIST AND SPEECH---LANGUAGE PATHOLOGY

Speech-language pathologists, as defined by ASHA, are professionals who hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified SLPs complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards, (2014). Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. SLPs hold other required credentials where applicable (e.g., state licensure, teaching certification, specialty certification).

Each practitioner evaluates his or her own experiences with preservice education, practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. The SLP should engage in only those aspects of the profession that are within her or his professional competence.

SLPs are autonomous professionals who are the primary care providers of speech-language pathology services. Speech-language pathology services are not prescribed or supervised by another professional. Additional requirements may dictate that speech-language pathology services are prescribed and required to meet specific eligibility criteria in certain work settings, or as required by certain payers. SLPs use professional judgment to determine if additional requirements are indicated. Individuals with communication and/or swallowing disorders benefit from services that include collaboration by SLPs with other professionals.

The profession of speech-language pathology contains a broad area of speech-language pathology practice that includes both speech-language pathology service delivery and professional practice domains. These domains are defined in subsequent sections of this document and are represented schematically in Figure 1.

FRAMEWORK FOR SPEECH---LANGUAGE PATHOLOGY PRACTICE

The overall objective of speech-language pathology services is to optimize individuals' abilities to communicate and to swallow, thereby improving quality of life. As the population of the United States continues to become increasingly diverse, SLPs are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing.

An important characteristic of the practice of speech-language pathology is that, to the extent possible, decisions are based on best available evidence. ASHA defines evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise, along with the client's values and preferences (ASHA, 2005). A high-quality basic and applied research base in communication sciences and disorders and related disciplines is essential to providing evidence-based practice and high-quality services. Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to

strengthen research collaboration and improve services. ASHA has provided a resource for evidence-based research via the Practice Portal.

The scope of practice in speech-language pathology comprises five domains of professional practice and eight domains of service delivery.

Professional practice domains:

- advocacy and outreach
- supervision
- education
- administration/leadership
- research

Service delivery domains

- Collaboration
- Counseling
- Prevention and Wellness
- Screening
- Assessment
- Treatment
- Modalities, Technology, and Instrumentation
- Population and Systems

SLPs provide services to individuals with a wide variety of speech, language, and swallowing differences and disorders within the above-mentioned domains that range in function from completely intact to completely compromised. The diagnostic categories in the speech-language pathology scope of practice are consistent with relevant diagnostic categories under the WHO's (2014) ICF, the American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Disorders, the categories of disability under the Individuals with Disabilities Education Act of 2004 (see also U.S. Department of Education, 2004), and those defined by two semiautonomous bodies of ASHA: the Council on Academic Accreditation in Audiology and Speech-Language Pathology and the Council for Clinical Certification in Audiology and Speech-Language Pathology.

The domains of speech-language pathology service delivery complement the ICF, the WHO's multipurpose health classification system (WHO, 2014). The classification system provides a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the enhancement and scientific investigation of those functions. The framework consists of two components: health conditions and contextual factors.

HEALTH CONDITIONS

Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.

Activity and Participation: Activity refers to the execution of a task or action. Participation is the

involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

CONTEXTUAL FACTORS

Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech--language pathology include the role of the communication partner in augmentative and alternative communication (AAC), the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.

Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. Personal factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech--language pathology might include an individual's background or culture, if one or both influence his or her reaction to communication or swallowing.

The framework in speech-language pathology encompasses these health conditions and contextual factors across individuals and populations. Figure 2 illustrates the interaction of the various components of the ICF. The health condition component is expressed on a continuum of functioning. On one end of the continuum is intact functioning; at the opposite end of the continuum is completely compromised function. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. SLPs influence contextual factors through education and advocacy efforts at local, state, and national levels.

DOMAINS OF SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY

The eight domains of speech-language pathology service delivery are collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems.

COLLABORATION

SLPs share responsibility with other professionals for creating a collaborative culture. Collaboration requires joint communication and shared decision making among all members of the team, including the individual and family, to accomplish improved service delivery and functional outcomes for the individuals served. When discussing specific roles of team members, professionals are ethically and legally obligated to determine whether they have the knowledge and skills necessary to perform such services. Collaboration occurs across all speech--language pathology practice domains.

As our global society is becoming more connected, integrated, and interdependent, SLPs have access to a variety of resources, information technology, diverse perspectives and influences (see, e.g., Lipinsky, Lombardo, Dominy, & Feeney, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. SLPs

- educate stakeholders regarding interprofessional education (IPE) and interprofessional practice (IPP) (ASHA, 2014) principles and competencies;
- partner with other professions/organizations to enhance the value of speech-language pathology services;
- share responsibilities to achieve functional outcomes;
- consult with other professionals to meet the needs of individuals with communication and swallowing

disorders;

- serve as case managers, service delivery coordinators, members of collaborative and patient care conference teams; and
- serve on early intervention and school pre-referral and intervention teams to assist with the development and implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs).

COUNSELING

SLPs counsel by providing education, guidance, and support. Individuals, their families and their caregivers are counseled regarding acceptance, adaptation, and decision making about communication, feeding and swallowing, and related disorders. The role of the SLP in the counseling process includes interactions related to emotional reactions, thoughts, feelings, and behaviors that result from living with the communication disorder, feeding and swallowing disorder, or related disorders.

SLPs engage in the following activities in counseling persons with communication and feeding and swallowing disorders and their families:

- empower the individual and family to make informed decisions related to communication or feeding and swallowing issues.
- educate the individual, family, and related community members about communication or feeding and swallowing disorders.
- provide support and/or peer-to-peer groups for individuals with disorders and their families.
- provide individuals and families with skills that enable them to become self-advocates.
- discuss, evaluate, and address negative emotions and thoughts related to communication or feeding and swallowing disorders.
- refer individuals with disorders to other professionals when counseling needs fall outside of those related to (a) communication and (b) feeding and swallowing.

PREVENTION AND WELLNESS

SLPs are involved in prevention and wellness activities that are geared toward reducing the incidence of a new disorder or disease, identifying disorders at an early stage, and decreasing the severity or impact of a disability associated with an existing disorder or disease. Involvement is directed toward individuals who are vulnerable or at risk for limited participation in communication, hearing, feeding and swallowing, and related abilities. Activities are directed toward enhancing or improving general well-being and quality of life. Education efforts focus on identifying and increasing awareness of risk behaviors that lead to communication disorders and feeding and swallowing problems. SLPs promote programs to increase public awareness, which are aimed at positively changing behaviors or attitudes.

Effective prevention programs are often community based and enable the SLP to help reduce the incidence of spoken and written communication and swallowing disorders as a public health and public education concern.

Examples of prevention and wellness programs include, but are not limited to, the following:

- Language impairment: Educate parents, teachers and other school-based professionals about the clinical markers of language impairment and the ways in which these impairments can impact a student's reading and writing skills to facilitate early referral for evaluation and assessment services.
- Language-based literacy disorders: Educate parents, school personnel, and health care providers about the

SLP's role in addressing the semantic, syntactic, morphological, and phonological aspects of literacy disorders across the lifespan.

- Feeding: Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.
- Stroke prevention: Educate individuals about risk factors associated with stroke
- Serve on teams: Participate on multitiered systems of support (MTSS)/response to intervention (RTI) teams to help students successfully communicate within academic, classroom, and social settings.
- Fluency: Educate parents about risk factors associated with early stuttering.
- Early childhood: Encourage parents to participate in early screening and to collaborate with physicians, educators, child care providers, and others to recognize warning signs of developmental disorders during routine wellness checks and to promote healthy communication development practices.
- Prenatal care: Educate parents to decrease the incidence of speech, hearing, feeding and swallowing, and related disorders due to problems during pregnancy.
- Genetic counseling: Refer individuals to appropriate professionals and professional services if there is a concern or need for genetic counseling.
- Environmental change: Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).
- Vocal hygiene: Target prevention of voice disorders (e.g., encourage activities that minimize phonotrauma and the development of benign vocal fold pathology and that curb the use of smoking and smokeless tobacco products).
- Hearing: Educate individuals about risk factors associated with noise---induced hearing loss and preventive measures that may help to decrease the risk.
- Concussion/traumatic brain injury awareness: Educate parents of children involved in contact sports about the risk of concussion.
- Accent/dialect modification: Address sound pronunciation, stress, rhythm, and intonation of speech to enhance effective communication.
- Transgender (TG) and transsexual (TS) voice and communication: Educate and treat individuals about appropriate verbal, nonverbal, and voice characteristics (feminization or masculinization) that are congruent with their targeted gender identity.
- Business communication: Educate individuals about the importance of effective business communication, including oral, written, and interpersonal communication.
- Swallowing: Educate individuals who are at risk for aspiration about oral hygiene techniques.

SCREENING

SLPs are experts at screening individuals for possible communication, hearing, and/or feeding and swallowing disorders. SLPs have the knowledge of—and skills to treat—these disorders; they can design and implement effective screening programs and make appropriate referrals. These screenings facilitate referral for appropriate follow-up in a timely and cost-effective manner. SLPs

- select and use appropriate screening instrumentation;
- develop screening procedures and tools based on existing evidence;
- coordinate and conduct screening programs in a wide variety of educational, community, and health care

settings;

- participate in public school MTSS/RTI team meetings to review data and recommend interventions to satisfy federal and state requirements (e.g., Individuals with Disabilities Education Improvement Act of 2004 [IDEIA] and Section 504 of the Rehabilitation Act of 1973);
- review and analyze records (e.g., educational, medical);
- review, analyze, and make appropriate referrals based on results of screenings;
- consult with others about the results of screenings conducted by other professionals; and
- utilize data to inform decisions about the health of populations.

ASSESSMENT

Speech-language pathologists have expertise in the differential diagnosis of disorders of communication and swallowing. Communication, speech, language, and swallowing disorders can occur developmentally, as part of a medical condition, or in isolation, without an apparent underlying medical condition. Competent SLPs can diagnose communication and swallowing disorders but do not differentially diagnose medical conditions. The assessment process utilizes the ICF framework, which includes evaluation of body function, structure, activity and participation, within the context of environmental and personal factors. The assessment process can include, but is not limited to, culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making. The assessment process can be carried out in collaboration with other professionals. SLPs

- administer standardized and/or criterion-referenced tools to compare individuals with their peers;
- review medical records to determine relevant health, medical, and pharmacological information;
- interview individuals and/or family to obtain case history to determine specific concerns;
- utilize culturally and linguistically appropriate assessment protocols;
- engage in behavioral observation to determine the individual's skills in a naturalistic setting/context;
- diagnose communication and swallowing disorders;
- use endoscopy, videofluoroscopy, and other instrumentation to assess aspects of voice, resonance, velopharyngeal function and swallowing;
- document assessment and trial results for selecting AAC interventions and technology, including speech-generating devices (SGDs);
- participate in meetings adhering to required federal and state laws and regulations (e.g., IDEIA [2004] and Section 504 of the Rehabilitation Act of 1973).
- document assessment results, including discharge planning;
- formulate impressions to develop a plan of treatment and recommendations; and
- discuss eligibility and criteria for dismissal from early intervention and school--based services.

TREATMENT

Speech-language services are designed to optimize individuals' ability to communicate and swallow, thereby improving quality of life. SLPs develop and implement treatment to address the presenting symptoms or concerns of a communication or swallowing problem or related functional issue. Treatment establishes a new skill or ability or remediates or restores an impaired skill or ability. The ultimate goal

of therapy is to improve an individual's functional outcomes. To this end, SLPs

- design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;
 - provide culturally and linguistically appropriate services;
 - integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;
 - utilize treatment data to guide decisions and determine effectiveness of services;
 - integrate academic materials and goals into treatment;
 - deliver the appropriate frequency and intensity of treatment utilizing best available practice;
 - engage in treatment activities that are within the scope of the professional's competence;
 - utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment;
- and
- collaborate with other professionals in the delivery of services.

MODALITIES, TECHNOLOGY, AND INSTRUMENTATION

SLPs use advanced instrumentation and technologies in the evaluation, management, and care of individuals with communication, feeding and swallowing, and related disorders. SLPs are also involved in the research and development of emerging technologies and apply their knowledge in the use of advanced instrumentation and technologies to enhance the quality of the services provided. Some examples of services that SLPs offer in this domain include, but are not limited to, the use of

- the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis—AAC devices make it possible for many individuals to successfully communicate within their environment and community;
- endoscopy, videofluoroscopy, fiber--optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;
- telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;
- ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and
- other modalities (e.g., American Sign Language), where appropriate.

POPULATION AND SYSTEMS

In addition to direct care responsibilities, SLPs have a role in (a) managing populations to improve overall health and education, (b) improving the experience of the individuals served, and, in some circumstances, (c) reducing the cost of care. SLPs also have a role in improving the efficiency and effectiveness of service delivery. SLPs serve in roles designed to meet the demands and expectations of a changing work environment. SLPs

- use plain language to facilitate clear communication for improved health and educationally relevant outcomes;
- collaborate with other professionals about improving communication with individuals who have communication challenges;
- improve the experience of care by analyzing and improving communication environments;

- reduce the cost of care by designing and implementing case management strategies that focus on function and by helping individuals reach their goals through a combination of direct intervention, supervision of and collaboration with other service providers, and engagement of the individual and family in self--management strategies;
- serve in roles designed to meet the demands and expectations of a changing work environment;
- contribute to the management of specific populations by enhancing communication between professionals and individuals served;
- coach families and early intervention providers about strategies and supports for facilitating prelinguistic and linguistic communication skills of infants and toddlers; and
- support and collaborate with classroom teachers to implement strategies for supporting student access to the curriculum.

SPEECH--LANGUAGE PATHOLOGY SERVICE DELIVERY AREAS

This list of practice areas and the bulleted examples are not comprehensive. Current areas of practice, such as literacy, have continued to evolve, whereas other new areas of practice are emerging. Please refer to the ASHA Practice Portal for a more extensive list of practice areas.

1. Fluency

- Stuttering
- Cluttering

2. Speech Production

- Motor planning and execution
- Articulation
- Phonological

3. Language—Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)

- Phonology
- Morphology
- Syntax
- Semantics
- Pragmatics (language use and social aspects of communication)
- Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
- Paralinguistic communication (e.g., gestures, signs, body language)
- Literacy (reading, writing, spelling)

4. Cognition

- Attention
- Memory
- Problem solving

- Executive functioning

5. Voice

- Phonation quality
- Pitch
- Loudness
- Alaryngeal voice

6. Resonance

- Hypernasality
- Hyponasality
- Cul-de-sac resonance
- Forward focus

7. Feeding and Swallowing

- Oral phase
- Pharyngeal phase
- Esophageal phase
- Atypical eating (e.g., food selectivity/refusal, negative physiologic response)

8. Auditory Habilitation/Rehabilitation

- Speech, language, communication, and listening skills impacted by hearing loss, deafness
- Auditory processing

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders);
- disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy);
- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction);
- respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome);

and

- Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position).

This list of etiologies is not comprehensive.

Elective services include

- Transgender communication (e.g., voice, verbal and nonverbal communication);
- Preventive vocal hygiene;
- Business communication;
- Accent/dialect modification; and
- Professional voice use.

This list of elective services is not comprehensive.

DOMAINS OF PROFESSIONAL PRACTICE

This section delineates the domains of professional practice—that is, a set of skills and knowledge that goes beyond clinical practice. The domains of professional practice include advocacy and outreach, supervision, education, research, and administration and leadership.

ADVOCACY AND OUTREACH

SLPs advocate for the discipline and for individuals through a variety of mechanisms, including community awareness, prevention activities, health literacy, academic literacy, education, political action, and training programs. Advocacy promotes and facilitates access to communication, including the reduction of societal, cultural, and linguistic barriers. SLPs perform a variety of activities, including the following:

- Advise regulatory and legislative agencies about the continuum of care. Examples of service delivery options across the continuum of care include telehealth/telepractice, the use of technology, the use of support personnel, and practicing at the top of the license.
- Engage decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services and funding for communication and swallowing issues.
- Advocate at the local, state, and national levels for funding for services, education, and research.
- Participate in associations and organizations to advance the speech--language pathology profession.
- Promote and market professional services.
- Help to recruit and retain SLPs with diverse backgrounds and interests.
- Collaborate on advocacy objectives with other professionals/colleagues regarding mutual goals.
- Serve as expert witnesses, when appropriate.
- Educate consumers about communication disorders and speech--language pathology services.
- Advocate for fair and equitable services for all individuals, especially the most vulnerable.
- Inform state education agencies and local school districts about the various roles and responsibilities of

school--based SLPs, including direct service, IEP development, Medicaid billing, planning and delivery of assessment and therapy, consultation with other team members, and attendance at required meetings.

SUPERVISION

Supervision is a distinct area of practice; is the responsibility of SLPs; and crosses clinical, administrative, and technical spheres. SLPs are responsible for supervising Clinical Fellows, graduate externs, trainees, speech--language pathology assistants, and other personnel (e.g., clerical, technical, and other administrative support staff). SLPs may also supervise colleagues and peers. SLPs acknowledge that supervision is integral in the delivery of communication and swallowing services and advances the discipline. Supervision involves education, mentorship, encouragement, counseling, and support across all supervisory roles. SLPs

- possess service delivery and professional practice skills necessary to guide the supervisee;
- apply the art and science of supervision to all stakeholders (i.e., those supervising and being supervised), recognizing that supervision contributes to efficiency in the workplace;
- seek advanced knowledge in the practice of effective supervision;
- establish supervisory relationships that are collegial in nature;
- support supervisees as they learn to handle emotional reactions that may affect the therapeutic process; and
- establish a supervisory relationship that promotes growth and independence while providing support and guidance.

EDUCATION

SLPs serve as educators, teaching students in academic institutions and teaching professionals through continuing education in professional development formats. This more formal teaching is in addition to the education that SLPs provide to individuals, families, caregivers, decision makers, and policy makers, which is described in other domains. SLPs

- serve as faculty at institutions of higher education, teaching courses at the undergraduate, graduate, and postgraduate levels;
- mentor students who are completing academic programs at all levels;
- provide academic training to students in related disciplines and students who are training to become speech--language pathology assistants; and
- provide continuing professional education to SLPs and to professionals in related disciplines.

RESEARCH

SLPs conduct and participate in basic and applied/translational research related to cognition, verbal and nonverbal communication, pragmatics, literacy (reading, writing and spelling), and feeding and swallowing. This research may be undertaken as a facility--specific effort or may be coordinated across multiple settings. SLPs engage in activities to ensure compliance with Institutional Review Boards and international laws pertaining to research. SLPs also collaborate with other researchers and may pursue research funding

through grants.

ADMINISTRATION AND LEADERSHIP

SLPs administer programs in education, higher education, schools, health care, private practice, and other settings. In this capacity, they are responsible for making administrative decisions related to fiscal and personnel management; leadership; program design; program growth and innovation; professional development; compliance with laws and regulations; and cooperation with outside agencies in education and healthcare. Their administrative roles are not limited to speech--language pathology, as they may administer programs across departments and at different levels within an institution. In addition, SLPs promote effective and manageable workloads in school settings, provide appropriate services under IDEA (2004), and engage in program design and development.

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Western Illinois University
Speech-Language-Hearing Clinic
Department of Speech Pathology & Audiology

CHAPTER 2: Responsibilities

The Western Illinois University Speech-Language-Hearing Clinic will implement and maintain administrative, technical, and physical safeguards to protect the privacy and security of Protected Health Information (PHI). The Clinic will take reasonable steps to safeguard PHI from any intentional or unintentional use or disclosure in violation of or not permitted by the HIPAA Privacy and Security Rules.

POLICY: Uses and disclosures of protected healthcare information (PHI)

The Western Illinois University (WIU) Speech-Language Hearing Clinic will use this policy and procedure manual to comply with the laws relating to the use and disclosure of protected health information (PHI).

PROCEDURES:

Definitions:

1. Protected health information (PHI) is considered the identifiable health information that is transmitted or maintained in any format (written, electronic, or oral) that describes an individual's health status or other characteristics that identify or could be used to identify an individual. Covered information includes but is not limited to:
 - a. Demographic information
 - b. Medical diagnoses
 - c. Specific health care provided
 - d. Results of evaluations and/or diagnostics
 - e. Treatment information (e.g., lesson plans, treatment plans, SOAP notes)
 - f. Payment and insurance information

2. Permitted uses and disclosures

- a. WIU Speech-Language Hearing Clinic shall be permitted to use and disclose an individual's protected health information to the individual for treatment, payment, and operations as defined within this policy and with a written authorization.
- b. Patients/clients may examine or obtain copies of their medical records by requesting verbally or in writing.
- c. WIU Speech-Language Hearing Clinic will obtain a written authorization from an individual to use or disclose protected health information.
- d. Copies of the consent form and release of information form shall be retained in the patient/client file for six years.
- e. The consent form and/or release of information form will contain:
 - i. A description of the information to be used or disclosed
 - ii. Identification of the person authorized to agree to the disclosure of information
 - iii. Individual signature or the signature of a legal representative with authority to act on behalf of the individual
 - iv. Identification of the persons or institution authorized to receive the disclosed information
 - v. Expiration date of consent/release form
 - vi. A statement of the right to revoke the authorization

POLICY: Workforce Responsibilities For Faculty, Supervisors, Staff and Students

The WIU Speech-Language Hearing Clinic shall comply with policies and procedures to safeguard the privacy of patients' PHI.

PROCEDURES:

1. WIU Speech-Language Hearing Clinic shall use and disclose PHI only as authorized by the patient/client and or the legal guardian.
2. Faculty, supervisors, and staff of the Department of Speech Pathology & Audiology shall conduct oral discussions of PHI in a manner that complies with the "minimum necessary" standard.
 - a. Minimum amount of protected health information is defined as the amount of information necessary for accomplishing the intended purpose (i.e., planning therapy, planning diagnostic, ordering hearing aids, discussing referral possibilities, etc.)
3. Faculty, supervisors, student clinicians, students observing clinic sessions, and staff will complete annual training on privacy and security practices, policies, and procedures.

- a. HIPAA Training
 - i. Certificate of completion will be required to work, supervise, provide therapy, and observe in the clinic
- b. Confidentiality Form and Acknowledgement to Policies and Procedures
 - i. Faculty, supervisors, student clinicians, students observing clinic sessions, and staff will sign a form (*Confidentiality Agreement*) explaining they have read, understand and will comply with confidentiality policies and procedures. This form indicates they have been provided access to the policies and procedures.

POLICY: WIU Clinic will limit incidental uses and disclosures of PHI

1. Access to patient/client PHI should be limited to those who have proper authorization to access the information. These faculty, supervisors, staff, and students are those who need the PHI in order to carry out their responsibilities (e.g., supervisory role, student clinician role, student observer, office management responsibilities, clinical instruction).
 - a. Students who are working with patients/clients at the Clinic and those students who are observing patients/clients in our Clinic are permitted access to PHI under supervision.
 - b. Anyone who has access to PHI must have completed the HIPAA training as evidenced by the certificate of completion and signed the Clinic's privacy policy and procedures form.

PROCEDURES:

FILE LOCATION

SPEECH-LANGUAGE CLINIC FILES

Clinic files are held within the electronic medical record (EMR) system, ClinicNote. Speech-language client files (i.e., on-campus, Bridgeway, Wesley Village, Elms, West-Prairie North School, Edison Elementary School clients) are held within ClinicNote; active or inactive files dependent upon client's current status. The Program Director and Office Support Specialist have access to all inactive and active speech-language client files. The Office Support Specialist will grant access to clinic supervisors and student clinicians to their respective clients each semester. All clinical staff require a secure username and password to login to ClinicNote. Clinic supervisors and student clinicians are granted access to their clients at the beginning of each semester

and lose access at the end of the semester. All clinical staff follow HIPAA by obtaining access to ClinicNote on a secure computer within a secure environment. Student clinicians should not access ClinicNote files within a non-secure environment and/or on non-secure computer for any reason.

HEARING CLINIC FILES

Physical (paper) client files for all hearing clients first seen prior to August, 2017, are located in the main office in a locked file room. Files are stored alphabetically in filing cabinets labeled as HEARING-active and HEARING-inactive. Hearing clients whose first appointment was after August, 2017, are in ClinicNote only. On clinic days, physical files (if available) of those patients scheduled for hearing evaluations will be retrieved and stored in booth A (Memorial Hall 228). Files of those patients who are scheduled for a hearing aid issue will be stored in the hearing aid room (Memorial Hall 231). Test results, case history, and contact notes are completed for the appointment and the files are returned to the main office by the end of each day. The office support specialist will scan and upload any generated paperwork to the client's EMR in ClinicNote.

CLIENTS OF BOTH SPEECH AND HEARING CLINICS

Clients who receive services from the Speech-Language Clinic and the Hearing Clinic will have two physical files (if first seen prior to August, 2017). However, copies of results and recommendations are scanned into a combined EMR in ClinicNote.

PATIENT/CLIENT FILES

SPEECH-LANGUAGE CLINIC FILES

1. Office Support Specialist receives paperwork from interested speech clients and creates a new patient in ClinicNote. Documents are scanned and uploaded to create an Electronic Medical Record. Once the client is scheduled for diagnostic testing or treatment, the student clinician and supervising therapists are given permission to view the EMR.
2. Physical files (containing pre-ClinicNote information) removed from the file room must be signed out by supervisors when leaving the file room and signed back in when returned.

HEARING CLINIC FILES

3. Office Support Specialist receives a phone call, email, or has personal contact with person who schedules an appointment to be seen in the hearing clinic. Patients who were seen prior to August, 2017, have physical files stored in the file room. Patients who were first seen after August, 2017, are entered into the ClinicNote system and assigned to their student clinician and supervising audiologist. All paperwork generated during the appointment are scanned and uploaded into the patient's EMR.
4. Physical files (containing pre-ClinicNote information) removed from the file room must be signed out by supervisors when leaving the file room and signed back in when returned.

c. KEYS

REQUEST FOR KEYS

Administration will forward a request to the Office of Public Safety (OPS) for individuals to receive keys. If approved, keys are assigned to specific individuals and must be picked up and signed for at OPS in Mowbray Hall.

CLASSROOMS

Administrators, faculty, and office support specialist have keys for unlocking the classrooms (Memorial Hall 203A, 204, and 208).

CLINIC ROOMS

Administrators, faculty, supervisors, SPA graduate students, and office support specialist have keys to unlock the therapy/treatment rooms (Memorial Hall 209A/B; 211 A/B; 213A/B; 215A/B; 217 A/B; 219 A/B; 221A/B; 222), the sensory room (206), and the observation hallway and observation rooms.

OTHER ROOMS

Administrators, faculty, supervisors, SPA graduate students, and office support specialist have keys to unlock the Graduate Work Room (212), Undergraduate Work Room (207), Library/Materials Room (214), Therapy Prep Rooms (216; 220), Sensory Room (206).

MAIN OFFICE

Administrators, faculty, supervisors, and office support specialist have keys for unlocking the main office (Memorial Hall 230A).

FILE ROOM

The file room is located in the main office (Memorial Hall 230B.) Administrators, faculty, supervisors, and office support specialist have keys to unlock the file room. This door should remain closed during clinic hours, but accessible to clinicians.

FACULTY OFFICES

Administrators, faculty, and office support specialist have keys to unlock faculty offices (Memorial Hall 232; 236; 238; 240; 241; 242; 243; 244; 245).

FACULTY RESEARCH LABS

Faculty with research lab space will have keys to unlock their labs. In addition, administrators, office support specialist, and graduate assistants assigned by the faculty in charge of the lab will have keys to unlock the space. Research labs are currently occupied in Memorial Hall 235 and 233.

MEMORIAL HALL BUILDING

Administrators, faculty, supervisors, SPA graduate students, and office support specialist have keys to unlock the building after hours or holidays when the campus is not operating under usual business hours.

CONTACTING PATIENTS/CLIENTS

CELLULAR PHONES

Personal cell phones should not be used to contact clients/patients. Phone numbers of clients/patients should not be stored on personal phones or other devices. Text messaging is also not an acceptable means of communicating with the client/patient.

LANDLINES

University landlines should be used to contact clients/patients to schedule appointments and other necessary communication. There are phones located in the main office, faculty offices, conference room, audiology areas, and other designated areas (Memorial Hall). These phones require a code for calling long distance. Each graduate student and undergraduate student who is enrolled in SPA 488, SPA 587, and SPA 588 will be assigned a long distance code. Long distance codes are for individual use and are not to be shared.

LEAVING MESSAGES

When leaving a phone message for a client/patient regarding anything related to the Speech-Language Hearing Clinic, clinicians should leave only their name and the clinic phone number. Clinicians should follow-up with an email to the office support specialist about the need for reaching the client/patient. The email should only contain the initials of the client and information specific to the message to be relayed to the client/patient.

EMAIL

1. Names and other identifiable information should not be written in emails. Correspondence with supervisors should use initials only and not other identifiable information. When clients/patients request communicating back and forth via email, the clinician should have a waiver completed and signed (*Consent for Email Communication*).
2. All administrators, faculty, staff, and students should have the confidentiality statement at the bottom of every email as part of their signature.

“Confidentiality Notice:

This message is intended only for the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any disclosure, distribution or copying of this communication is strictly prohibited. This communication may also contain protected health information (PHI). Failure to maintain PHI in a secure and confidential manner or unauthorized redistribution of PHI could subject you to penalties under state and federal law. If you have received and/or are viewing this message in error, please immediately notify the sender and delete or shred completely.”

STUDENT/SUPERVISOR MEETINGS

Discussing patient/client appointments, results, treatment or therapy should be done in a manner and in an area where the discussion is not likely to be overheard by others. When possible, discuss patient/client information behind closed office doors or where the conversation will most likely be private.

PARKING

1. Parking hangtags are provided to clients free of charge. Parking hang tags are available in the main office. Clients are provided a hangtag for a one time appointment (i.e., speech clinic diagnostic or hearing evaluation) or for semester (i.e., clients scheduled twice a week for speech therapy). The license plate of the car using the hangtag, the last name of the car owner and/or driver, date(s) hangtag is valid (i.e., date it for the day of service or date it for the entirety of the scheduled semester services) should be documented in our Parking Binder. The Parking Binder will be closed at all times when not in use to protect client and family names, as well as vehicle information. Parking hangtags may be issued by any member of administration, faculty, staff, and graduate assistants who have completed the HIPAA training.
2. If the clients receive a hangtag for the semester and they do not drive the same vehicle to therapy each time, they will be required to have a separate hangtag for each car and each license plate per the policies of WIU Parking Services. Reserved parking spaces are available in BROWNE/MEMORIAL HALL parking lot that are designated as WIU Speech and Hearing Clinic. If these spaces are unavailable, parking in unreserved spaces and displaying a valid hangtag is appropriate.

RECEIPTS

Receipts for services rendered (i.e., speech-language therapy sessions, diagnostics, hearing aids) are provided at the time of payment. The receipt book is

stored in the main office in a drawer of the desk. Receipts should contain the date of service, services rendered, and the amount due, amount paid, and the balance. The receipt should only have the first initial and last name of patient/client who received the services. The receipt book should remain in the desk drawer at all times except when in use. Supervisors, student clinicians, and staff who have successfully completed HIPAA training and signed confidentiality forms have the authority to receive payments and provide receipts.

SPEECH-LANGUAGE CLINIC REPORTS

Student clinicians are creating new documents via ClinicNote for the current semester, including but not limited to the Evaluation Reports and Progress Reports. All reports include client's name, date of service, student clinician's name and clinical supervisor (s) due to the security of the EMR system. Student Clinicians and/or supervisors are to print reports in a secure location on the 2nd Floor of Memorial Hall. Each report is developed with an official WIU letterhead. Therefore, the reports can be printed within the 'View' format after the student clinician and supervisor have officially signed the report electronically.

CAMERA SYSTEM (AXIS) & SESSION RECORDINGS

1. All speech-language and hearing sessions can be observed remotely by supervisors. When supervisors are watching sessions, their office doors should remain closed so the content of the session cannot be viewed or heard by others in the hallway or neighboring offices.
2. Speech-language sessions may be recorded by student clinicians or supervisors and viewed at a later time to ensure accuracy of data collection or to be used as a tool for clinical instruction. Recordings can only be viewed on WIU Speech-Language Hearing Clinic computers with access to the AXIS system. All users will be manually entered by UTech per request by administration. All users must have completed the annual HIPAA training.

AUDIO RECORDING

Digital audio recorders are available for check-out in the Main Office (Memorial hall 230A). They are to be returned as soon as possible and no later than the end of the business day once the recording is used and deleted. Personal recording devices are not to be used in an effort to maintain client confidentiality.

COMPUTER LAB

Only student clinicians enrolled in SPA 488, 587, or 588 are to be in the WIU Speech-Language Clinic Computer Lab (Memorial Hall 212). This is where session recordings may be viewed. Student clinicians may also work on clinic documentation in this computer lab, but confidentiality must be maintained. No PHI should be included on documents in this lab. Clinical information should not be left on an active computer screen. Computers should be logged off each time they are left unattended.

COPY MACHINE & SCANNER - Faculty & Staff

1. The copy machine located in the copy area of the department is accessible only to administration, faculty, supervisors, and graduate assistants with copy codes. All members of staff should ensure they are not leaving protected information (PHI or student information) in this area - on the copy machine, counter, or table.
2. The RICOH copy machine also has scanning capability. Only those with assigned codes may use this feature. All members of staff can then access the scanned documents in the shared drive (S: drive) of office computers, or the documents can be emailed to specific staff members. All members of staff should delete scanned documents containing PHI or student information from the S: drive once retrieved and safely saved.

COPY MACHINE & SCANNER - Students

1. Students enrolled in SPA 488 & 588 pay a fee of \$50 per Fall & Spring semesters for unlimited copies available to them only to be made on the RICOH copy machine in the Graduate Work Room (Memorial Hall 212). Following payment of fees, codes will be assigned and programmed by the Office Support Specialist.

2. Students have the capability to scan using the RICOH copy machine in the Graduate Work Room (Memorial Hall 212). All scans are sent to the student's email address.

DESTROYING OF PERSONAL DOCUMENTS

Documents containing PHI or student information will be disposed of by shredding when they no longer require storing. Micro-cut shredders are available in the Main Clinic Office (Memorial Hall 230A) and in the copy machine area.

Western Illinois University
Speech-Language-Hearing Clinic
Department of Speech Pathology & Audiology

CHAPTER 4: Therapy Policies

GENERAL INFORMATION AND REQUIREMENTS FOR THERAPY

1. Therapy sessions are scheduled for one hour. After your session is completed, you will complete the appropriate documentation in ClinicNote and submit your direct therapy time to your supervisor in CALIPSO. The supervisor will approve your hours on a regular basis throughout the semester.
2. Therapy sessions must not be cancelled without permission of the faculty supervisor. Clinicians are responsible for contacting the client if a session is to be cancelled only after attempting to find a substitute clinician. (See *Clinic Cancellation Policy*.)
3. Clinicians will be notified of client cancellations of therapy by email from the Office Support Specialist. Report all cancellations in the Observation Notebook in the Undergraduate Work Room (MH 207) and on the observation room whiteboards to alert observers as soon as possible. When writing cancellations on the whiteboards, make sure to include the following: Day, Date, Time.
4. All progress reports will be completed electronically using ClinicNote. Training will be provided at a clinic meeting each semester to acquaint students with the format. (See also PROGRESS REPORTS sections). Computers are available in the WIU Speech-Language-Hearing Clinic Computer Lab (MH 210) for clinical use.
5. Video recording of each session is highly recommended for accuracy of data and observations, keeping in mind the confidentiality policy when listening.
6. There is a dress code for the clinic. See *Dress Code Policy*.

SEQUENTIAL STEPS TO BEGIN THERAPY

1. Each clinician will be assigned a mailbox. Mailboxes for students enrolled in SPA 488 and 588 are located in the main office (MH 230A). Clinicians must check their mailboxes on a daily basis at a minimum.
2. At the first clinic meeting of the semester, each clinician will receive an observation envelope packet. The outside of the envelope will include the following information only:
 - a. Your name
 - b. Your supervisor's name
 - c. Semester and year
 - d. Time and days of therapy
 - e. room number

You will have one envelope for each of your assigned clients.

3. The clinician will add their initial assessment and later their lesson plans to the observation envelope packet. These packets will be used to support student observers by placing them in the plastic holder on the observation door prior to each session and retrieved by the clinician at the end of each session. Leaving the observation envelope in the room will be considered a HIPAA violation as clinic rooms are used by clients/families throughout each day.
4. Before meeting with the supervisor to begin planning for the semester, read the client's information in their ClinicNote files. It is important at this time to define the problems, think about potential short and long-term goals, and any testing or re-testing that may be necessary. Any notes taken about the client are to be de-identified. When the clinician has gathered this information, he/she will be prepared to discuss it with the supervisor. The supervisor will expect to hear the clinician's impressions and some recommendations for

beginning treatment during their initial meeting. The supervisor will also share suggestions and impressions with the clinician. The supervisor will tell the clinician when lesson plans for weekly sessions are due. Do not be timid about asking questions, no matter how simple they may seem. Keep in mind that therapy is a learning process and asking questions is one of the best ways to learn.

5. It is also the clinician’s responsibility to call the client and notify him/her of the starting date using only University phones (see *Telephone Communication Policy*). The client will already have been called and told to expect the student clinician to call notifying him/her of the beginning therapy date. **Being prompt in contacting the supervisor and calling the client with the starting date is important. Notify your supervisor of any scheduling conflicts or changes immediately.**
6. All clients must sign Confidentiality Agreement and Video/Audio Release forms prior to beginning therapy. These are valid for a period of one year. It is the clinician’s responsibility, prior to clinic, to make sure these forms are up to date for their clients.

DRESS CODE

*First impressions are often made in the first thirty seconds or less, but their impact is substantial and lasting!

*What you wear is a form of communication. Period.

*When treating clients in the clinic, you should present yourselves as professionals, not students.

*WIU SLHC attire should be clean and wrinkle-free.

*It should not look like outdoor or party attire. Avoid tight or baggy clothing.

ACCEPTABLE FOR MEN	ACCEPTABLE FOR WOMEN
<ul style="list-style-type: none"> ● Slacks ● Shirts - polos ● Shirts - button up ● Sweaters 	<ul style="list-style-type: none"> ● Slacks <ul style="list-style-type: none"> ○ Worn at the waistline ● Tops <ul style="list-style-type: none"> ○ Sleeveless tops must be accompanied by jackets or sweaters ○ MODERATE NECKLINES ○ NOTHING TIGHT ● Sweaters ● Jackets
<ul style="list-style-type: none"> ● Clean, neatly trimmed hair ● Well-shaved face or neatly trimmed beards/mustaches 	<ul style="list-style-type: none"> ● Clean and styled hair ● If hair is longer than collar, pull it up/back away from face ● Tasteful, moderate makeup

UNACCEPTABLE FOR ANYONE DURING CLINIC

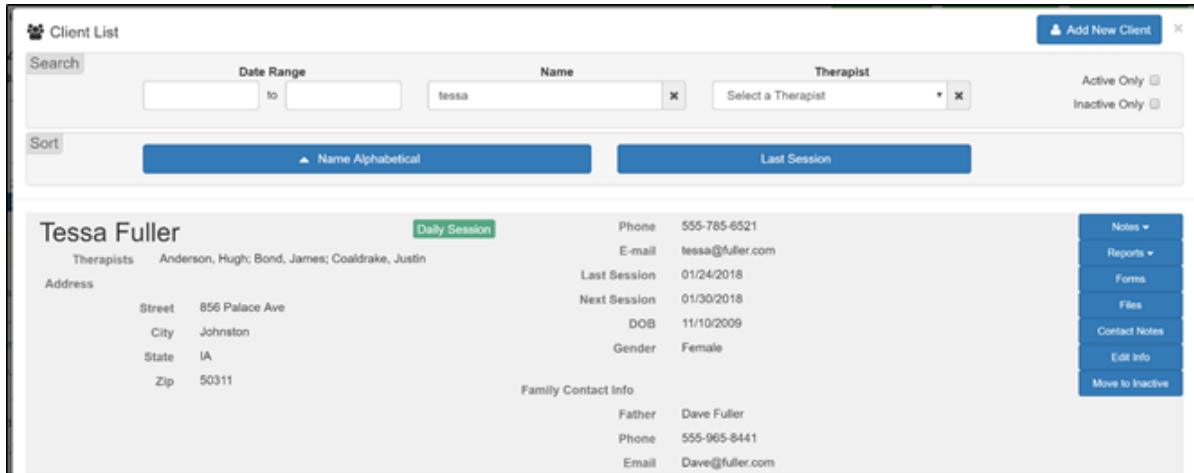
- Jeans of any color or style
- T-shirts, sweatshirts, sweatpants, and shorts
- Flip flops or open-toed shoes
- Sleeveless tops (unless worn under jacket or sweater)
- Wrinkled clothing
- Leather slacks, fleece wear, shorts, cotton or knit sweatpants, hip hugger pants
- CLEAVAGE SHOULD NOT SHOW OR BE OVERLY PRONOUNCED BY STYLE AND/OR FIT OF TOP
- Crop tops or short tops above the waistline
- Short skirts or dresses (also when sitting!)
- Leggings unless covered to (or past) fingertips
- Heavily scented lotions, perfumes, or colognes
- No dangly earrings
- Tattoos must be covered (not visible)

PROCEDURE FOR REVIEWING CLIENT FILES--CLINICNOTE

Once the Office Support Specialist has granted each student clinician with ClinicNote access for her client, the student clinician will log-in with a secure username and password. The following are the sequential steps to review a client's file:

Click View Client List (blue box). All SOAP notes, reports, evaluation, files, forms, and additional client information is located in this section.

1. It shows a list of all clients.
2. By clicking on the horizontal gray area of the patient. The information will expand providing an overview of the client. (see that view below)



In picture above, the far right blue box, is a full list of documentation for each client:

3. Click 'Notes'
 - Click 'View Note'; this button will open a specific SOAP note in a new tab where you view and/or print
4. Click 'Reports'
 - Click 'View Reports'; this button will open that specific evaluation or progress report in a new tab where you can view and/or print
5. Click 'Files'
 - Click 'View Files'; this button will open that specific files (case history, documents from additional clinics, etc.) in a new tab where you can view and/or print

PAPER FILES

The most recent reports, SOAP notes, forms, etc. have been scanned into ClinicNote on all active clients. However, all paper files, prior to ClinicNote, are held in the clinic file room. Student clinicians and supervisors are required to check-out each file and examine the file in the file room. No files are allowed to leave the file room. After student clinicians and/or supervisors are finished with the file, the file is to be checked back in and returned to the correct file cabinet.

SOCIAL MEDIA POLICY

It is a policy of the WIU Speech-Language-Hearing Clinic that student clinicians and observers are to refrain from participating in social media sites with regards to any clinical information. These sites include, but are not limited to: Facebook, Twitter, LinkedIn, Instagram, etc. Specific policies are outlined below:

Prohibited activities on social media:

- “Friending” or “following” clients, caregivers, or family members on any social media site.
- Posting any information about clients, their families, or their disorders or treatment in the clinic or clinical placement.
- Posting any photographs of clients in the clinic or at clinical placements.

You may communicate with family members and/or clients via email, if agreed upon by all parties and the *Consent for Email Communication* form is signed. This information must remain private. In addition, all student clinicians must have the “Confidentiality Statement” at the bottom of every email sent that contains client information.

CLINIC CANCELLATION POLICY

This policy will allow the clients/families to decide if they would still like to receive speech-language services even if the assigned clinician must cancel.

In the event that a clinician cannot attend his/her assigned sessions for the day:

Notify supervisor

Find a replacement

Call client/family and ask if they want to continue with session (with other clinician)

Voice contact is preferred, but if the clinician must leave a message, the following script should be followed:

“Hello _____. I cannot be at the WIU Speech-Language clinic today, but another clinician, (INSERT NAME), will be there to cover for me. The session will occur as planned with the substitute clinician unless we hear from you. Please call the Office Support Specialist at 309-298-1955 with any questions. Thanks.”

Please note: In the event that a clinician must cancel his/her session, it is the CLINICIAN’S responsibility to find coverage. The assigned clinician will also need to let the supervisor know who will be covering AND get the lesson plan to the person covering treatment.

PROCEDURES: PRINTING DOCUMENTS W/PROTECTED HEALTH INFORMATION (PHI)

1. All reports include client's name, date of service, student clinician's name and clinical supervisor (s) due to the security of the EMR system (ClinicNote).
2. Each report is developed with official WIU letterhead within ClinicNote.
3. Once the student clinician and clinic supervisor have finalized and signed the report, student clinician and/or supervisors are able to download the report in a PDF format via ClinicNote.
4. Student Clinicians and/or supervisors are able to print reports in the PDF format in a secure location on the 2nd Floor of Memorial Hall via ClinicNote.
5. The report is then placed in a manilla envelope until it is hand-delivered to the client and/or caregivers or placed in the mail.

THERAPY MATERIALS, SUPPLIES & FORMS

1. Clinic forms are kept in the SPA Library (MH 214) in the file cabinets. **DO NOT USE THE LAST FORM IN A FILE!** If there is only one form remaining, please notify the Graduate Assistant assigned to the clinic
2. Original test forms should not be used directly during the sessions. Student clinicians should use photocopies and only transfer the information in ink to the original protocols once approved by the clinical supervisor.
3. Tests, therapy books and programs are kept in the SPA Library (MH 214). Therapy materials, toys and games are located in the Therapy Prep rooms (MH 216; 220). Be sure to return materials and toys promptly after the session to the proper location.
4. Gloves, tongue depressors, etc. are located in the SPA Supply Room (MH 216). Students should ask their supervisor for specific supplies needed for therapy/diagnostics.
5. When supplies are becoming low, add it to the list on the whiteboard inside the door of Supply Room 2 (MH 220).

CLEANING OF TOYS, MATERIALS, ETC.

All materials used in clinical sessions must be approached using *Universal Precautions*. Student clinicians must wipe down all hard surfaces (tables, chairs, etc.) before and after their sessions using a bleach wipe. All toys must also be wiped before and after use.

WHERE TO WAIT FOR CLIENTS

Clinicians must be available for clients near the waiting room, without interfering with the flow of traffic in the hallway. Do not discuss your clients in this area. Please notify the Office Support Specialist when you leave after the waiting period (see below). If a client arrives after the specified waiting period, the Office Support Specialist will explain to the client that the clinician left after the prescribed waiting period.

HOW LONG TO WAIT IF A CLIENT IS LATE

The waiting period for clients who are late are as follows:

15 minutes for a scheduled 25 minute session

20 minutes for a scheduled 50 minute session

30 minutes for a speech-language diagnostic

Clinicians need to communicate the rule to their clients at the beginning of the semester. Clients also need to understand that the clinician cannot extend therapy past the scheduled time if the client comes late.

CLIENT FEES AND BILLING

The WIU SLHC is a no-fee clinic for speech-language evaluations and treatments.

TRAINING REGARDING CLINIC POLICIES AND PROCEDURES

Clinic policies and procedures are available on our website

<http://www.wiu.edu/cofac/csd/pdf/clinicmanual/ClinicManual.pdf> and also available to students enrolled in SPA 488/499 and SPA 587/588/599 on the course webpage via WesternOnline.

Student clinician and SPA administration faculty and office staff will be trained by the Compliance Officer and will be required to watch the HIPAA Training video and take the quiz. Any student clinician or faculty absent from those training meetings will be responsible for arranging training with the Compliance Officer prior to beginning the clinical semester. Student observers will be trained by faculty in SPA 100 or by clinical staff prior to visiting the clinic for observation. All faculty, staff, student clinicians, and observers will sign a form acknowledging reading, understanding and acceptance of the clinic policies and procedures and receipt of training.

HIPAA COMPLIANCE:

Breaching confidentiality by discussing a client/patient, their family, their diagnosis, treatment, and/or anything else that is considered PHI is in violation of HIPAA. Leaving documents with PHI in public areas, such as the copy room, printer, scanners, laminating area, hearing clinic, observation rooms, treatment rooms and classrooms is considered a violation of HIPAA. Written correspondence with supervisor(s) using names and other PHI is also a violation of HIPAA.

Conditions that are most likely to cause confidentiality problems are the following:

1. Conversations with professionals from outside of the Speech Pathology & Audiology (SPA) program who have a need to know, but the client has not given permission to divulge such information to that individual
2. Promotion and publicity for the clinic
3. Recordings of the client that are taken out of the clinic for analysis
4. Lesson plans, observation reports, or diagnostic information that might be left in notebooks or on desks where others could read them
5. Conversations in the clinic that could be overheard by people in the waiting room or hallways

Techniques used to remind students of confidentiality:

1. All instructors who assign observations, teach orientation classes, or diagnostics will read this statement to the class and discuss any questions. Testing of the students' understanding of confidentiality would be appropriate and could be made a course requirement.
2. The clinician assumes responsibility for confidentiality when he/she accepts the assignment of a client.
3. All students who have access to client information will read the *Confidentiality & Privacy Policy*, receive training, and sign a *Confidentiality Agreement* form.
4. Client files are kept secure in ClinicNote under the supervision of the SPA Office Support Specialist.
5. The Office Support Specialist grants access to clinic supervisors and student clinicians to their respective clients each semester.
6. Clinic supervisors and student clinicians require a secure username and password to login to ClinicNote.
7. Clinic supervisors and student clinicians are granted access to their clients at the beginning of each semester and access is removed at the end of the semester.
8. Clinic Supervisors and student clinicians follow HIPAA by obtaining access to ClinicNote on a secure computer within a secure environment. Student clinicians should not access ClinicNote files within a non-secure environment and/or on non-secure computer for any reason.
9. Clinicians are required to sign the *HIPAA Compliance using EMR system form* (Appendix) stating they will follow HIPAA when utilizing ClinicNote.

RELEASE FORMS

The purpose of release forms is to protect the right of privacy of the client and the client's family, and to allow the clinic to send information to agencies who are paying for the services or to exchange information with other professionals who are treating the client. (See *Authorization to Release Information* form in the Appendix).

It is important to remember these purposes when we ask clients to sign release forms. Be sure to have a signed release form in the client's file before sending reports or communicating in any way with another party about the client. Be sure to check the type of communication allowed (ex., oral, written, etc.) and current names for contact, (ex. Current teacher, SLP, etc.). Forms need to be signed within the last year or dated and initialed annually. Clients may refuse to sign release of information forms for reasons they prefer not to reveal. If this happens, the clinician should write on the form that the client chose not to sign the form. Notify your supervisor if this occurs.

Western Illinois University
Speech-Language-Hearing Clinic
Department of Speech Pathology & Audiology

CHAPTER 5: Evaluations

STUDENT AND SUPERVISOR EVALUATIONS

Supervisor Evaluations of Student Performance

Students are evaluated by each supervisor they have during the semester. Students will receive a midterm and a final evaluation. These two evaluations will be averaged to determine the final grade for each client. If a student has more than one client or clinical placement, the student's final clinical grade will be determined by averaging and weighing the grades according to the number of clinical hours for each client and/or placement. For example, a student has two clients with two different supervisors. Client A was seen for 20 hours and the student received a grade of 5.0; Client B was seen for 10 hours and the student received a grade of 4.0. The student's final clinical grade would be 4.67. Therefore, the student would receive the letter equivalent of 4.67 as their semester grade for clinic. Midterm and final evaluations are completed on CALIPSO. The rating scale and performance evaluation are found in this section.

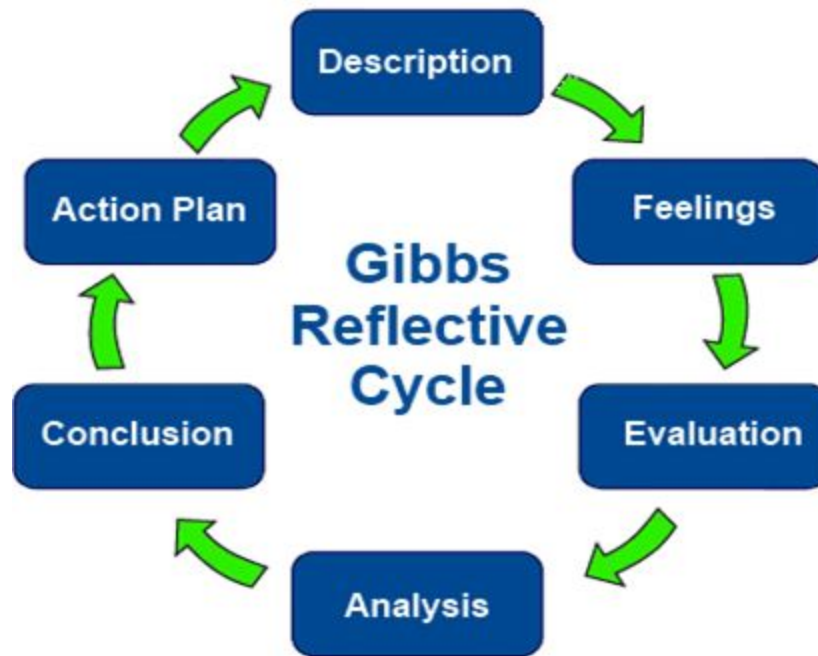
Student Evaluation of Supervisor

Student clinicians evaluate each of their clinic supervisors. These evaluations typically take place at the last clinic meeting of the semester under the direction of the SPA Office Support Specialist or the Clinic GA. The clinicians will complete an evaluation on each supervisor they had for that semester. The Office Support Specialist sends the numerical ratings to be electronically calculated and types any written comments so supervisors will not see handwriting. Supervisors do not see evaluation results prior to assigning grades. Supervisors review evaluation scores and comments after the university finalizes grades for the semester. A copy of this evaluation can be found in this section.

Clinician Self-Evaluations

Students are encouraged to reflect and self-evaluate their performance throughout their clinical experience. Self-evaluation and reflection tools are a good way for clinicians to identify specific strengths and weaknesses in their performance. Supervisors may provide guidance in this process. Examples of Self-evaluation forms and reflective tools are included in the appendices.

Gibbs Reflective Cycle



1. **Description:** What happened, where and when? Who did/said what, what did you do/read/see hear? In what order did things happen? What were the circumstances? What were you responsible for?

2. **Feelings:** What were you thinking about? What was your initial gut reaction, and what does this tell you? Did your feelings change? What were you thinking?

3. **Evaluation:** What was good or bad about the experience? What pleased, interested or was important to you? What made you unhappy? What difficulties were there? Who/what was unhelpful? Why? What needs improvement?

4. **Analysis:** What sense can you make of the situation? Compare theory and practice. What similarities or differences are there between this experience and other experiences? Think about what actually happened. What choices did you make and what effect did they have?

5. **Conclusion:** What else could you have done? What have you learned for the future? What else could you have done?

6. **Action Plan:** what will you do next time? If a similar situation arose again, what would you do?

SCHÖN REFLECTIVE MODELS

**Reflection in action
(at the time the
event is happening)**

- The experience itself
- Thinking about it during the event
- Deciding how to act at the time
- Acting immediately

**Reflection on action
(after the event)**

- Reflecting on something that has happened
- Thinking about what you might do differently if it happened again
- New information gained and/or theoretical perspectives from study that inform the reflector's experience are used to process feelings and actions

PERFORMANCE EVALUATION IN CLINICAL PRACTICUM

The following knowledge and skills areas will be rated on a five point scale. If areas are left blank, they do not apply to that clinical assignment and are not figured in the grade. The following performance rating scale is used to determine your rating for each item:

Performance Rating Scale

- 1 **Not evident:** skill not evident most of the time. Student 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. Student 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. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student'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 and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is mostly independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
- 5 **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

PERFORMANCE EVALUATION

EVALUATION SKILLS

1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)
4. Administers and scores diagnostic tests correctly (std V-B, 1c)
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)
6. Possesses knowledge of etiologies and characteristics for each communication, cognition, and swallowing disorder (std IV-C)
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)
8. Makes appropriate recommendations for intervention (std V-B, 1e)
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)
10. Refers clients/patients for appropriate services (std V-B, 1g)

TREATMENT SKILLS

1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a)
2. Develops and implements lesson plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b)
3. Selects or creates and uses appropriate materials/instrumentation (std V-B, 2c)
4. Sequences tasks to meet objectives
5. Provides appropriate introduction/explanation of tasks
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)
7. Uses appropriate models, prompts or cues. Allows time for patient response.
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)
10. Identifies and refers patients for services as appropriate (std V-B, 2g)
11. Collects and reports data accurately, giving rationale for methods

PREPAREDNESS, INTERACTION, & PERSONAL QUALITIES

1. Possesses foundation for basic human communication and swallowing processes (std IV-B)
2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std IV-F)
3. Possesses knowledge of contemporary professional issues and advocacy (includes trends in professional practice, ASHA practice policies and guidelines, and reimbursement procedures) (std IV-G)
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a)
5. Establishes rapport and shows sensitivity to the needs of the patient
6. Uses appropriate rate, pitch, and volume when interacting with patients or others.
7. Provides counseling and supportive guidance regarding communication, cognition, and swallowing disorders to patients, family, caregivers, and relevant others (std V-B, 3c)
8. Collaborates with other professionals in case management (std V-B, 3b)
9. Displays effective oral communication, including verbally and meaningfully conveying relevant information/findings, with client, family, or other professionals in a proper manner (std V-A)
10. Displays effective written communication, including reports that contain pertinent, accurate, and complete information, for all professional correspondence (std V-A)
11. Reports are organized, support the diagnosis and are concise and understandable to the lay reader
12. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std IV-E, std V-B, 3d)
13. Assumes a professional level of responsibility and initiative in completing all requirements
14. Demonstrates openness and responsiveness to clinical supervision and suggestions
15. Personal appearance is professional and appropriate for the clinical setting
16. Displays organization and preparedness for all clinical sessions

Clinical Grading Scales

Undergraduates

Course: CSD 488

When taken: usually Spring Senior Year

4.00 to 5.00	A
3.66 to 3.99	A-
3.35 to 3.65	B+
3.04 to 3.34	B
2.73 to 3.03	B-
2.42 to 2.72	C+
2.21 to 2.41	C
2.11 to 2.20	C-
2.00 to 2.10	D+
1.90 to 1.99	D
1.80 to 1.89	D-
1.00 to 1.79	F

Graduate Students

Course: CSD 587

CALIPSO Course Number:

Diagnostics

When taken: varies based on assignment

4.20 to 5.00	A
3.70 to 4.19	B
3.20 to 3.69	C
2.00 to 3.19	D
0.00 to 1.99	F

Course: CSD 588

CALIPSO Course

Number: Treatment 1

When taken: usually Fall Year 1

3.90 to 5.00	A
3.40 to 3.89	B
2.90 to 3.39	C
2.00 to 2.89	D
0.00 to 1.99	F

Course: CSD 588

CALIPSO Course Number:

Treatment 2

When taken: usually Spring Year 1

4.20 to 5.00	A
3.70 to 4.19	B
3.20 to 3.69	C
2.00 to 3.19	D
0.00 to 1.99	F

Course: CSD 588

CALIPSO Course

Number: Treatment 3

When taken: usually Summer Year 1

4.20 to 5.00	A
3.70 to 4.19	B
3.20 to 3.69	C
2.00 to 3.19	D
0.00 to 1.99	F

Course: CSD 588

CALIPSO Course Number:

Treatment 4

When taken: usually Fall Year 2

4.50 to 5.00	A
4.00 to 4.49	B
3.50 to 3.99	C
3.00 to 3.49	D
0.00 to 2.99	F

Course: CSD 522

CALIPSO Course

Number: School Internship

When taken: usually Spring Year 2

All items on evaluation rated over 3.00	S
Any item on evaluation rated under 3.00	U

Course: CSD 600

CALIPSO Course Number:

Non-School Internship

When taken: usually Spring Year 2

All items on evaluation rated over 3.00	S
Any item on evaluation rated under 3.00	U

PROCEDURES FOR DEALING WITH INADEQUATE STUDENT PERFORMANCE

IN CLINICAL EXPERIENCES

1. Certain problems with student clinicians should be handled by individual supervisors; e.g., tardiness, inadequate lesson plans, inappropriate dress, poor planning, inadequate application of clinical methodologies, etc. Normally these problems will be reflected in the grade earned by the student at the end of the semester. If there is a consistent pattern of one or more of these behaviors, with little or no improvement as the semester progresses, the supervisor should inform the Graduate Coordinator. The Graduate Coordinator, along with the supervisor will then meet with the student to discuss the problem area/s. A plan to remediate the problem/s will be established and agreed upon during this meeting. The student may be told that if specific goals are not met, the student may be removed from all clinical activities and given an 'incomplete' (I) or the grade earned during that semester. **For graduate students, it is important to note by the end of the semester, all criteria on the Supervisor Evaluation of Student Clinical Practicum form must be rated 3 or above. Any criteria rated below a 3 must be remediated. Remediation procedures will be decided upon by the faculty supervisor and the Graduate Coordinator.**
2. All lessons plans, progress reports, audiological reports and diagnostic reports must be turned in by the specified time, as determined by the faculty in charge of that area. Failure to comply with these requirements, without permission, will result in an "I" in practicum and no further clinical assignment being made until the written work is completed to the faculty member's satisfaction. When the written work is completed, the student may be assigned to clinical activities as they are available.
3. Whenever an "I" is removed, the final grade will reflect the student's clinical performance during the entire period of the time which resulted in the "I" and its removal.
4. No internship will be undertaken until any and all "I" grades have been removed.
5. Clinical performance must be maintained at a "B" average prior to being assigned to an off-campus supervisor. This includes 2-day-a-week practicum placements, hospital internships, and public school internships.

CLINIC REMEDIATION PROCESS

Remediation Policies and Procedures: Any student receiving a rating of less than 3 on any KASA standard will be required to remediate that standard. KASA ratings are available at Midterm and Final evaluations on the CALIPSO form completed by your supervisor/s.

- Clinic remediation will be initiated by the student's Clinic Supervisor/s and the process determined on an individual basis. The remediation will be developed by the student's clinic supervisor/s.

- Depending on the standard being remediated, if the student has more than one supervisor, the supervisors will collaborate to determine the most appropriate remediation plan, which may involve one or more supervisors.
- An informal remediation process may be initiated by the clinic supervisor at any point in the clinic schedule to best support student learning and development.
- A formal remediation process may begin on the date when the mid-term or final CALIPSO evaluation is given to the student.
- The student's supervisor will contact the program director about the remediation process after notifying the student. The program director will retain copies of the written documentation including the remediation plan and supplemental material for the student's record.
- Successful remediation includes receiving a rating of 3 or higher on the KASA standards and meeting the objectives set in the remediation plan.

TIMELINE:

- First attempt at remediation will be provided by the supervisor and completed by the student at a time that is set by the supervisor.
- This is an option if standards are not met early in the semester, at midterm, or shortly after midterm when there is sufficient time to complete remediation.

Final evaluation or late in the semester:

- If remediation is required at the end of the semester a committee will be formed of 3 faculty members to establish a remediation plan that includes responsibilities and a time-line for completion.

If student requires additional remediation:

- If the first attempt is not successful, a second attempt must be provided to the student. The student will be notified of the remediation plan and the time it is to be completed by the supervisor/s.
- If the student is not successful following the second remediation attempt, he or she will receive a C or lower in the clinic course.

STUDENT COMPLAINT PROCESS

Procedures for Complaints

Within the SPA Department, there is a chain of command for reporting complaints or problems.

1. If a student has a complaint about a clinical supervisor, the first step is to talk directly to the clinical supervisor or instructor with whom there is a problem.
2. If a student has already spoken with the supervisor and resolution is not met, the next person to contact is the Graduate Coordinator to mediate concerns between student clinicians and supervisors.
3. If the Graduate Coordinator is unable to resolve and mediate the issue, the student should then contact the Program Director/Department Chairperson.
4. If students have complaints about the WIU SPA graduate program as a whole, or you do not feel your concerns have been addressed on campus, students may file a complaint with the CAA (Council for Academic Accreditation) at:

*Chair, Council On Academic Accreditation in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850*

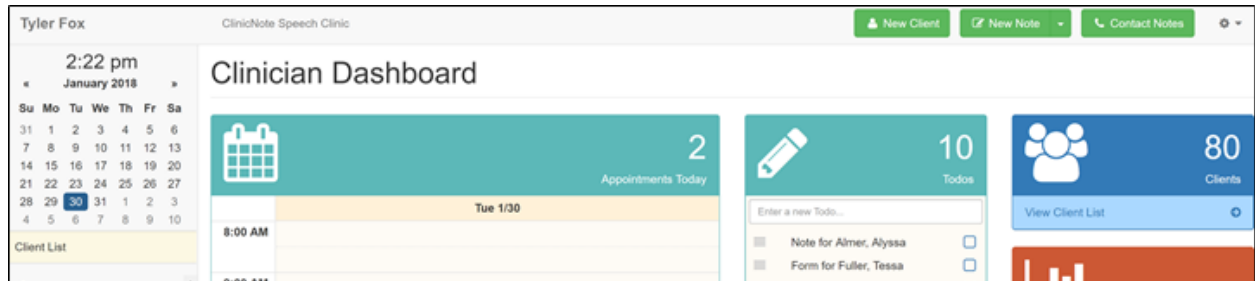
Please note that in order for complaints at any level in the chain of command to be handled appropriately, it may not be possible for the complaint to remain anonymous.

Western Illinois University
Speech-Language-Hearing Clinic
Department of Speech Pathology & Audiology

CHAPTER 6: Clinical Documentation

PROCEDURE FOR CONTACT NOTES

Contact Notes are for the WIU Speech- Language and Hearing Clinic to track all patient contact.



- Select Contact Notes
- Select the Client
- Click “New Contact Note”

- Describe the action the student clinician/supervisor/office manager completed (email, phone call, voicemail, etc.)
- ClinicNote will record the user’s name.

PROCEDURES FOR SOAP NOTES (INITIAL and OFFICIAL SOAP NOTES)

SOAP GUIDE:

Subjective: Describe relevant client behaviors or status that may have influenced performance that session.

Objective: Record data collected for each task during the session.

Assessment: Interpret data for current session and compare to client's previous levels of performance

Plan: Identify proposed therapy targets for the next session.

At the beginning of each semester, the student clinician will complete baseline testing within the first several sessions (approximately up to four sessions). During these initial sessions, the student clinicians will use the **Initial SOAP Note**:

- To access the Initial SOAP Notes:
 - From dashboard, click the blue *View Client List* box
 - Click on the correct client
 - Click on the horizontal gray area of the patient. The information will expand and provide an overview of your patient. (see that view below)

The screenshot shows a web interface for a 'Client List'. At the top, there is a search bar with fields for 'Date Range', 'Name' (containing 'tessa'), and 'Therapist' (a dropdown menu). There are also checkboxes for 'Active Only' and 'Inactive Only'. Below the search bar is a 'Sort' section with two buttons: 'Name Alphabetical' and 'Last Session'. The main content area displays the profile for 'Tessa Fuller', marked as a 'Daily Session'. It lists therapists as 'Anderson, Hugh; Bond, James; Coaldrake, Justin' and provides a full address: '856 Palace Ave, Johnston, IA 50311'. Contact information includes phone (555-785-6521), email (tessa@fuller.com), and session dates (Last Session: 01/24/2018, Next Session: 01/30/2018). Personal details include DOB (11/10/2009) and Gender (Female). A 'Family Contact Info' section lists 'Father: Dave Fuller' with phone (555-965-8441) and email (Dave@fuller.com). On the right side, there is a vertical menu with buttons for 'Notes', 'Reports', 'Forms', 'Files', 'Contact Notes', 'Edit Info', and 'Move to Inactive'.

- Click the *Forms* tab and another screen will pop up
- Click on the green drop-down list *Evaluations and Forms* at the top of the box
- Scroll to Initial SOAP note
- These SOAP notes are in paragraph form and the student clinicians will follow SOAP guide listed above.

Following the initial baseline sessions, goals will be established and the **Official SOAP Note** form will be used:

- From dashboard, click the blue *View Client List* box
- Click on the correct client
 - This should expand the tab to view more blue tabs on the right- hand side (notes, reports, forms, files, edit info, and move to inactive)
- Click the *Notes* tab and click *New Notes*
 - A secondary screen will pop up and ask to *Create a new note for (Client)* and click *Yes*
- Enter in all pertinent data at the top of the SOAP Note (date of services, time of service, clinician’s name, etc.)
- The first time an Official SOAP note is created, the student clinician will need to add in all long and short term goals for the semester utilizing the green buttons.
 - These goals will generate on all new SOAP Notes for that patient until the goal is marked completed.
 - If a long term goal is complete- the short term goals associated with that long term goal will also be marked complete.
- Take note of the “expand all” or collapse all” button. It will be helpful if there are multiple goals.

Goals	Date Assigned	Date Completed
1. Tessa will pronounce phonemes /sh/, /ng/, /s/, and /z/ in all positions of words with 95% accuracy for 3 consecutive therapy sessions.		
Long Term Goal #1 Tessa will pronounce phonemes /sh/, /ng/, /s/, and /z/ in all positions of words with 95% accuracy for 3 consecutive therapy sessions.	05/25/2015	<input type="text"/>
1. Tessa will pronounce the phoneme /z/ in all positions of words with 95% accuracy for 3 consecutive therapy sessions.		
Short Term Goal #1 Tessa will pronounce the phoneme /z/ in all positions of words with 95% accuracy for 3 consecutive therapy sessions.	05/25/2015	<input type="text"/>

+ Add New Short Term Goal

- Enter in the **Subjective** information in the box provided
- To enter in the **Objective** information
 - Select “Combine Objective Comments” in order for your O section to be written holistically and well
 - The first time in a note, the student clinician must click “Add New Quantitative Data Field”
 - It will open the following screen
 - Select the targeted goal for the chart to be associated with

- Create Title Tracker for the plot graph later on in the semester (i.e., /b/ in initial position vs. The client will produce the /b/ phoneme in the initial position with 80% accuracy given visual cues.)
- Click Save

- The screen will go back to the note where the student clinician can add in the first value for the chart.
 - Make sure the value is either in a whole number OR utilize a decimal value by typing in numbers and ClinicNote will calculate the percentage.

- If the goal was targeted during a session, the option to add a new value for each session will need to be addressed. However, student clinicians will not always work on that specific data field so it may end up blank at times.
 - *Repeat for each targeted goal within the session.
- To enter in the **Assessment** data:
 - Select long-term goal and develop an holistic “A” section for the entire session.
- Enter in the **Plan** information in the *Plan For Next Session*. What will be targeted?
- If no information needs to be added in the *Home -Based Therapy Tasks* and *Additional Comments* sections, then enter in N/A for these sections
- Supervisors will e-sign the SOAP note once the SOAP note has been finalized and approved.

Within an Official SOAP note, student clinicians and supervisors are able to make comments/suggestions to one another.

The screenshot shows a web interface for editing a SOAP note. At the top, there are three buttons: 'Edit Note' (with a pencil icon), 'Show Past Notes' (with a magnifying glass icon), and 'Hide History/Comments' (with a speech bubble icon). Below these, there are two tabs: 'History' and 'Comments', with 'Comments' being the active tab. The 'Comments' section contains a 'Title' input field, a 'Comment' text area, and two checkboxes: 'Completed by Student' and 'Completed by Supervisor'. At the bottom of this section are 'Save' and 'Cancel' buttons. To the right of the comment section, patient information is displayed: 'Patient Name: Tessa Fuller', 'DOB: 11/10/2009', 'Referring Physician: Not on file', and 'Date: 12/18/2017'.

- Show History/Comments
 - History tab: Will show the initials, date and time of each person who has created the new note, viewed or edited the note.
 - Comments tab: Is a space for viewing the comments the supervisor/student creates.
 - Click “Add Comment”
 - Give the Title of the section of the note
 - Write the comment.
 - When the opposite person logs in to view the note they should always check the Show History/Comments to see if there has been a new comment created that needs to be addressed.

PROCEDURE FOR PROGRESS REPORTS WITH INSTRUCTIONS


All reports will be completed within ClinicNote by the student clinician and approved by the clinical supervisor.



2. Select the client

3. If you are writing a progress report:

- a. Select the Start and End time for the sessions you are summarizing between.
- b. The student clinician may request continued treatment or leave it blank.
- c. Select the “Semester Progress Report” from the drop-down box in Report Template.
- d. Click Generate.

 Generate a Report for Javy Baez ×

Summarize Sessions Between

Start
Leave blank to report on all Patient Notes

End
Leave blank to report on all Patient Notes

Request Continued Treatment Between


Start

End

Requested Sesions /

Report Template

Report Template

 Loading Report Data...

4. The report will automatically be generated with a WIU letterhead.

Review Your Report

WESTERN ILLINOIS UNIVERSITY

Speech Therapy Progress Report

Name: Javy Baez
Date of Birth: No DOB on file
Age: No DOB on file
Diagnosis:
Therapist: Julie Cox
Date of Report: 09/04/2018
Reporting Period: 08/22/2017 to 09/04/2018

Pertinent Background Information: Javy Baez was referred to Western Illinois University and subsequently diagnosed with and has been receiving treatment at Western Illinois University since 08/22/2017

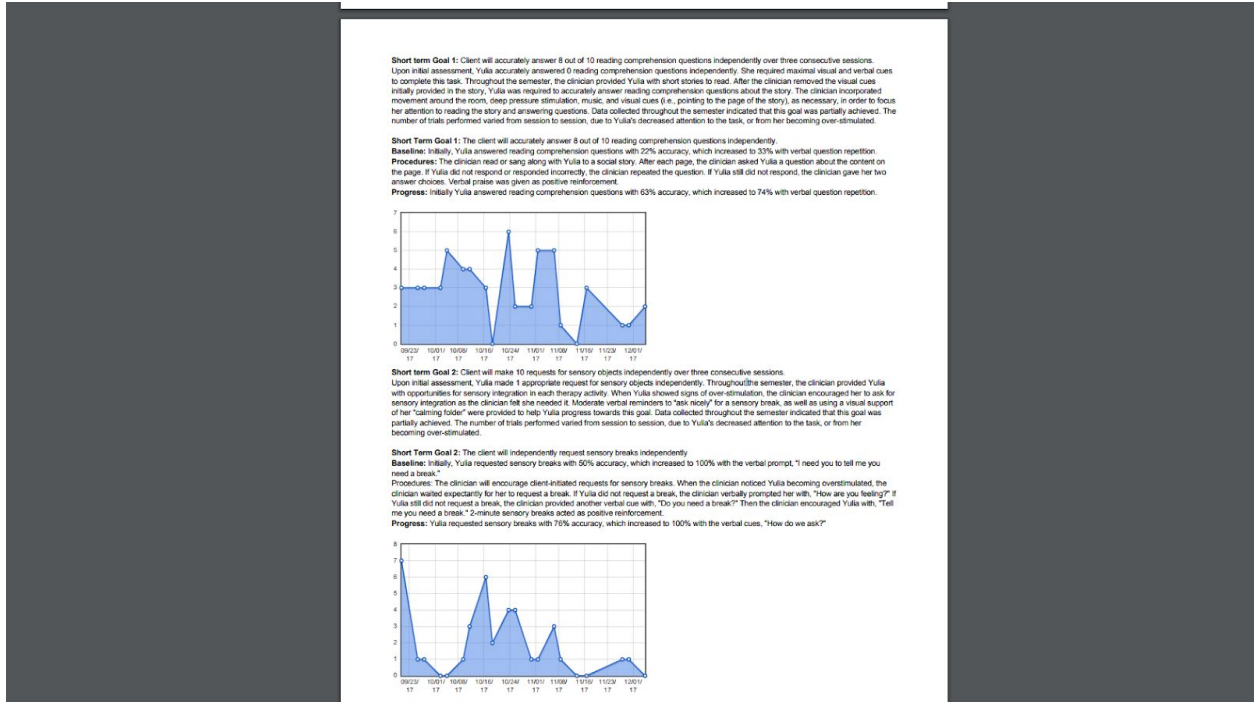
PRESENT THERAPY:

Long term Goal 1: Pt will demonstrate speech and language for all functional tasks.
Comment:

[E-Sign Report...](#) [+ Add Another Signature...](#) [Cancel](#) [Save Report](#)

5. Fill in the following information in *italics*:

- a. *Biographical information*
- b. *Pertinent Background Information*
- c. *Initial Semester Assessment*
- d. Present Therapy- This will be generated for each goal.
 - i. Long-term goal 1 will be listed
 - ii. Short-term goal 1 will be listed
 - iii. Data Field for short-term goal 1 will be generated into a chart
 - iv. *Comment:* The student clinician will enter the comments/progress/etc here.



e. *Additional Information/Behavioral & Comments*

f. *Summary of Progress*

g. *Recommendations*

h. The supervisor will sign the report once the evaluation has been approved. The student clinician will also e-sign or hand sign the report given the superiors preference.

4. Take note of the following option in the Progress Report:

a. Refresh Data

i. This feature will be important at the end of the semester when the student clinician need to begin the progress report but there are several sessions remaining.

ii. EVERYTHING in the grey text area will be refreshed and updated when this button is 'clicked'.

5. Do not sign the report until your supervisor approves it. After the supervisor signs the note you will no longer be able to edit the report but you can still view the report.

PROCEDURE FOR PRINTING DOCUMENTS W/ PROTECTED HEALTH INFORMATION (PHI)

1. All reports include client's name, date of service, student clinician's name and clinical supervisor (s) due to the security of the EMR system (ClinicNote).
2. Each report is developed with an official WIU letterhead within ClinicNote.
3. Once the student clinician and clinic supervisor have finalized and signed the report, student clinician and/or supervisors are able to 'View' the report in a PDF format via ClinicNote.
4. Student Clinicians and/or supervisors are able to print reports in the PDF format in a secure location on the 2nd Floor of Memorial Hall via ClinicNote.
5. The report is then placed in a manilla envelope until it is hand-delivered to the client and/or caregivers or placed in the mail.

Western Illinois University
Speech-Language-Hearing Clinic
Department of Speech Pathology & Audiology

CHAPTER 7: Diagnostics

Speech-Language Pathology Diagnostic Procedures

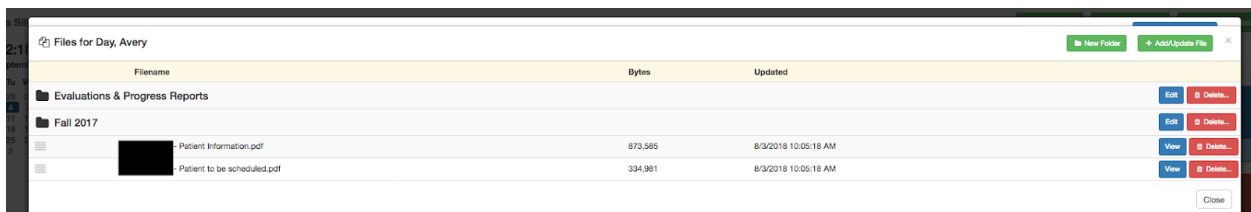
Graduate student clinicians participate in diagnostics throughout the graduate program. Clinicians are assigned individually to complete diagnostics. Graduate student clinicians will be expected to complete diagnostic procedures as a part of their clinical responsibility. Graduate students must observe TWO diagnostics prior to enrolling in the course. Clinicians will work with their supervisor throughout the diagnostic process.

DIAGNOSTIC REFERRAL AND SCHEDULING PROCEDURES:

1. Referrals are received by the clinic office. The Office Support Specialist completes new client contact form and mails the appropriate Case History Form to the potential client.
2. Once the Case History Form has been returned to the clinic, the Office Support Specialist uploads the information into ClinicNote. The faculty member in charge of diagnostic scheduling will work with the family for a time for the diagnostic to be completed. Currently, all diagnostics in the WIU SLHC are scheduled on Fridays.
3. As soon as a diagnostic is assigned to a student clinician, she will receive a verbal or written notice. It is then the student clinician's responsibility to contact the supervising SLP and make an appointment to prepare for the diagnostic.
4. Clinicians should contact the client/parents one week prior to the diagnostic to confirm the appointment.

COMPLETING DIAGNOSTICS:

1. ■As soon as you receive the diagnostic assignment, contact your supervising SLP to arrange a meeting to discuss the diagnostic.
2. The clinicians should review the client's information in ClinicNote (under the "Files" tab) and develop a diagnostic plan prior to meeting with the supervisor. *You should review and be ready to administer all of the assessments or procedures decided upon by you and your supervisor.*



3. At the time of the meeting with your supervisor, be prepared with an evaluation plan and any questions you have about how to assess your assigned client.
4. Evaluations should be reserved in the library at least 24 hours prior to the diagnostic. The name of the test, clinician's names, date, and time the assessment is needed will be recorded in the designated area.
5. A sign needs to be printed and placed on the therapy room door, indicating that a diagnostic is to take place with the date and time.
6. The therapy room needs to be set up and approved by the supervisor prior to the start of the session.
7. Photocopied test forms will be given to the supervisor.
8. All diagnostics will be recorded on Axis.

CONDUCTING A DIAGNOSTIC:

1. The clinician will greet the client and confirm that they have received their parking pass.
2. The Confidentiality Form and a Consent to Video Record Form must be signed. If these forms are not signed, the diagnostic will be canceled.
3. The clinicians will then escort the client to the therapy room. If the client is accompanied by a parent or guardian, they may accompany the client to the therapy room or be escorted to the Observation Room.
4. The diagnostic will be conducted according to the plan designed by the clinician and supervisor.
5. Clinician will record all data on a photocopied form and transfer final data onto an official record form, once the supervisor has checked for accuracy, unless otherwise directed by your supervisor.
6. Immediately following the diagnostic, a follow-up meeting will be scheduled to convey results to client and/or client's family.
7. The Release of Information Form should be completed if clinical records are to be sent to any party outside of the Western Illinois University Speech and Hearing Clinic, or if any records will be requested from another agency.
8. The clinicians should escort the client back to the waiting room or the elevator.

DIAGNOSTIC REPORT WRITING:

1. Following the diagnostic, a report needs to be written and submitted in ClinicNote within 48 hours following the diagnostic.
2. Rewrites are due one day after the edited reports are returned. Failure to turn in reports on time could result in the lowering of the clinician’s final diagnostic grade.
3. Diagnostic reports should be written using parent-friendly, but professional language. The report should be free of spelling or grammatical errors. This report will be completed on ClinicNote. You must also submit hard copies of the scored tests forms, language samples, etc. to the supervisor’s mailbox or per their individual instructions.
4. Continue to make changes, edits until the supervisor determines the report is completed, at which time the recording on the AXIS system should be deleted. Supervisors may request to keep the recording for future teaching purposes.
5. Place only the ORIGINAL published test forms in the client files along with a request for the document to be added to the client’s electronic file.
6. Print the final report with identifying information and dates of evaluation on all forms and data collection sheets. Printing of reports needs to be done in the grad work room. This official copy of the report will be submitted to the client or client’s caregiver.
7. Clinicians will submit the diagnostic hours in CALIPSO to the supervisor. The hours that can be recorded include time spent gathering information for the case history, administering assessments, screening, language sample, client responses, managing behaviors, interviewing significant others, and the follow up meeting.

CLINICNOTE REPORT

Under the “Reports” tab, click “Generate Report.” Use the template titled “Speech and Language Evaluation.” This screen will provide you with the appropriate template.

The screenshot shows a patient profile for 'Testing Guy'. On the left, there are fields for Therapists (Dalmasso, Julie; Elbe, Heidi; MartinPrudent, Angi), Address (Street, City, State, Zip), Phone, E-mail, Last Session (01/26/2018), DOB (05/15/2018), and Gender (Male). On the right, there is a vertical menu with buttons for 'Notes', 'Reports', 'Generate Report', 'View Reports', and 'Contact Notes'. The 'Generate Report' button is highlighted.

Generate a Report for Testing Guy

Summarize Sessions Between

Start

Leave blank to report on all Patient Notes

End

Leave blank to report on all Patient Notes

Request Continued Treatment Between

**Please note that a number of tables automatically generate on this template. Delete the tables that do not correspond with your assessment. Be sure that you address all of the following information:

- + Oral Mechanism
- +Speech Intelligibility- Articulation/Phonology
- +Language-Receptive and Expressive
- +Voice
- +Fluency
- +Hearing
- +Pragmatics

Western Illinois University
Speech-Language-Hearing Clinic
Department of Speech Pathology & Audiology

CHAPTER 8: Off-Campus Experiences

Western Illinois University
Speech Pathology
OFF-CAMPUS PRACTICUM CRITERIA

The site should:

1. Be regarded as a competent and reputable facility by members of the professional community.
2. Have an ASHA certified and licensed speech-language pathologist on the staff, practicing within all ASHA ethical and scope of practice guidelines or a WIU SLP faculty supervisor
3. Ensure that the ASHA supervisor will be available for consultation as appropriate for the client's disorder.
4. Expose the student to a facility which includes clinical viewpoints and procedures different from those experienced previously.
5. Provide the student with an opportunity to relate to and work with specialists from related professions.
6. Provide the student with close supervision at first, with a gradual increase in independence where warranted. If there is doubt about the student's proficiency with a particular client or case type, supervision should remain appropriately close throughout the practicum.
7. Provide appropriate opportunities to observe or participate in professional interactions.
8. Provide an evaluation of the student's performance midway through and at the end of the practicum.
9. Assist the student in maintaining a log of practicum hours obtained at the practicum site.
10. Communicate to the student and/or WIU Internship Coordinator any problems regarding a specific student or university procedures as they occur.

BRIDGEWAY PROCEDURES:

1. Each student clinician will be responsible for 3-4 adult clients. Each will provide evaluation, and/or therapy services for up to four hours per week, during the regular WIU semester with university breaks as scheduled. Students will write evaluations and goals, session (SOAP) notes, and progress reports in Clinicnote. Progress will be reported to appropriate parties in verbal and written form at the end of each semester and/or upon request.
2. All students are required to sign a Bridgeway Confidentiality Statement. Bridgeway requires anyone working with consumers to have training for bloodborne pathogens, mandated reporting, and HIPAA, as provided by Bridgeway's Human Resources representative. A background check is also required for all clinicians working at Bridgeway. This too is conducted by Bridgeway. These requirements should be completed before independent interaction with clients.
3. Clinicians must wear the WIU identification badge while at the Bridgeway workshop, or when visiting the home program. Students must sign in and get a 'visitor badge' from the receptionist.
4. Clients have existing files in the WIU Clinic.

Medical and Legal Considerations:

1. Always call for Bridgeway staff if a client becomes aggressive or emits body fluid, (e.g., blood or urine.) Observe 'universal precautions' at all times.
2. Maintain careful hygiene at all times.
3. Hepatitis B vaccinations are advised, but not required.
4. All clinicians must submit to a **background check** as required by the state.

NURSING HOME DOCUMENTATION

The documentation for nursing homes will follow the formats for third party payers. This documentation is similar to the requirements for Medicare/Medicaid application. There are three reports that cover the evaluation, plan of treatment, and discharge of clients using these payment systems. You will have three reports during the course of the semester. See the Appendix for all templates for nursing documentation.

1. The Plan of Care (POC). This is the evaluation report and treatment plan for the next thirty days. All new clients, as well as those who will continue treatment in a new semester will have a plan written. It will follow the format of the medical style documentation provided by the supervisor. The results of your evaluation are outlined, as are the short and long term goals for your client. Before treatment can begin, a physician must sign off on your Plan of Treatment. Since most of your clients are not receiving therapy by physician order, they will not be signed.

2. Recertification Note. Every 30 days, a recertification note will be written for each of your clients. Regardless if therapy is warranted and recommended for additional time or discharge is recommended, the Recertification Note must be submitted. If the forms were actually submitted to the physician, they would be reviewed for client eligibility for the next thirty-day period. Your supervisor will give you the deadlines for this report.

3. Discharge Note. When therapy is no longer warranted, (lack of progress, death, or the end of the semester), a Discharge Note is written for each client. This format also follows the medical style documentation provided by the supervisor. Recommendations for treatment during the next semester, staff directives, or the reasons for cessation of services are written in the plan portion.

The instructions and examples for writing these reports will be provided by the supervisor and in the Appendix. You should consult with your supervisor if you have any questions concerning the type of information, headings, or formats that you should use. Deadlines for these reports will be given to you each semester.

In addition to these longer reports, each session must be documented with a daily note. These notes follow the SOAP format. An example of the form is found in this section and students are asked to print it for their clients. Only one client is documented per page, and up to four sessions can be documented on each form.

POLICIES AND PROCEDURES

WESTERN ILLINOIS UNIVERSITY SPEECH-LANGUAGE PATHOLOGY INTERNSHIP RESPONSIBILITIES AND OBJECTIVES

Internship in Communication Disorders – Catalogue Descriptor. Supervised applied experience in an occupationally related area in line with the students' career objectives and approved by faculty. A minimum of eight weeks will be required for this experience. *Prerequisites: Completion of required SPA coursework, no more than one C grade in SPA 587/588, and approval of faculty.*

Primary Objectives of the Internship:

Students should have the opportunity to apply previously learned theory and knowledge to a variety of clients across the lifespan and to further develop and apply knowledge relating to specific client groups with whom they have had limited contact.

Students should refine and further develop a variety of clinical techniques and skills with diverse range of populations.

Internships should afford the student a better understanding of the continuum of care and the subtle nuances of goal setting and service-delivery at various levels of functioning. This should include the efficient use of therapy and administration time, the coordination of services and interdisciplinary teamwork, resource and funding implications for client service delivery and state specific service requirements.

To establish whether or not the student is Clinical Fellowship (CF) ready upon completion of the internship. The student must be deemed clinically competent in accordance with the ASHA Knowledge and Skills Acquisition standards in order to successfully complete the program (for further details please see: <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>).

The WIU Internship Coordinator will be available by phone or e-mail to respond to any concerns or questions raised during the internship. It is understood that the internship may be terminated at any time at the discretion of the site supervisor and/or the WIU instructor/internship coordinator. The reasons for termination of the internship must be supported by written documentation at the time of the termination.

OFF-SITE Supervisor responsibilities:

- Supervisors must hold the ASHA Certificate of Clinical Competence (CCC) in Speech-Language Pathology, as a result, individuals cannot supervise during their Clinical Fellowship (CF) period.
- Supervisors must take time to acquaint the student with the protocols and procedures of the facility. This may include a formal induction period if deemed necessary by the facility in order to support proper and safe working practices.
- At least 25% of the therapy and diagnostic sessions conducted by student (including screenings) must be directly supervised.
- Supervisors must be able to verify the student's client contact hours via the web based CALIPSO system (please refer to the instructions for CALIPSO use. It is expected that these hours are authorized by the supervisor on a daily or weekly basis (depending upon site organization). The school internships are asked to provide a minimum of 150 clinical hours (this includes staffing hours, please refer to the school internship agreement for information on hours), the medical internships are asked to provide a minimum of 100 clinical hours for the student throughout the duration of the placement.
- In the case of supervisor absence, students are not permitted to work on their own. An alternative plan may be developed that will allow the student to benefit from the work day. Please note that if this includes work with an alternative SLP who is not licensed or another professional, the student is not permitted to treat clients and hours cannot be counted as clinical hours. Students may be given the opportunity to make up hours at an appropriate point in time.
- Evaluation forms must be completed at midterm and at the end of the internship. These forms are accessible via CALIPSO. At midterm, goals should be set to help students attain their optimal skill development, based upon their formal evaluation. Supervisors are required to complete the clinical population information on the final evaluation on CALIPSO (patient population, multicultural and linguistic diversity), as this offers an indication of the nature of the clients attending the facility.
- All supervisors should make time available for regular meetings with students throughout the internship to inform the student of his or her internship performance, discuss clients and any relevant site specific topics. Written and verbal feedback is encouraged on an ongoing basis.
- Should supervisors have any concerns at any time, for whatever reason, they are expected to contact the Internship Coordinator immediately. Contact details are provided in the letter of introduction. In addition, the Internship Coordinator will be contacting the supervisor by email at the end of the second week and at the midterm and final point of the internship, in order to ensure all is well. Supervisors are asked to respond to these emails and report their satisfaction with student performance thus far.

Student Intern Responsibilities:

- Prior to leaving on internships:

- students will attend meeting(s) with the Internship Coordinator at various times throughout their last two semesters of the program to obtain information regarding internships. These meetings are mandatory.
- students will read the *Responsibilities and Objectives* information and sign the form stating they have read and understand the information (form also located in appendix)
- students will complete the *Internship Placement Questionnaire* to ensure they have all details of their placements and supervisors information. This form is to be turned in to the Internship Coordinator.
- During the internships:
 - The student is expected to be proactive and engage in discussions related to clients, the facility, perceived limitations and concerns throughout the internship. The student is responsible for the promotion of their own learning while on internship.
 - Client, supervisor and site confidentiality must be maintained at all times. Students are required to adhere to HIPAA guidelines at all times. Students are expected to adhere to the policies and procedures of the facility and the ASHA Code of Ethics without exception.
 - Punctuality, proper attire, and adequate preparation are expected at all times. Students must be granted permission by the supervisor to leave at the end of the workday.
 - All required clinical paperwork (including plans, notes, reports etc.) must be submitted according to the guidelines, protocols and deadlines specified by the site supervisor.
 - The student will use CALIPSO to document all clinical hours on a daily or weekly basis and obtain approval of hours from their supervisor. Students are expected to support the supervisor in their use of CALIPSO if required. DO NOT WAIT until the end of the internship to enter hours!
 - The student is required to complete and submit a site evaluation of their internship to the WIU Internship Coordinator upon completion of the internship. This evaluation form will be sent to the clinician via the WIU Internship Coordinator.
 - Absences must be approved by the onsite supervisor and reported to the WIU Internship Coordinator. Absences should be rare and only for good reason (for example, as a result of illness), which does not include vacation or going to interviews. Those should be scheduled at times that do not conflict with internship hours. Extension of the internship may be required to make up missed days.
 - The student is required to contact the WIU Internship Coordinator via e-mail at the end of the first day of their internship and on a weekly basis thereafter. They are expected to inform the WIU instructor/internship coordinator of their successful arrival, progress and concerns throughout the duration of the internship. Students with any concerns, at any time, for whatever reason are expected to contact the WIU Internship Coordinator immediately.

Student Acknowledgement of Responsibilities and Objectives of Off-campus Internships

My signature signifies that I have read the Responsibilities and Objectives information as well as the syllabus for CSD522/600 and will abide by all policies therein. This includes my knowledge of the attendance policy stated in the syllabi and that I will notify both the Internship Coordinator and the internship supervisor prior to absences at my placement. I understand that my placement could be in jeopardy if notice is not given or too many absences occur.

Clinician's Name

Date