CLINICAL EDUCATION HANDBOOK
For the Professional Degree Program:
M.S. Speech-Language Pathology

Department of Speech-Language Pathology and Audiology
College of Nursing and Allied Health
Southern University and A&M College

117 Blanks Hall
Baton Rouge, LA 70813

Department Phone: 225-771-2570

Department Fax: 225-771-5546

The Master's Degree Program in
Speech-Language Pathology at
Southern University and A & M College is accredited by the
Council on Academic Accreditation
in Audiology and Speech-Language Pathology (CAA) of the
American Speech-Language-Hearing Association
2200 Research Boulevard #310
Rockville, Maryland 20850
800.498.2071 or 301.296.5700

COUNCIL ON ACADEMIC ACCREDITATION
ACCREDITED | SPEECH-LANGUAGE PATHOLOGY

(Handbook Effective January 2020, revised)

CLINICAL EDUCATION HANDBOOK
For Graduate and Undergraduate Student Clinical Education
Speech-Language Pathology

TABLE OF CONTENTS

INTRODUCTION	5
Purpose/Position Statement	
Self-Study Guide for Initial Review of Clinical Education Handbook	6
Essential Functions	7-8
Observation Requirements	9-10
Additional Information Regarding Attendance	11-12
Philosophy of Clinical Education	13-14
Self-Study Guide	15
Organizational Chart	16
PART I: BACKGROUND TO CLINICAL EDUCATION	17-18
Student Role in Clinical Education	19
ASHA Standards	20
Styles of Supervision	21
Sequence of Clinical Education Experiences	22
Adv Clin Prac Policies & Procedures On Campus/Off Campus Sites	19-22
Earning, Recording & Approval of Clinical Clock Hours for On Campus/Off Campus	19-22
Grading Policies & Procedures for Off Campus Sites	23-25
Development and Measurement of Clinical Skills	26
Feedback on Clinical Performance	27
Formative Assessment of Clinical Competency	27
LiveText Field Experience Management System	27
Measurement and Tracking of Clinical Competencies	27
LiveText Administration Tools	27
Tracking Patient/Client Contact Time	27
PART II: PREREQUISITES TO CLINICAL EDUCATION	**28-32**
Email Communication	
Practicum Registration	
Observation Requirements	
Clinical Practicum Requirements	
Academic Background	
Communication Competency Requirement	
Equipment	
Professional Liability Insurance	
Drug Screening	
Cardiopulmonary Resuscitation (CPR) Training	
Tuberculosis/Vaccinations	

Background Checks & Clearances (Louisiana)
HIPAA
PART III: CLINICAL EDUCATION GUIDELINES AND EXPECTATIONS 33-35
Clinic Staff
Department Clinic Committee
Determination of Practicum Assignments (On-Campus, Off-Campus)
Enrollment in Clinical Practicum
Louisiana State Licensure and Ancillary Certification for the School-Based SLP
Professional Expectations
Social Media & Professional Considerations
Clinical Grading Procedures
Documentation of Clinical Education (On-Campus & Off-Campus)
Clinical Practicum Clock Hours
Client/Patient Contact Time
Hard Copy Documentation of Contact Time
Electronic Case Logs (Calipso)
Student Competence
Procedures for Contacting CAA
Complaints Against CAA
Student Grievance Procedures
Clinic Remediation Plan
Program Expectations & Professionalism
Evaluation of Clinical Teaching
Tracking of Clinical Performance
Clinical Requirements
Clinical Supervision
Defining Placement Expectations: Students & Clinical Instructors
Client Confidentiality
General Clinical Documentation Guidelines
Appearance Policy
Attendance
Students with Special Needs
Clinic Environment
Inclement Weather Conditions
Student Concerns & Complaints/SU Non-Discrimination Policy 41-43
Student Complaint Form 44
Student Complaint Process at Department Level 45-48
Procedures for Contacting CAA Regarding Complaints 45-48
Filing A Complaint Against CAA 45-48
Clinical Program Expectations and Professionalism 48-54
Health & Safety Procedures 55

SU Drug Policy 55-56
Universal Precautions 56-67

PART IV: CLINICAL EDUCATION 70
Weekly Clinic Meetings 70-72
Clinical Skills Documentation Activities 70-72
Evidence-Based Practice Assignment 70-72
On-Campus Client Notification 70-72
On-Campus Initial Therapy 70-72
On-Campus Lesson Plans 70-72
On-Campus Parent Involvement 70-72
On-Campus Request for Continued Therapy 70-72
On-Campus Staffing 70-72
On-Campus Telepractice 70-72
Timeline for Submitting Client Information 70-72
Clinical Documents in Blanks Hall Room 117 70-72
Checkout of Materials and Assessment Instruments 70-72

PART VI Clinical Practica 67-69
Multicultural Considerations in Clinical Practicum 67-69
Clinic Daily Operations

Appendices (CLINIC FORMS) 73-88
Student Remediation Plan Form
Student Clinician Contract
Clinical Practicum Forms
Clinical Supervisor Information Sheet
Certification Standards
Clinic Fees 89
Social Media Policy/Other Policies 89-90
Communicating with Clients and Families 91
CALIPSO Computerization/Tracking 92-93
Standards and Professionalism 93
Accident/Incident Report 94
Student Leave Report 95
ASHA CODE OF ETHICS LINK 96
Model Bill of Rights 97
ASHA Scope of Practice 98-99
Sample Practicum Calendar 100
Sample Clinical Practicum Course Syllabus 101-110
Consent for Treatment Evaluation 111

Clinic IPAD Picture Release Policy Form 112
Student Guidelines for Self-Evaluation of Therapy 113
CALISPO Sample Supervisor Feedback Form 115
CALISPO Sample Evaluation by Supervisor 116-117
Procedural Codes & Terminology 118
Evidence Based Practice Assignment/Instructions 119-152
Clinical Policy & Procedures Agreement Form 153
Additional Notes 153
Externship Study Abroad 154-156
Client Consent for Services 157
Consent to use Food in Treatment Session Form 158
Consent to Use Video or Picture Image 159
Resources for Clinical Supervisors and Students 160

INTRODUCTION

This manual has been prepared to provide incoming Speech-Language Pathology professional degree students with information about the clinical education policies and expectations of the Department of Speech-Language Pathology. The manual is intended to be used in conjunction with the KASA tracking form, Calipso, the Southern University graduate handbook, and the Department of Speech-Language Pathology Academic Handbook, and policy/procedure handbooks at individual clinic sites.

For your review of the **Clinical Education Handbook,** it is recommended that you read the handbook by ***the end of the first two weeks of clinic.*** All students need to complete the sign off sheet and turn it in to the Coordinator of Clinical Education for your student file indicating that you have read the complete ***Clinical Education*** handbook.
In addition to requirements for the Master's degree in Speech/Language Pathology, the clinical degree program provides the opportunity for students to meet clinical education requirements for:

- Council on Academic Accreditation (CAA)
- Application for Certification in Speech-Language Pathology
- Louisiana State Licensure
- Louisiana Ancillary Certification in Speech-Language Pathology
- ASHA 2020 Certification Standards
- ASHA Code of Ethics
- ASHA Practice Portal
- ASHA Scope of Practice
- World Health Organization Classification
- ASHA Practice Portal
- Introduction to Evidence-Based Practice
- U.S. Department of Justice Civil Rights Division Disability Rights Section
- Praxis Examination in Speech-Language Pathology

Since each of the above has separate requirements, students need to continually monitor their progress toward completion of the requirements. They should check the content on the above web sites periodically across their program and check in with their academic advisor if they have questions. Note that all policies, guidelines and forms appearing in this manual are subject to modification during your enrollment in the program. Students will be informed in the event of any such modifications. If you have any questions or concerns about the information contained in this manual, please contact the Coordinator of Clinical Education Services.

PURPOSE OF THE CLINICAL HANDBOOK AND VISION STATEMENT

This handbook has been developed to assist students in understanding and implementing their clinical assignments and responsibilities. Each student enrolled in clinical practicum is responsible for knowing the clinical procedures and policies as outlined in this handbook. A careful reading of the material will orient students to requirements for clinical experience, operation of the various components of the clinical program, pertinent information related to documentation, and basic policies which have been established. The handbook will also orient new supervisors and help experienced supervisors maintain consistency and continuity. Students will be informed of revisions and amendments to clinical procedures and/or policies as they occur.

The Southern University Speech, Language and Hearing Clinic has as its aim the following: **(1)** to train students pursuing undergraduate degrees in Speech-Language and Audiology and graduate degrees in Speech-Language Pathology; **(2)** to conduct research regarding the nature, causes and remediation of disorders of speech, language and hearing; **(3)** to provide services to the community by way of evaluation and remediation of individuals having communication disorders; and **(4)** to provide training and consultation for professionals, families, caregivers and agencies serving persons with speech, language and hearing deficits. The Speech-Language Pathology and Audiology undergraduate program and the Speech-Language Pathology graduate program provide students with quality academic training and clinical practicum experiences. As such, these programs adhere to the highest standards regarding quality training and service.

The information that follows introduces the student clinician to the rules, policies, procedures, code of ethics and other important aspects needed for the provision of clinical services.

Student clinicians will conduct all clinical activities in accordance with the Southern University Speech, Language and Hearing Clinic Policy and Procedural Manual (Revised 2020) and the Code of Ethics as set forth by the American Speech-Language and Hearing Association (ASHA, revised 2010).

MISSION STATEMENT

The mission of the Speech, Language and Hearing Clinic is to train future professionals in the field of Speech-Language Pathology and Audiology to provide quality care to persons with speech, language and hearing problems.

VISION

The vision of the Speech, Language and Hearing Clinic is to be a resource to university students and their families as well as to persons from the greater Baton Rouge area.

OVERVIEW

Students obtain theoretical knowledge and skill development through extensive academic course work and clinical experiences. The Speech, Language and Hearing Clinic offers direct services to clients with a wide range of disorders. During externship experiences, students provide direct services in a variety of settings under the supervision of an ASHA-certified speech-language pathologist. The Speech, Language and Hearing Clinic was established as a resource to university students and their families as well as to persons from the greater Baton Rouge area.

POSITION STATEMENT

It is the student's responsibility to be familiar with and adhere to the ASHA Code of Ethics and the laws and regulations governing the provision of clinical services. The Code of Ethics and Scopes of Practice are available to download from the American Speech-Language-Hearing Association website.

There are some activities that may place students in violation of the Code of Ethics and Louisiana licensure laws. Some of these activities may include, but are not limited to, providing speech/language/hearing diagnosis and therapy while babysitting, engaging as a tutor for the purpose of providing speech/language/hearing services, implementing speech/language/hearing goals from a student's Individualized Education Plan (IEP), and acting as a therapist in an Applied Behavior Analysis (ABA, Discrete Trial Therapy) program. If you are in question about a specific activity, contact the Clinic Coordinator, Program Director and/or Department Chairperson and/or faculty *before* engaging in the activity.

Responsibilities

The clinical supervisor or preceptor is ultimately responsible for all factors relating to the professional management of an audiology patient. **An individual holding the appropriate ASHA Certificate of Clinical Competence (CCC) will be available on the premises for consultation at all times when a student is providing clinical services, whether on- or off-site.**

The following are the student's responsibility during any clinical practicum:

1. The students will adhere to the ASHA Code of Ethics and conduct herself/himself in a professional manner in all activities relating to the Department of Audiology and Speech-Language Pathology and the practicum site to which s/he is assigned. Students are required to review the Code of Ethics prior to the first week of clinic. An orientation meeting will be held during the students' first academic year related to ASHA Code of Ethics and professionalism.
2. Each student must obtain and maintain professional liability (malpractice) insurance **throughout his/her entire program matriculation**. Coverage must be renewed annually and should be purchased prior to clinical practicum enrollment. Students are encouraged to be members of the National Student Speech-Language-Hearing Association (NSSLHA) as it will facilitate applying for professional liability insurance through Mercer Consumer (an affiliate program). NSSLHA membership applications and liability insurance forms may be obtained from the department secretary or online at http://www.asha.org/nsslha/ and http://www.proliability.com/about-us. Any student who cannot document insurance application will be withheld from a clinical assignment for that semester.
3. Students enrolled in the program are required to complete 25 observation hours prior to beginning direct patient contact.
4. Students must complete Universal Precautions/Infection Control training prior to the beginning of any clinical practicum. Students are required to adhere to Universal Precautions in all clinical interactions.
5. Students must complete training/turn in any applicable paperwork in the following areas after the initial clinic orientation before students can participate in their clinical practicum. These include: ASHA Code of Ethics, Universal Precautions/Infection Control, and HIPAA training. Students are also required to sign the clinical attendance policy; technical standards form and clinic handbook signature page. These three documents may be turned into the Clinic Coordinator's mailbox or emailed. Students are made aware of these assignments at first year orientation.
6. All clinical pre-requisite information must be turned into appropriate personnel before beginning clinical practicum. These include immunizations (Hep B, MMR), physical, TB test, CPR, liability insurance, training certificates, NSSHLA card, background check, completed clinical observation hours. Students are required to get a flu shot for some clinical sites. The Clinic Coordinator will inform students when this is necessary.
7. Students must actively participate in their clinical education on understanding why and how clinical decision are made. This includes taking initiative to gather information on their own, asking questions of their clinical instructors, and incorporating content from their didactic courses to the clinical practice. Students also need to refine their self- evaluation skills so that they have heightened awareness of what they know, what they do not know, and strategies for obtaining information and developing clinical skills needed. All our supervisors will be pleased to provide any student with bibliographical references and a list of ASHA materials are available to students to reference/borrow.

8. The student should keep track of her/his clinical clock hours to ensure that s/he is accumulating the necessary hours to meet the requirements of graduation. These hours will be entered into the Calipso online tracking system per semester.
9. The student must clear all major decisions regarding patient management with their preceptor prior to implementing or communicating them to client, family members, or other professionals.
10. The student must be prompt, well prepared, and should show initiative concerning clinical responsibilities.
11. The student is expected to respect client confidentiality at all times and is cautioned to refrain from gossiping about clients and/or other professionals. This shall be covered in more detail during HIPAA training.
12. The student is expected to participate in electronic medical record training for clinical placement as appropriate. Specific information will be presented to students when clinical placements are assigned.
13. The student is expected to present an acceptable professional appearance when involved in clinical or clinically related activities.
14. Each student is responsible for ensuring that the clinic area is clean following each appointment and that all materials have been returned properly.

ESSENTIAL FUNCTIONS

Department of Speech-Language Pathology and Audiology

Students admitted to the graduate speech-language pathology program are expected to complete course and clinical requirements which necessitate the physical and mental abilities listed below. Any student who thinks he/she does not possess one or more of the following skills or attributes should seek assistance from a faculty member within the department, or a counselor at **SU Counseling Center** **or** **Disability Services** concerning any flexibility in program requirements and possible accommodation through technical aids and assistance. Several of these standards have been adapted from the Essential Functions checklist of the Council of Academic Programs in Communication Sciences and Disorders.

1. **Communication and Cognition**:
   a. Communicate proficiently in oral and written English language with correct grammar, style and mechanics (e.g., spelling and pronunciation).
   b. Read and write in order to meet curricular and clinical demands.
   c. Perceive and demonstrate phonological patterns of English and perceive and analyze differences from Standard English.
   d. Perceive and demonstrate appropriate nonverbal communication for culture and context.
   e. Modify communication style to meet the communication needs of clients, families, and other professionals.
   f. Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.
   g. Solve problems, reason, and make sound clinical judgments in client assessment, diagnostic and therapeutic planning and implementation.

2. Motor skills:
   a. Sustain physical activity level necessary in classroom and clinical activities (e.g., ambulate to access clients; lift and manipulate clinical instruments, tests and materials).
   b. Respond quickly to provide a safe environment for clients in an emergency situation (e.g., fire, choking).

c. Access transportation to clinical and academic placements.
d. Participate in classroom and clinical activities for the defined workday (e.g., full 8-10-hour workday).
e. Manipulate patient-utilized equipment (e.g., computer systems, hearing aids) in a safe manner.

3. Sensory skills:
   a. Possess sufficient hearing and vision to meet curricular and clinical demands.
   b. Possess adequate hearing to auditorily identify and differentiate normal and disordered speech, language, hearing, and swallowing functions.
   c. Possess adequate vision to visually identify and differentiate normal and disordered speech, language, hearing, and swallowing functions.

4. Behavioral/Social skills:
   a. Display empathy and effective professional relationships by exhibiting compassion, integrity and concern for others.
   b. Show respect for individuals with disabilities and different backgrounds.
   c. Establish interpersonal rapport sufficient to interact appropriately with others in academic and clinical settings.
   d. Maintain good physical and mental health and self-care in order not to jeopardize the health, safety and well-being of self and others in classroom and clinical settings.
   e. Adapt to changing and demanding environment which includes maintaining professional demeanor and emotional balance in stressful circumstances.
   f. Manage time effectively to complete academic and clinical tasks.
   g. Respond in a professional manner to suggestions and constructive criticism.
   h. Dress appropriately and professionally.

_____ I have read and understood the basic mental and physical requirements needed for successful completion of courses and clinical practicum.

_____ I understand that it is my responsibility to get assistance from a faculty member within the department, or a counselor at SU Counseling Center (or Disability Services concerning any flexibility in program requirements and possible accommodation through technical aids and assistance.

Student Name Printed Student Signature Date

Observational Requirements

All students who enter the graduate program in SLP or bachelor's program must have completed the required 25 hours of supervised observations as part of their undergraduate program. It is expected that the student observed treatment and /or assessments of areas included in the American Speech, Language & Hearing Association (ASHA) scope of practice and that all hours were supervised and signed by an ASHA certified clinician. Documentation of signed observation hours must be provided prior to beginning audiology practicum. If the observational requirement is not met, the student may do so simultaneously while involved in their first assigned practicum. It is required that students participate in 25 hours of patient observation prior to participating in any patient-contact time.

Clinic Policies

Arrival to Clinic:

- Arrive 15 minutes before clinic start time
  Clinic times: 8:30-11:30 (morning); 1:00-5:00 (afternoons)
- Park in the student parking designated spaces
- Enter through front or side door
- SU name badge must be on and visible at all times
- Store your backpacks, purses, coats in the audiology supervisor's offices not in testing areas
- Silence your cell phones-do not use phones at all during patient contact time unless it is for therapy
- Review the schedule and charts for the patients you are scheduled to see prior to start of clinic
- Food: Absolutely no food, beverages, water in the clinic. Please use RM 107 to store your food/beverages/water in the common area refrigerator.

Daily Clinic Procedures:

Please see the checklists provided in all testing suites and check off the you have completed your required procedures before leaving clinic each day.

Leaving Early

On occasion, we may have patient cancellations and/or students may wish to leave early. During patient cancellations, we have many projects that you may work on. These projects are designed to teach you about operations of the clinic and are designed to be an opportunity for learning other skills such as marketing, office organization, and administrative work. Students may also be asked to take online classes such as Phonak, SpeechPathology.com or Clinical Simulation. If you choose to leave early for any reason without supervisor permission, you will have to make up the missed clinic time

Graduate clinicians enrolled in clinical practicum, both on campus or external campus externships, have an ethical obligation to attend clinic as scheduled. Consistent attendance is required to enable students to gain appropriate skills and competencies.

Students in both on campus and external clinics are expected to assimilate the clinic's working schedule. In the case of inclement weather, students in on-campus clinics will follow the SU class schedule. Students who are assigned to external clinics are expected to make every reasonable effort to be at their assignment on time, taking into consideration the personal risk involved. Should students not be able to attend, make-up days are mandatory.

Only illness will be considered an excusable absence and a reason for canceling an appointment with patients, and/or failing to attend assigned clinical placements. You may be required to offer make-up clinic days missed while you were out sick. Other absences are deemed excusable if approved by the Clinic Coordinator, Graduate Program Director, or Department Chair.

Clinicians must submit a doctor's note if absences are in excess of one day during a semester. During each semester, absences not related to illness from clinic in excess of one time per assignment (SU clinics, externship, etc.), will be considered excessive and will necessitate corrective action.

The following actions may be considered and determined appropriate by the clinical supervisor:

(1) Graduate clinicians who miss more than one unexcused day within a semester will be required to make-up the days missed in the current semester if the situation permits. The clinical grade for the semester may be lowered. Graduate clinicians in external placements will be required to attend practicum on an additional day at the discretion of the externship supervisor.

(2) Graduate clinicians who miss more than one unexcused day within a semester will perform the make-up days during the following semester. The clinical grade for the current semester will be an "Incomplete" and the grade may be lowered. Depending upon circumstances and client availability, graduate clinicians needing to make-up days may need to extend their program in order to accumulate the experience and types of clinical hours required for graduation.

(3) Graduate clinicians who miss more than one unexcused day within a semester may be removed from that particular clinical assignment; in this case no hours will be accrued, and the clinician will earn a clinical grade of C or lower.

(4) Graduate clinicians who miss more than 5% of clinical practicum or do not earn a grade of B- or better will be placed on clinical probation and a remediation plan will be developed. No clinical hours will be accrued.

****SIGN THIS FORM AND TURN IN TO CLINIC COORDINATOR BEFORE CLINIC BEGINS****

_____ _____

Graduate clinician signature Date

Additional Information Regarding Attendance/Lateness:

Prompt attendance is mandatory for all scheduled clinic slots. You must call, text and/or e-mail your supervisor if you are ill and will be absent from clinic. You should call if you are going to be late.

If you are going to miss clinic due to an unexcused preplanned reason, you need to make all efforts to find clinic coverage for the missed clinic day/time.

Required School Related Absences

- Conference
- Required observations off-site for class
- University recognized study days (usually at end of semester)
- Convocations
- Department scheduled conferences/trainings

Student responsibilities:

Student is required to complete the student leave request 2 weeks prior to the date of the school related requested absence

✓ Student **is not required** to find clinic coverage for the days of the requested absence

✓ Student **is not required** to make up the missed clinic

Vacation/Medical Appointments/Other Absences

- Vacation
- Leaving early to go out of town
- Family obligations
- Medical appointments

Student Responsibilities:

✓ Student is required to complete the student leave request 2 weeks prior to the date of therequested absence

✓ Student ***is required to find clinic*** coverage for the days of the requested absence

✓ If the student cannot find coverage, the student ***is required to make up the time*** with thesupervisor

✓ If you do not find coverage or make up your missed clinic, it will be reflected in a decrease inyour clinic grad

Emergencies/Illness

- Sickness
- Emergencies
- Death in Family (excused for parent, sibling, grandparent)

Student Responsibilities:

✓ Student is required to contact clinic supervisor as soon as possible

✓ Student ***is not required*** to find clinic coverage for the days of the requested absence on/off campus

✓ Student ***is not required*** to make up the missed clinic

When your supervisor cancels clinic:
When your supervisor must cancel clinic for annual leave, to attend meetings, or due to other conflicts; you will likely not attend clinic. Sometimes, there will be other supervisors who fill in or you may be placed in another supervisor's clinic during your assigned supervisor's absence.

Dress Code
Southern University Speech-Language-Hearing Clinic provides services to the community. Students will participate in a series of professional interactions with clients. Therefore, student clinicians are required to purchase the departmental scrubs and be dressed for each session appropriately to reflect these responsibilities. All clinic personnel, students and staff, should be neat and professional in appearance when engaged in any clinic activity.

Accessories, jewelry, and perfume/cologne should not distract clients from the clinical interaction. Please realize that various clinical populations may require more formal attire while others may require less formal clothing. Some sites may expect medical scrubs. Students are expected to follow the dress code assigned to the specific clinical assignment. Exposed body piercing (other than ears) and exposed tattoos are not acceptable in any clinical setting. Long fingernails are not allowed to be worn during on and off campus clinics. So, if you get your nails done you can wear them short to the nail bed, only clear or neutral colors allowed. White nails tips not allowed. Your supervising SLP or Audiologist will instruct you in specific dress for your practicum.

Addressing Other Professionals and Clients

1. Supervisors, staff, and other professionals are to be addressed by the appropriate title (e.g., Dr., Mrs., Ms., Mr.) unless otherwise instructed.

2. Children expect to be addressed by their given name. Adults should be asked their preferred form of address.

3. Professional posture contributes to credibility when delivering professional information or services. Professional posture includes direct eye contact (if culturally appropriate), pleasant facial expression, composed physical posture, personal hygiene, selection and maintenance of garments worn while functioning in a professional capacity appropriate to the specific clinic requirements.

E-Mail
As a means of improving departmental communication, graduate students must obtain an SU e-mail address. SU provides this service free of charge. The student is responsible for checking messages daily. Students' SU email address should be used for all communication used during clinical and academic matriculation.

Name Tags Version
Name tags will be ordered and purchased through the Department of Speech-Language Pathology and Audiology. Name tags are required for all clinical practica and must be visible at all times when in clinic. The departmental name "SUSLP" and the title "Graduate Clinician" should appear on each student's name tag. Additionally, students will need an ID card to allow him/her access to designated clinical spaces. To access the clinic resource room, students must have ID card; if not in your possession, you will not be allowed entry.

SELF-STUDY GUIDE FOR INITIAL REVIEW OF THE CLINICAL EDUCATION HANDBOOK

(DUE THE FIRST WEEK OF CLASS OF THE FIRST SEMESTER OF CLINICAL PRACTICUM)

1. How/when are graduate student clinical competencies measured?

2. What medical & background clearances are needed before participating in practicum, and how often are they obtained?

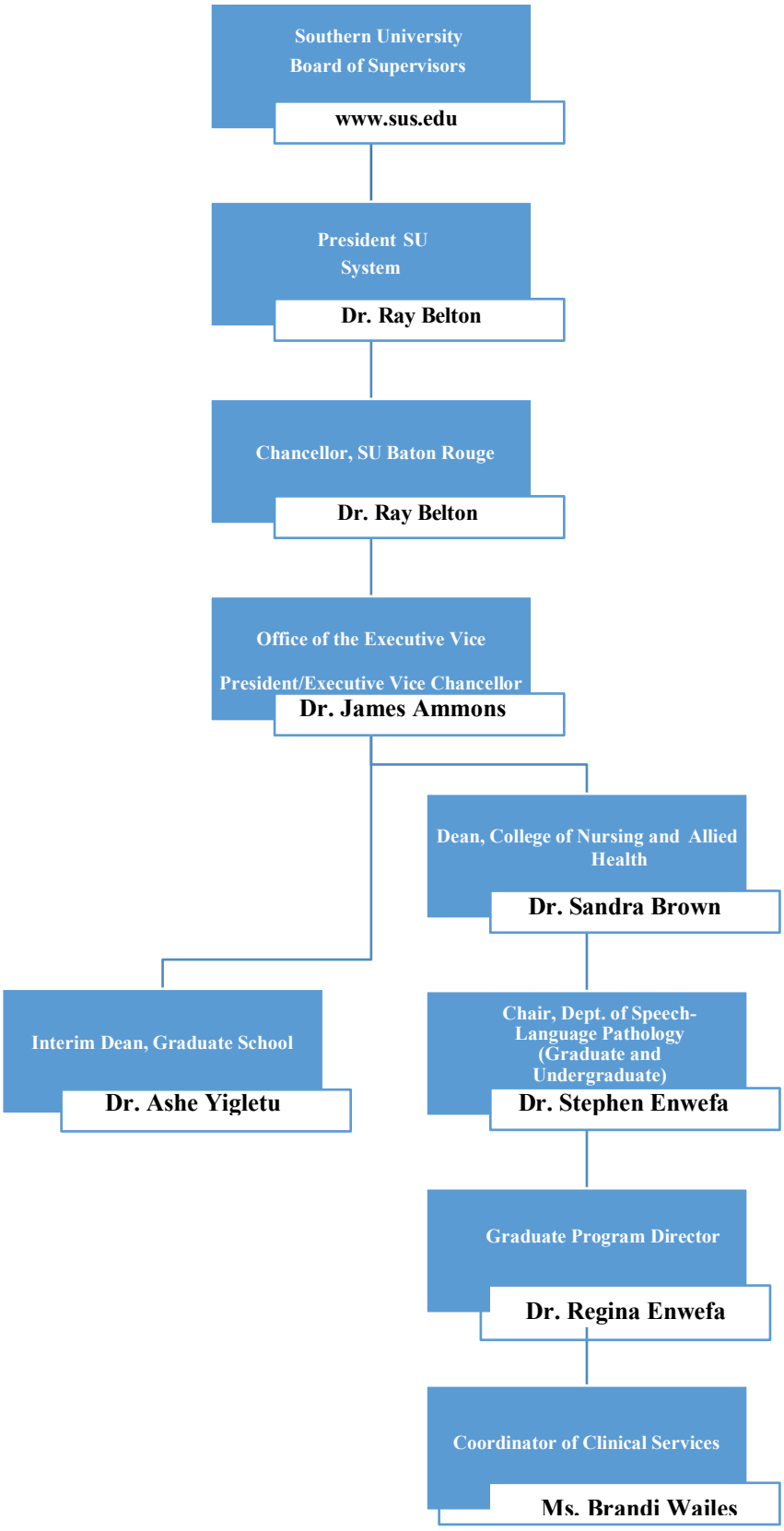
3. What is the purpose of HIPAA training and what does it focus on?

4. What are examples of appropriate dress/appearance in clinical education settings?

5. List examples of characteristics that would be considered inappropriate in clinical education settings.

6. Whom should you contact if you have questions about clinical education?

ORGANIZATIONAL CHART



PART I: BACKGROUND TO CLINICAL EDUCATION

Philosophy of Clinical Education

The Department of Speech-Language Pathology's objective is to help students acquire the knowledge and skills of their discipline through in-depth academic content, sequentially structured clinical education experiences, and learning assignments. The clinical education component is viewed as a dynamic process where students participate actively in learning to apply academic content to clinical practice while working with clients who have varied types of communication disorders. The goal is to prepare clinicians who demonstrate strengths in the following:

- The ability to analyze and synthesize information from a broad base of knowledge in communication sciences and disorders
- A problem-solving attitude of inquiry and decision-making using evidence-based practice
- Clinical competency in prevention, screening, evaluation, diagnosis, and treatment of patients with varied communication disorders
- The ability to communicate effectively and professionally
- Self-evaluation skills resulting in active steps to develop/refine clinical competencies & extend the knowledge base
- Ethical and responsible professional conduct

The long-term outcome of clinical education is to provide students with a solid foundation that will prepare them to succeed in diverse educational, medical and rehabilitation environments.

Student's Role in Clinical Education

As students make the transition from undergraduate to graduate education with a more intense clinical component, it is important that students understand that they are responsible for their own learning. The Department of Speech-Language Pathology faculty and staff are here to facilitate successful completion of degrees, clinical education, and professional standards. The focus of students must be on clinical education on understanding why and how clinical decisions are made. They must actively participate by taking initiative to gather information on their own, ask questions of their clinical instructors, and incorporate content from their courses into the clinical practice. Students need to refine their self-evaluation skills so that they have heightened awareness of what they know, what they don't know, and strategies for obtaining information and developing the clinical skills needed. The goal is to acquire the knowledge and skills to enable you to be independent and successful in an entry-level position where they implement screening, prevention, assessment, and treatment services with patients who have various types of communication disorders.

When students are having difficulties in clinical education, they are required to immediately contact the appropriate clinic supervisor immediately to discuss the concerns. Early discussions can prevent later difficulties. Students are also encouraged at all times to communicate with their academic advisors regarding any aspect of their graduate program.

ASHA Standards

A Copy of the current Council on Academic Accreditation (CAA) standards for Speech-Language Pathology is available on the ASHA website.

Students must become familiar with these standards during their first term of study and review the standards periodically during their graduate program. Across the program, it is critical for each student to track their progress towards meeting the standards. In practicum experiences, students work with their Clinical Instructors to develop clinical competencies, improve and refine competencies, and maintain them. Formative assessment of progress is formally conducted at least two times per term in each practicum experience. Electronic records (recorded into the Calipso Management System) are used by students to track their progress meeting clinical hour requirements and demonstrating required clinical competencies. Students will need to work closely with the Coordinator of Clinical Education Services clinical instructors, and academic advisor to help develop ample opportunities to achieve all of the standards. It is each student's responsibility to monitor progress (using the student tracking form) and initiate plans and communication with department faculty to facilitate their progress and achievement of ASHA certification.

Styles of Clinical Supervision

Anderson (1988) discusses three types of supervision. The three types, by their nature, require students to progressively function at an increasingly higher level. On the grading sheet, a check by the style of supervision indicates that the student has demonstrated the ability to function independently within that style. Note: Some beginning students may be able to function at higher levels, at least with some clients. Clinicians should be encouraged to function at as high a level as possible, but not expected to function at a higher level than their experience can support.

1- Direct Active Style of Supervision

Stated very simplistically, this style involves an exchange in which the instructor tells the student what to do and the student does it; the instructor then provides feedback on student performance, gives another directive and the cycle repeats. This style is appropriate for the beginning clinician except if the clinician is capable of performing at a higher level. It also is appropriate when time constraints and/or quality of patient care demands this type of interaction. This style is very time-efficient; however, it does not promote independent thought on the part of the clinician and, therefore, is not the best for higher level students.

2- Collaborative Style of Supervision

This style places more responsibility on the clinician for independent thought. The clinician is expected to come to instructor/clinician meetings having already done problem-solving and ready to make suggestions concerning patient care. The instructor may need to ask questions that lead the clinician to think in the right direction; however, considerable opportunity is provided for the student to state his/her thoughts before the instructor discusses relevant factors in the situation.

3- Consultative Style of Supervision

In this style, the clinician and instructor relate more as colleagues. The clinician is responsible for problem-solving and decision-making "as if" he/she were a licensed and certified professional. All professionals consult with others in order to arrive at good solutions; functioning at the consultative level is fostered by this type of supervision. The clinician functions independently and consults with the instructor when needed. Even though the student functions as if licensed/certified, the instructor does not function with this mindset. The 25% and 50% supervision minimums (or more if needed) are still in effect; however, the instructor, as much as is reasonable, refrains from intervening in order to see if the clinician will recognize those situations in which he/she needs to consult.

Sequence of Clinical Education Experiences

The Department of Speech-Language Pathology has developed a clinical education sequence that ensures students master clinical competencies and become independent at a level for their first entry-level professional position by the time they complete the graduate program.

CLINICAL PRACTICUM SEMESTER 1: On-Campus at the SUBR Speech, Language and Hearing Clinic, SU Laboratory School, or Child Development Lab with the supervision of a speech-language pathologist employed by SUBR.

CLINICAL PRACTICUM SEMESTER 2: On-Campus at the SUBR Speech, Language and Hearing Clinic and/or SU Laboratory School, Off-Campus in a pediatric setting

CLINICAL PRACTICUM SEMESTER 3+: Off-Campus in a pediatric and/or adult setting

Initial practicum experiences take place on-campus working with clinical instructors from the Department of Speech-Language Pathology to acquire an understanding of the clinical process. Students typically remain on-campus for 1-2 semesters, with the length of time on-campus determined by a student's individual rate of progress in meeting clinical requirements. On-campus, students receive 1 hour per week of teaching time with their assigned clinical instructor and 2 hours of client-contact time.

On-campus clinical instructors work closely with each student providing direct instruction, modeling clinical behaviors, suggesting resources, and developing learning activities. Teaching focuses on helping students develop and master the necessary clinical skills to be successful and ready for off-campus placement. On-campus clinical education focuses on teaching the underlying structure of the clinical processes involved in prevention, screening, evaluation and treatment. Understanding the foundations for clinical decision making is also taught in academic courses. Students in on-campus clinical practicum participate in a series of required activities in order to develop the competency level necessary for moving to community based off-campus assignments. Students vary in the rate at which they acquire and meet on-campus requirements and the number of terms they participate in on-campus clinical education activities.

ADVANCED CLINICAL PRACTICUM POLICIES AND PROCEDURES FOR ON-CAMPUS AND OFF CAMPUS SITES

SELF-EVALUATION

Periodically students will be asked to complete a self-evaluation (a self-assessment). This process will allow student clinicians to analyze their strengths, weakness and to identify their comfort level with clinical skills. These assessments are used to make appropriate changes based upon their own reflections and the feedback given from other supervisors and preceptors.

EARNING, RECORDING, AND APPROVAL OF CLINICAL HOURS FOR ON CAMPUS and OFF CAMPUS SITES

CALIPSO is a web-based application that manages key aspects of academic and clinical education designed specifically and exclusively for speech-language pathology and audiology training programs. Since 2018 fall semester, our department has used Calipso for clinic administration and tracking of SLP clinical education. Students pay a one-time fee that covers their use of the program across their entire graduate program. Students receive initial training on Calipso during Clinic Orientation.

1. The student must maintain a record of all clock hours earned in clinic practicum. Clock hours include observations, speech screenings, hearing screenings, and clinic experiences. After every clinic session, the student is to log into CALIPSO to document the following: a) Supervisor, Site, Semester, Clinical setting type, completion month & year, Clinic, Date, Course #, and Training Level b) Type of clinical activity for which hours were earned for each client (e.g., child ABR, adult audiological evaluation), c) Hours/Length of time earned for each session d) Hours for which this information is not provided will not be counted.

2. Clinical clock hours must be reviewed and approved by on campus and off campus clinical supervisors at mid-term and final. Clinical Clock hours earned during the semester are to be recorded on an ongoing basis. The expectation is that students will record hours within the CALIPSO management system. Students should follow the CALIPSO instructions in order for students to complete this process. This form in CALIPSO is designed to assist students in categorizing and keeping track of clinical clock hours. Hours must be reviewed by on campus and off campus site supervisors weekly to monitor accuracy. The student is then responsible for completing documentation of hours in CALIPSO by submitting clock hours in CALIPSO for approval at mid-term and final by on campus and off campus supervisors. The on campus and off campus supervisors then receives an email that is generated from CALIPSO stating that the student clock hours are pending their approval. The on campus and off campus supervisors goes into CALIPSO to approve the student's clock hours submitted into CALIPSO at mid-term and final. The Clinic Coordinator monitors on campus clinic with students and supervisors to make sure all is going well with the student's progress and clinical clock hours and answer questions from students and supervisors. The Clinic Coordinator either makes a site visit and/or virtual meeting with the off campus supervisors to follow-up and to make sure everything is going well with the student's progress, and to check the clock hours the student has earned to date and to answer any questions from the off campus supervisor or the student related to the experience and/or the paperwork.

We also want to take the opportunity to thank supervisors personally for working with the students during their education at Southern University. On campus and off campus supervisors are recognized at our annual pinning ceremony.

3. Prior to submitting the form, the student must be certain that: a) the hours recorded accurately reflect the hours earned, b) the student has recorded practicum hours in increments no smaller than a quarter of an hour (e.g., 15 min = 0.25 hrs. 30 min = 0.50 hrs. 45 min = 0.75 hrs. 60 min = 1.0 hrs.) c) the student has accurately answered all required information

4.All clinic and observation hours must be submitted to their supervisor for approval at the end of each week and no later than 7 days following the clinical activity. Screening hours are required to be submitted within 7 days of a screening. Failure to record and to submit all clock hours as required will result in the student receiving an "I" (Incomplete) in any Clinic Practicum course and may result in a loss of those clinic hours.

Off-Campus Clinical Practicum

Off-campus clinical practicum typically begins during the 2nd year of graduate education. In off-campus practicum, teaching time is significantly reduced with less intensive direct teaching, while patient contact time is increased (compared to the On-Campus Practicum). Out placement assignments occur 2-5 days/week, with placements changing each term so that students experience a variety of different settings and services. All SLP students are required to complete ***at least*** one adult and one pediatric off-campus clinical practicum during their graduate program each of which includes a 3-4 day/week experience. Most SLP students participate in School Practicum as one of their pediatric outplacement experiences. In off-campus practicum, students
are expected to demonstrate basic level knowledge of clinical processes and to apply information learned in academic coursework. Clinical Instructors help students better understand the intricacies of service delivery in their setting with a range of different patients. The Department of Speech-Language Pathology has clinical affiliations with an extensive collection of agencies throughout the region (Louisiana, Mississippi and Texas), providing students with a vast range of possible SLP experiences. Settings include public schools, early intervention sites, acute care hospitals, rehabilitation centers, community hospitals, home-based services and skilled nursing facilities.

SLP master's students complete a 9-month Clinical Fellowship (CF) experience as their first professional position after they graduate with their master's degree. The CF position for SLP students is arranged by the student through application & interview processes.

Development & Measurement of Clinical Skills

The basic areas of clinical education focus on facilitating the acquisition of knowledge, skills, and professional attributes needed for professional practice. While participating in clinic practicum, the following broad competency areas are targeted:

- Evaluation
- Intervention
- Interaction/Personal Qualities
- Oral and Written Communication
- Evidence-Based Practice/Ethics/Preparedness/Prevention

Within each of the above areas a collection of sub-skills is included on the clinical evaluation forms. The focus of competencies in the clinical education program was developed based on the current standards and ASHA Scope of Practice guidelines. A copy of the current **clinical skills evaluation form** is contained in the supplemental materials section of this manual and is administered through Calipso. **Clinical evaluation forms &/or grading systems maybe modified or changed during the duration of the student's enrollment in the program.** Students will be informed of any changes made.

Measurement of student performance on clinical competencies is determined using a scoring system (see Table 1 and 2) developed to provide a method of formative assessment for describing and tracking acquisition of clinical competencies from the first term of clinical education to the end of graduate education.

COMPETENCY PERFORMANCE CRITERIA

Performance Scale	%	Competency Performance Criteria
5= Independent	90-100	**Exceeds performance expectations**; skill well-developed and consistent; requires guidance and/or consultation
4= Refining	80-89	**Meets performance expectations/minimal support; skill developed** but needs refinement and/or consistency; requires infrequent supervisory monitoring
3= Developing	70-79	**Moderately acceptable performance/moderate support: skill present** but needs further development; requires frequent supervisory monitoring
2= Emerging	60-69	**Needs improvement in performance/maximum support; skill emerging**; requires frequent supervisory instruction/input
1= Not Evident	50-59	**Unacceptable performance; skill not evident**; requires constant supervisory modeling/intervention
NA		Not Applicable

Feedback on Clinical Performance

The purpose of clinical feedback is to monitor progress towards attainment of clinical competencies. Clinical scores on clinical evaluation forms provide a continuous record of student performance across the graduate program and allow students to track their progress on meeting ASHA & department clinical competencies. Students will be formally evaluated at least (in writing and in an oral conference) twice per semester: at mid-term and at the end of each semester. Mid-term grading provides a mechanism for identifying student strengths and areas to improve. They also provide a structure for setting up learning goals for the remainder of the term. A student's actual grade for the term is based on performance at the end of the semester as measured across the last 3-4 weeks of the grading period. According to academic guidelines set forth by the University and the department, successful completion of a practicum requires a grade of "B" or better. Neither the credit, nor the contact hours obtained from a failing practicum (grade less than "B") experience may be counted toward the degree or ASHA requirements. A student receiving a failing grade may be required to successfully complete an on-campus placement before participating in off-campus training. A Clinic Remediation plan will be developed by the student, clinical instructor and Coordinator of Clinical Education to help the student work towards improving areas of concern. A failing grade may also be assigned if required paperwork is not completed, or if there is a serious breach in professionalism. **Students who earn a failing grade in two practicum experiences will no longer be permitted to participate in practicum education**.

Formative Assessment of Clinical Competency

In addition to documentation of hours, measures will be completed at midterm and end of term for each practicum experience to provide formative measures of student progress on developing clinical competencies. The ***Clinical Skills Evaluation Form*** is used to provide formal written feedback. Each student is also responsible for tracking acquisition of clinical skills and knowledge required by the CAA standards. This will be done via Calipso and via the ASHA Knowledge and Skills Acquisition (KASA) document.

GRADING POLICIES AND PROCEDURES FOR ADVANCED CLINICAL PRACTICUM FOR OFF CAMPUS SITES

Grading Policy

Our program is using a web-based program called CALIPSO to manage clinical course grades and hours. Students receive a midterm and final grade for clinic. According to university and program policy and procedures, practicum site supervisors recommend letter grades for students and the program faculty reviews in order to validate the level of competency. Competency is evaluated by program faculty and not determined by practicum site supervisors in the external site (agency) because they are not employees of the university. Grades are determined by the instructor on record based on the competency performance criteria below. Students may refer to the performance scale to identify which skills are evaluated and what performance level is expected. Students are graded as compared to peers on the same clinical experience scale. The grading form is based on a five-point scale, with scores for each graded item ranging from 1-5. Students earn points for each item on the form. Students receive a number grade as well as a list of their clinical and professional strengths and weaknesses. Supervisors may use the items listed on the grading form as strengths and weakness, or they may generate comments based on their own feedback to the student. Supervisors recommend the grade and once it is validated by program faculty for the level of competency then the form in CALIPSO is shared with the students. The student and supervisor can then discuss the student's growth as the semester continues as needed.

COMPETENCY PERFORMANCE CRITERIA

Performance Scale	%	Competency Performance Criteria
5= Independent	90-100	**Exceeds performance expectations**; **skill well-developed** and consistent; requires guidance and/or consultation only
4= Refining	80-89	**Meets performance expectations/minimal support**; skill developed but needs refinement and/or consistency; requires infrequent supervisory monitoring
3= Developing	70-79	**Moderately acceptable performance/moderate support**: skill present but needs further development; requires frequent supervisory monitoring
2= Emerging	60-69	**Needs improvement in performance/maximum support**; **skill emerging**; requires frequent supervisory instruction/input
1= Not Evident	50-59	**Unacceptable performance; skill not evident**; requires constant supervisory modeling/intervention
NA		Not Applicable

As part of students' clinical matriculation, they may be assigned to more than one clinical placement over the course of a semester. For grading purposes, the following guidelines are used:

1) If the student is rotating through two new clinics (never completed rotation in the clinics before), the clinic grades will be averaged.
2) If the student is rotating through one new clinic site and returning to a site previously completed successfully, the grade obtained in the new clinical site will be used.

Measurement and Tracking of Clinical Competencies

Calipso is used to administer the formative assessments of student clinician performance at midterm and end of semester. Clinical instructors access the appropriate forms via the web, and student's access self-evaluation forms via their Calipso home page. Across a student's program, their self-evaluations and clinical instructor's evaluation forms are housed in Calipso allowing students to monitor their progress across the program on key clinical skills. It is the student's responsibility to make sure that they meet all required competencies (as listed on the clinical skills evaluation form) and to communicate with the Clinic Coordinator of Clinical Education if they need specific clinical experiences to fill in gaps in their clinical education. At **midterm,** clinical instructors and students hold a midterm meeting to discuss student progress and skill level up to that point in the term. Another goal of the midterm evaluation is to define goals for the remainder of the semester. Note that clinical instructors are required to independently score the student's performance prior to the midterm meeting; students are required to complete the self-evaluation prior to the meeting. They should each bring a hard copy of the form to the meeting to share with one another. Students are scored only on clinical competencies that they have had a chance to implement a few times across the last 3-4 weeks of the grading period; competencies not implemented should not be rated. At the **end of the term,** the instructor and student will again use the appropriate **clinical skills evaluation form** assessment to complete an end of term evaluation/self-evaluation. The clinical instructor and student will meet for a discussion of the student's performance.

- Graduate or Undergraduate Summary of Hours Form
  (Completed by student, signed by instructor)
- Clinic Clock Hour Record Form (completed by student, signed by instructor)
- Final Clinical Skills Evaluation Form (completed by instructor)
- Midterm Clinical Skills Evaluation form (completed by instructor)
- Final Daily Clinical Skills Form (completed by instructor)
- Midterm Daily Clinical Skills form (completed by instructor)
- Evidence-based practice assignment (completed by student)
- Evaluation of instructor (completed by student in Calipso)
- Evaluation of site (completed by student in Calipso)
- Guide to Self-Evaluation
  (Completed by the student in Calipso, at beginning of semester, midterm and final)
- Student Contract (signed by student, instructor and Clinic Coordinator of Clinical Education)
- Student Confidentiality Form (signed by student and Clinic Coordinator of Clinical Education)
- Writing Log
- Diagnostic Log

- On-Campus documents for on-campus practicum only (*NO CLIENT IDENTIFICATION*):
  - Initial Case Summary
  - Last SOAP note
  - Last Lesson plan
  - Final Case Summary

Students should ALWAYS make copies of any clinic paperwork turned in for their own files. Occasionally items get lost, and it is the student's responsibility to have copies at all times.

Practicum grades will not be submitted by the instructor on record until all required paperwork has been turned in. Copies of midterm paperwork may also be retained when there are concerns about a student's performance in practicum. Note that all hour logs (contact time and observation time) must be written in ink, NOT PENCIL, as these are legal documents. Note that at the end of the graduate program students will attach a summary of the competencies information to their KASA form to provide evidence of the clinical skills participated in across the graduate program.

Calipso Administration Tools

Clinical Site Directory & Clinical Instructor Directory: Calipso provides the department with a current data base of our Clinical Instructors and Clinical Sites. You will use these two directories both when you submit a request form for practicum and when you are scheduled for a new placement. It is important to review the content in Calipso to determine if the site has requirements that you need to take care of prior to beginning the placement (e.g., return forms; secure badge; drug screening, complete HIPAA training). The *Clinical Instructor Directory* will provide you with the contact information to confirm your placement with a new instructor.

In terms of other Calipso features used frequently by students, Calipso provides a vehicle for conducting a variety of survey instruments including the following (in addition to the Clinical Skills Evaluation Form):

- To request a Clinic Placement for an upcoming term
- To evaluate clinical instructors (*Evaluation of Clinical Supervisor* form)
- To evaluate school and medical sites (*Evaluation of School-Based Clinical Practicum, Evaluation of Medical-Based Clinical Practicum*)
- To complete required Self-Evaluations of clinical performance two times each term

Students receive an email from the Coordinator of Clinical Education telling them when each of these tasks should be done along with the deadline for completion. Students access the appropriate form through the Calipso home page:

- To hit the "submit" button immediately after completing the form – otherwise the data entered will not be saved
- To print a hardcopy of the form immediately after submitting it. For some surveys, students cannot re-access the tool once they have left the window after submitting the form

Scheduling. Calipso is used to schedule and notify students of their clinical placement assignments. When students receive their clinic assignment for a future term, they should **immediately** contact the clinical instructor (their email will be in Calispo).

Tracking Patient/Client Contact Time

Recording Patient Contact Time. Students are required to record their contact time with each individual client in terms of the hour categories (articulation, fluency, voice/resonance, language, swallowing, cognitive aspects, social aspects, augmentative and alternative communication, and hearing) and age. They are also required to have their instructor confirm the contact time.

Instructions for Students

SLP students will enter a summary of their clinical hours onto the **Summary of Hours form** at the end of each semester to allow for on-going monitoring of progress on meeting clinical hour and category requirements.

If there are challenges getting hours in specific categories, students should talk to their clinical instructor, Coordinator of Clinical Education and Graduate Program Director to see what steps can be taken to help ensure that they meet the category requirements. At the same time, students need to focus on meeting clinical competencies and becoming more independent in clinical service delivery.

PART II: PREREQUISITES TO CLINICAL EDUCATION

Email Communication

Students are required to use only their Southern University email account for communication related to academic and clinical education. All email communication between department faculty and staff, clinical instructors and practicum students will occur only via the Southern University email system, thus students need to check their student email accounts regularly. Faculty are not permitted to communicate with students via personal email accounts such as Gmail or Yahoo.

Clinical Practicum Registration

Graduate and undergraduate students are eligible for participating in clinical education activities. Students must be enrolled in one of the practicum courses. To enroll in clinical practicum, undergraduate and graduate students must have earned a grade of B or better in Diagnostic Methods (SPAU 466 Clinical Lecture and 467 Clinical Lab for undergraduate students and SECD 528 for graduate students). Also, undergraduate students need to earn a grade of B or better in Articulation Disorders (SPAU 320) as well as Language Disorders (SPAU 365).

Graduate students must enroll in Clinical Practicum SECD 567, 568, 569 or 571. To earn clinical clock hours, students must earn a grade of **B** or better from each clinical instructor. For example, if a student has two instructors during the same semester and earns a grade of **B** from one instructor and a grade of **C** from the other, the clinical clock hours will count **only** from the instructor where the **B** grade was earned.

Undergraduate students must enroll in Introduction to Clinical Practicum-SPAU 468 or Advanced Clinical Practicum-SPAU 469. To earn clinical clock hours, students must earn a grade of **B** or better from each clinical instructor. For example, if a student has two instructors during the same semester and earns a grade of **B** from one instructor and a grade of **C** from the other, the clinical clock hours will count **only** from the instructor where the **B** grade was earned. Undergraduate students will complete at least one semester of clinical practicum.

For more information, consult with your academic advisor.

On-campus clinical practicum typically includes approximately two hours of patient contact time and one hour of clinical teaching time per week. The day/time of each on-campus assignment varies in relation to the on-campus clinical instructor's caseload with placements one hour per day, two days per week. There are different section numbers of on-campus clinical practicum courses (SECD 567 and 568) for specific clinical faculty members. To ensure that students are registered for the correct section of on-campus practicum, they should not register for that course until the Coordinator of Clinical Education has made their on-campus practicum assignment and told them which section to sign up for. Each term, it is the student's responsibility to ensure that he/she is registered for the appropriate clinic course and section prior to the add/drop period. Registration errors can lead to I (incomplete) or missing grades, resulting in possible graduation delay. Off-campus time requirements vary based on facility specific requirements.

Observation Requirements
In order to be eligible for certification in speech-language pathology by the American Speech-Language-Hearing Association, the student must complete the requisite number of clock hours of supervised clinical observation and supervised clinical practicum. The supervision must be provided by an individual who holds an active Certificate of Clinical Competence in speech-language pathology. Students will also be required to purchase Master Clinician to be used in SPAU 466 and SPAU 467 for Observation Hours. **www.masterclinician.org.**

Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the scope of practice of 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 approved video recordings of client services for observation purposes.

See link here for the 2020 Certification Standards

Required observation hours may be completed by enrolling in Diagnostic Methods SECD 528 (graduate) or SPAU 466 – Clinical Lecture and 467 – Clinical Lab (undergraduate). The observation form must be completed and signed by the clinical instructor after each session. Observation hours earned from another university must be signed by the appropriate university official and placed in the student's clinical practicum folder in the clinic office.

Clinical Practicum Requirements
Students must complete at least 400 clock hours of supervised clinical practicum that concern the evaluation and treatment of children and adults with a range of disorders and differences in articulation, fluency, voice, language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and augmentative and alternative communication.

At least 325 of the 400 clock hours must be completed while the student is engaged in graduate study. The remaining required hours (including 25 hours of clinical observation and a minimum of 50 hours of clinical work) may have been completed at the undergraduate level, at the discretion of the graduate program. Graduate students must complete their first clinical practicum course on-campus. The student must have experience in the evaluation and treatment of children and adults across the life span from culturally/linguistically diverse backgrounds and with various types and severities of communication and/or related disorders, differences and disabilities.

Speech-Language Pathology Assistant (SLP-A)
When enrolled in a graduate clinical practicum course, a graduate student who has an active SLP-A license may count up to 50 hours worked as an SLP-A towards the total amount of required hours for ASHA certification. During this time, the student must be supervised by an ASHA certified and licensed speech-language pathologist. The supervising SLP must be on-site during the time counted towards clinical practicum.

Academic Background

Coursework must be completed in the disorder category prior to a clinical practicum assignment in that area with a satisfactory grade (i.e., A or B). For example, Disorders of Articulation must be successfully *completed* with a passing grade of B or better prior to receiving a clinic assignment related to an articulation disorder. With special permission, a student may be allowed to participate in a clinical practicum assignment where the student is enrolled in the course which covers the disorder category of the clinical practicum assignment. Request must be made in writing to the Chair of the Department of Speech-Language Pathology.

Communication Competency Requirement

Before participating in clinical practicum, students must be able to comprehend and communicate intelligibly and effectively in standard English. This includes the ability to understand oral and written instructions and to write reports of clinical observations, evaluation & treatment sessions, and outcomes. Students must demonstrate standard English writing that is grammatically correct and use basic rules of technical writing in speech-language pathology.

Students must be able to comprehend English language expressed orally and in written form. Also, they must demonstrate oral English speech and language production that is readily understandable by clients. Moreover, students must be able to appropriately model articulation, voice, fluency, vocabulary and grammar of the English language. Students' speech and language must be intelligible and comprehensible enough for administration of speech, language, and hearing screening/assessment techniques and intervention strategies, in a reliable and valid manner. Informal screening/assessment techniques will be utilized by the Coordinator of Clinical Education to determine communication adequacy for clinical education. Students not meeting communication competency will not be able to participate in clinical education until adequacy of English language skills are demonstrated. Any concerns regarding student communication competence should be brought to the Coordinator of Clinical Education's attention immediately. A student may initiate discussion regarding his/her own communication skills. Academic advisors, faculty members, or clinical instructors may also identify students who are not demonstrating adequate communication competence in one or more areas.

Equipment

Graduate students in speech-language pathology are expected to have an audio-recording device to record speech/language behaviors in clinic. A recording device will continue to be an important tool as you enter your professional setting when you graduate. Previous students have found digital recorders to be optimal for recording speech samples. Some digital recorders allow students to download audio files on to their computer. Audio file use must follow HIPAA guidelines.

Professional Liability Insurance

Southern University provides for general liability insurance for all students engaged in clinical practicum experiences. The policy runs from July 1 through June 30.

Drug Screening

An increasing number of off-campus sites are requiring additional health reviews, such as drug testing. If you are assigned to a site that requires drug screening you will need to complete the measure according to the requirements of the site. Drug testing might be available through the site, or you may need to obtain and pay for the drug testing on your own. Ask the clinical instructor from the off-campus facility for more information about drug screening procedures.

Cardiopulmonary Resuscitation (CPR) Certification

All students participating in clinical practicum are required to have completed a CPR training course and to maintain current CPR certification. CPR training will be offered by the department every year. Documentation of current CPR certification must be provided and placed in the student's clinical practicum folder in the clinic office. Prior approval from the Coordinator of Clinical Education is required for on-line CPR training programs.

Tuberculosis/Vaccinations

Many off-campus sites require proof of a negative Tuberculosis (TB) skin test within the past year prior to beginning clinical practicum. Some sites will require two negative skin tests. It is the student's responsibility to get the skin test completed and provide the results to the department as well as the off-campus facility. A list of vaccinations may also be required. The Southern University Student Health Center is able to print immunization records for Louisiana residents.

Background Checks & Clearances (Castle Branch)

Background checks are required for clinical practicum sites. The University does not guarantee a student's clinical education requirements can be met if their background precludes them from participating in placements in required settings. Students should be aware that in most employment settings for audiologists and speech/language pathologists background clearances are required.

COVID-19 Compliance Contact Tracking Program (Castle Branch)

The department created a partnership program through Castle Branch for all students to help stop the spread of COVID-19 with a T.E.A.M. Approach to screening, education, attestations, monitoring and reporting. This program protects our students and at their assigned clinical practicums. Students are required to purchase at the beginning of their assigned practicums.

Health Insurance Portability and Accountability Act

All information pertaining to clients is to be considered confidential and care must be taken to guard against inadvertent release of information. In keeping with Principle of Ethics 1, Rule L, a clinician is not to discuss his/her client or release information regarding the client without signed permission from the client or the client's legal guardian. (See also, Health Insurance Portability & Accountability Act or HIPAA privacy compliance regulations at *www.asha.org.*)

Care should be taken not to discuss clients by name with other students/instructors/professors unless the individuals are part of the treatment team. When completing reports, it is the clinician's responsibility to delete information identifying his/her client (i.e., name, address, parents/guardians, etc.) from computer disks, CDs and jump drives after the final copy is submitted to the instructor. Hard copies of the report kept for references must have the above identifying information deleted prior to printing or must be obliterated with ink or correction fluid.

Students' work folders must be kept in a secure area after use to maintain confidentiality of client records. HIPAA Security Standards – the purpose of security standards is to protect the confidentiality, integrity, and availability of protected health information (PHI). Confidentiality means that data or information is not made available or disclosed to unauthorized persons or processes. Integrity means that data or information have not been altered or destroyed in an unauthorized manner. Availability means that data or information is accessible and useable upon demand by an authorized person or processes. The most important general rule about HIPAA is that use, and disclosure of patient's protected health information should be no more than necessary to get the job done: The regulations acknowledge that "incidental uses and disclosures" inevitably happen. All that is required is "reasonable" effort by the workforce to achieve the minimum necessary. Password-protect documents that are sent electronically. Use coversheets when turning in hard copies of assignments. See the Clinic Coordinator of Clinical Education for the password to be used for each semester.

PART III: CLINICAL EDUCATION GUIDELINES AND EXPECTATIONS

Administrative Clinic Office

Brandi Wailes., M. S., CCC-SLP
Clinic Coordinator of Clinical Education Services
225-771-2564
brandi.wailes@sus.edu

Students are encouraged to communicate with the clinic staff on a frequent basis and to convey requests, concerns, suggestions, questions or compliments. The Clinic Coordinator of Clinical Education works to develop a clinical education program of the highest quality for graduate students. Input from students helps to ensure that the clinical education experiences are effective and optimal.

Department Clinic Committee

Clinical education goals, procedures and issues are overseen by the Clinic Committee which is chaired by the Clinic Coordinator of Clinical Education includes the Department Chair, Graduate Program Director, all clinical faculty members. The Clinic Committee reviews, modifies, and develops guidelines, activities and procedures for clinical education for clinical (professional) programs as needed. When new guidelines are developed, they are sent to the curriculum committee for initial review (if necessary) and then are presented to the full faculty. The Clinic Committee also reviews student performance in clinic on an on-going basis as needed. Students performing below expectations in clinical education will be discussed by the clinic committee.

Determination of Practicum Assignments (On-Campus, Off-Campus)

Before registration each semester, students should meet with and/or communicate with the Clinic Coordinator of Clinical Education (in a face-to-face meeting or via email) and Graduate Program Director. Students must also submit a Practicum Request form (through email) each semester by the defined deadline (the deadline will be communicated to students via email). Planning for clinical education needs are greatly facilitated through clinical advising sessions with times posted by Clinic Coordinator of Clinical Education each semester. Students should consider preferred setting types, possible sites, type of hours sought, types of communication disorders, long term career goals and number of credits to be completed. If a student has a specific interest, they should talk to the Clinic Coordinator of Clinical Education as soon as possible in their graduate program so that plans can be made to help develop a plan for the student's clinical education.

On-Campus Clinical Practicum Assignments:

Clinical assignments are made by the Clinic Coordinator of Clinical Services and Graduate Program Director. These assignments will include the name of the clinic instructor, name of the client, contact person, telephone number, and the days and time of the scheduled services. Each student enrolled in clinical practicum will be assigned to a clinical instructor. For a given clinic, the clinical instructor will be assigned no more than 3-4 students per hour per clinical practicum course. Each clinical instructor will meet with students to review clinical procedures after assignments are made.

Students can learn about the range of clinical sites available by reviewing the *Clinic Site Directory* in Calipso. The **Clinic Coordinator of Clinical Education** will make recommendations to students regarding possible off-campus placements to the Graduate Program Director. Guidance regarding optimal sites for an individual's needs and goals will be discussed. The Clinic Coordinator of Clinical Education has the experience and the authority to determine the most appropriate placement for each student based on the options available. It is the responsibility of the Clinic Coordinator of Clinical Education to help develop a series of practicum experiences for each student to enable them to meet ASHA and department requirements, and to pursue individual goals. The Clinic Coordinator of Clinical Education manages placements for all students in the program, therefore, individual requests cannot always be met. Attempts are made to meet the students' requests when possible. Note that students are required to provide their own transportation to practicum assignments. Across a student's graduate program, they should be prepared to have some placements that are located close to campus, and others that require a longer commute. As possible, placements for students who rely solely on public transportation will be arranged at sites that are reachable by Capital Area Transit System (CATS) but may also require extended commute times including walking. Students who do not have access to a vehicle may be limited in the types of settings and the specific sites where they can participate in clinic. Students will not receive credit and cannot count contact time towards requirements for practicum hours obtained under the supervision of a non- approved/pre-approved clinical instructor. As defined by CAA guidelines***, students may NOT make their own arrangements for practicum assignments or clinical experiences.*** Note that affiliation contracts must be secured with all sites prior to a student being placed; coordination of affiliation contracts is done by the Clinic Coordinator of Clinical Education, and Graduate Program Director. Students are not allowed to solicit clinical sites and contact clinical sites; this is the sole responsibility of the department.

Enrollment in initial clinic practicum is dependent on the successful completion (grade of B or better; for pass/fail courses grade of ***S*** - satisfactory) in coursework. Enrollment in off-campus clinical practicum is dependent on the successful completion (grade of B or better; for pass/fail courses grade of ***S*** - satisfactory) in coursework and on-campus clinic in the prior semester. A failing grade, or multiple grades at a C level, may preclude the student from participating in clinical practicum. Deficits in performance on professional expectations may also be cause for removal from practicum. Clinic Remediation Plans and/or restrictions from practicum will be made at the discretion of the Clinic Coordinator of Clinical Education.

Enrollment in Clinical Practicum

Most students complete more than the minimum required practicum credits during their graduate program. One of the required credits of practicum must be completed in the student's counter area (details below), with the remaining credits in their own discipline.

In addition to the clinical practicum experience, opportunities will be announced periodically for students to participate in speech, language & hearing screening experiences in the community. Students are expected, and may be required, to participate in several community screening programs during their graduate program. Students typically have more flexibility in their schedules to complete such screening experiences during their first year in the graduate program.

Louisiana State Licensure and Ancillary Certification for School-Based SLP

Most states require that speech-language pathologist who practice in the schools complete educational certification requirements that exceed the ASHA requirements for clinical certification. Educational certification (and state licensure) requirements differ from state to state.

Below are links for licensure and ancillary certification in Louisiana:

Louisiana Board of Examiner's for Speech Pathology and Audiology
Louisiana Department of Education Ancillary Certification (go to click ancillary certification application, click the pdf version of the application to fill it out)

Professional Expectations

When participating in practicum students are expected to behave in a professional manner at all times. Students are expected to demonstrate appropriate behavior in all interactions, including those with clients, family members, staff, & clinical instructors. Graduate student clinicians are expected to meet professional responsibilities (e.g. arrive early, come prepared, take responsibility for their actions), without being instructed directly to do so. Regular attendance at all scheduled clinical sessions is expected throughout the semester.

It is important for students to take initiative in all aspects of their clinical education including planning for future needs, meeting clinical responsibilities, initiating communication, documenting one's progress in the program and monitoring achievement of clinical competencies and contact hour requirements. Student attainment of professional expectations will be measured formally across a standard set of items at midterm and end of semester in each practicum experience. Unacceptable performance on professional expectations will result in lowering of a student's grade and can result in removal from practicum experiences. A student may be required to participate in a Clinic Remediation Plan when they have difficulties with professionalism.

Social Media, Cell Phone Use & Professional Considerations

Students should take caution in posting comments related to graduate education activities on social media sites or any other public communication venues. HIPAA guidelines must be followed at all times and clients should never be discussed in public areas. Note that potential employers often search social media sites prior to hiring an employee. A student's professionalism may be judged by others from social media activity. When participating in clinical education one should not access or post on social media sites. Cell phone use during therapy sessions is strictly prohibited.

The purpose of clinical grades is to evaluate and document progress towards attainment of clinical competencies and *professional responsibilities*. Clinical grades provide formative measures of student performance across their clinical education program in meeting ASHA/CAA & department clinical requirements. Students are formally evaluated in writing at least twice per semester (mid-term and end-of-term). The mid-term grade provides a formal touch-point for identifying student strengths, areas to improve, and a plan for the remainder of the term. The final semester grade is based on the student's performance from mid-term to the end of the semester as measured on the relevant clinical competencies.

Each term, students and clinical instructors receive a clinic calendar defining the dates and deadlines for the semester, including midterm and final evaluations. ***Students are expected to schedule their midterm and final meeting with their instructor at least one week before the events are to occur.*** The Department *Clinical Skills Evaluation Form* is used to measure student levels of performance on ***Professional Expectations*** and ***Clinical Competencies***.

The Clinical Instructors' responsibility is to provide accurate feedback on the quality and level of independence with which the student has performed each relevant sub-competency using the 5-point scoring system. The Clinic Coordinator of Clinical Education will convert the score earned into a grade based on the above grading scale.
If a student is assigned to more than one practicum site in a term, the grade for practicum is calculated by averaging the two grades.

It is the student's responsibility to ensure that end of semester clinic paperwork is turned in by the due date at the end of the semester. The clinical education program is working towards minimizing reliance of hard-copy documentation and increasing electronic documentation in clinical documentation as possible.

Clinical Skills Evaluation Forms completed by clinical instructors, and self-evaluations completed by students will be stored in Calipso. At midterm, all paperwork will be completed and stored electronically (students are encouraged to print out a hard copy of their self-evaluation). The following signed hard copy items will be turned in at end of term:

- Graduate or Undergraduate Summary of Hours Form (completed by student, signed by instructor)
- Clinic Clock Hour Record Form (completed by student, signed by instructor)
- Final Clinical Skills Evaluation Form (completed by instructor)
- Midterm Clinical Skills Evaluation form (completed by instructor)
- Final Daily Clinical Skills Form (completed by instructor)
- Midterm Daily Clinical Skills form (completed by instructor)
- Evidence-based practice assignment (completed by student)
- Evaluation of instructor (completed by student in Calipso)
- Evaluation of site (completed by student in Calipso)
- Guide to Self-Evaluation (completed by the student in Calipso, at beginning of semester, midterm and final)

- Student Contract (signed by student, instructor and Coordinator of Clinical Education)
- Student Confidentiality Form (signed by student and Coordinator of Clinical Education)
- On-Campus documents (*NO CLIENT IDENTIFICATION*):
    - Initial Case Summary
    - Last SOAP note
    - Last Lesson plan
    - Final Case Summary

Students who have not turned in the required paperwork by the due date will receive an "I" grade for that semester. **Students are *always* required to retain a copy of their clinic paperwork before turning in originals to the department.** Students should keep their own file of clinical documentation throughout the program.

Documentation of Clinical Education (On-Campus & Off-Campus)

We are required by CAA to have documentation to track progress towards meeting the clinical education requirements while in the program. Students are responsible for completing this documentation and doing so ethically, accurately, and in a timely manner. Documenting your progress on clinical education goals is no different or less important than accurately documenting service delivery with patients. Significant concerns regarding a student's accuracy and timeliness in completing documentation requirements may result in the development of a formal Remediation Plan and/or a failing grade in practicum. A variety of methods are used to document performance and to help students track progress on meeting clinical education requirements through Calipso. Calipso provides current data on student progress in meeting patient contact time requirements. Student acquisition of clinical competencies in on-campus and off-campus education is tracked using Calipso midterm and final *Clinical Skills Evaluation Form* assessment.

The Notes session provides a field where students can document a wide variety of aspects of the case, while maintaining client confidentiality. **Students should always record patient initials as the first item in the Activity field**. Other aspects which might be noted here include unusual/advanced tools/techniques utilized; unusual patient diagnoses; treatment objectives; and/or diagnostic tools used. Students who record details regarding their cases are then able to share the rich range of clinical experiences they have had when they interview for positions at the end of the graduate program.

Clinical Practicum Clock Hours

Prior to graduation, graduate students must complete the ASHA required **400** clinical clock hours of therapy and diagnostics (including 25 hours of observation). Of those hours, **325** must be obtained at the graduate level. The remaining required hours may have been completed at the undergraduate level. The student must obtain experience in the diagnosis and treatment of children and adults from culturally/linguistically diverse backgrounds with various types and severities of communication and/or related disorders, differences and disabilities.

Graduate students must complete their first clinical practicum course on-campus. Examples of the following documents are to be included in the student's clinic folder (without patient identifying information): Initial Case Summary, Treatment Plan, Lesson Plan, Progress Report/Daily Note, Final Case Summary, Evidence-Based Practice Assignment (*see instructions in Appendix*).

Undergraduate students must complete a minimum of one semester of clinical practicum prior to graduation. No more than 75 clock hours (including 25 hours of observation) may be transferred to the graduate program. All 25 observation hours must be completed prior to graduation. Undergraduate students will not be assigned to off-campus sites.

Client/Patient Contact Time

Client/patient contact time refers to time spent in active engagement of face-to-face interactions with a client or group of clients to screen or assess communication skills, treat communication disorders, convey clinical information including counseling, interviewing, and educating, or time spent programming a device for a specific client's needs (e.g., programming of AAC devices, assistive listening devices, hearing aids, etc.). Contact time is ***not*** allowed for planning for sessions, analyzing session data, or documentation activities. There are no minimum hour requirements in each of the 9 disorder areas. Each student must demonstrate SKILL and KNOWLEDGE in the 9 areas and demonstrate depth & breadth in clinical training in terms of disorder types, cultural/linguistic diversity, and age levels.

9 Disorder Categories (i.e., "the big nine"):

- 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.

Settings

Must have experience in each of three different types of settings/contexts (e.g., outpatient rehab; school; early intervention; acute care; skilled nursing facility; private practice).

Hard Copy Documentation of Contact Time

Students are required to use the *Clinical Clock Hour Record* form to document patient contact time DAILY IN INK (not pencil) and obtain their Clinical Instructor's initials (in ink) to confirm the contact time for each patient seen. Alternatively, if they have access to the web they may enter their hours directly into Calipso, print out a copy of the hours for the day, and have their instructor sign the printout. Hard-copy forms for documenting hours are located in the Clinic Form shelves in the clinic office (117 Blanks Hall). Hard copy log sheets are turned in each semester for verification by the Coordinator of Clinical Education. **Make sure you keep a hard copy for your files as well before giving any paperwork to the Coordinator of Clinical Education**. As described earlier, Observation Hour Logs must be logged on a separate hard copy form.

In the first semester of clinical education, students should check with their clinical instructor daily regarding the total patient-contact time AND the sub-categories of that time. By the end of the first term of on-campus clinical education, students should be able to clearly explain the documentation categories and the Calipso system. When students move to off-campus clinical practicum, their instructors are typically not as familiar with the various types of information required in current documentation (**2020 ASHA Certification Standards**). Please contact the Coordinator of Clinical Education if you have questions about coding of hours.

Electronic Case Logs (Calipso)

Calipso will allow entry of case logs as long as the placement is active. Students who do not enter their contact time within the active placement time will not be able to add those hours to Calipso. When participating in on-campus placement, enter your hours daily; and for off-campus placement, enter the hours by the end of the week. Students should enter clinical hours into Calipso in the same order in which they appear on the hard copy logs.

Student Competence

The ASHA Code of Ethics must be held paramount. Principle of Ethics 1, which addresses the protection of client welfare in the clinic, must be adhered to at all times. When a student's work in the clinic is below the minimum expected level, i.e., below a grade of B, or when the student exhibits any behavioral or performance characteristics which are determined by consensus of the clinic instructor and the Coordinator of Clinical Services to negatively impact the client, the student is counseled by the clinic instructor that his/her participation in clinical practicum is at risk of being terminated. At that time, the clinic instructor will provide the student with a corrective plan of action. The student is expected to complete the recommended changes. Failure to do so will result in termination of the clinical practicum experience. When a student's work in the clinic jeopardizes the welfare of the client, the student will be immediately terminated from clinical practicum experience.

Clinic Remediation Plan

Students enrolled in clinical practicum must earn a grade of "B" or better to receive credit for clinical clock hours earned. If a student is performing below this grade range, the student will be counseled by the clinical instructor on the clinical skills that need to be addressed, and will be

provided with a remediation plan developed by the clinical instructor with a reasonable timeframe for completion. The clinical instructor will inform the Clinic Coordinator of Clinical Education of the remediation plan and the timeframe in which it is to be completed. Students who fail to successfully demonstrate the skills addressed in the remediation plan in the timeframe designated will be counseled again by both the clinical instructor and the Clinic Coordinator of Clinical Education to withdraw from the clinic course for that semester. (**See the Clinical Remediation Plan Form**).

COMMUNICATING CONCERNS AND COMPLAINTS

Students who have concerns at any time during their program should communicate complaints and issues starting with the person most directly concerned, when possible (e.g., for a problem with a class, students can meet with the instructor, for a problem with a clinic placement they can meet with their supervisor), and if that is not possible or if the student is concerned about negative repercussions, they can then contact the immediate supervisor of the person concerned (for academic faculty, that would be the Department Chair, and for clinical faculty, that would be the Clinic Coordinator or Graduate Program Director, for the Department Chair, that would be the Dean, etc.). The Graduate Program Director is available for regular advising and to hear student concerns of all types and will guide students to the appropriate next level. The department adheres to all institutional expectations regarding Title IX-related matters, following mandatory reporting guidelines for any potential violations See university policies regarding harassment and non-discrimination here:

Southern University Non-Discrimination Policy

STUDENT COMPLAINT PROCESS

STUDENT PROCEDURES FOR FILING A COMPLAINT

The policies and procedures for filing student complaints is established to provide an appropriate framework and method to resolve student complaints. This policy is specifically designed to maintain the integrity of the academic environment and program to ensure that the rights of students in such matters are clearly ensured and protected. At Southern University and A & M College, students have certain rights and responsibilities as stated in the University policies and procedures and in the Student Code of Conduct. Pursuant to these rights and responsibilities, the following policy sets forth procedures for students in the Department of Speech-Language Pathology and Audiology to follow in order to receive a fair hearing and equity in the resolution of complaints related to their affiliation with the department. To expedite a resolution, the procedure is designed to be initiated at the level closest to the issue. For example, instructor level (academic of clinic). In many instances, the student will achieve this resolution through communication with a faculty member or an advisor. There may be other that might be levels may be incrementally involved to assist the student. To assure that a problem is fully explored, complaints that reach the Department Chair level are entered into a log and tracked through final disposition. Students must complete the **Student Complaint Form** at the level of occurrence to begin the process.

Level I: Faculty Member/Instructor/Advisor

The appeal must be made in writing.

Seek resolution of a concern or complaint at the level of occurrence. (Example: A course-related complaint [e.g., assignment, activity, attendance, or grade] must be discussed with the instructor prior to requesting intervention by the Department Chair.)

Level II: Department Chair

The appeal must be made in writing using the **Student Complaint Form**. Consider an initial resolution of a complaint at a level above the level of occurrence when there is concern with the potential for reprisal if resolution is attempted at the level of occurrence. (Example: If the student wishes clarification of his/her rights and fears reprisal if approaching the instructor directly with the complaint, initial inquiry can be made to the Department Chair.)

Consider appealing the resolution to the complaint rendered at the level of occurrence. (Example: A student can provide documentation or information that significantly questions the appropriateness of the resolution at the level of occurrence and believes the complaint requires involvement of a neutral, third party. In example #1 above, the student would appeal the decision made by the faculty member, instructor or advisor to the Department Chair.)

Level I: Faculty Member/Instructor/Advisor

The appeal must be made in writing.

Seek resolution of a concern or complaint at the level of occurrence. (Example: A course-related complaint [e.g., assignment, activity, attendance, or grade] must be discussed with the instructor prior to requesting intervention by the Department Chair.)

Level II: Department Chair

The appeal must be made in writing using the **Student Complaint Form**. Consider an initial resolution of a complaint at a level above the level of occurrence when there is concern with the potential for reprisal if resolution is attempted at the level of occurrence. (Example: If the student wishes clarification of his/her rights and fears reprisal if approaching the instructor directly with the complaint, initial inquiry can be made to the Department Chair.)

Consider appealing the resolution to the complaint rendered at the level of occurrence. (Example: A student can provide documentation or information that significantly questions the appropriateness of the resolution at the level of occurrence and believes the complaint requires involvement of a neutral, third party. In example #1 above, the student would appeal the decision made by the faculty member, instructor or advisor to the Department Chair.)

Level III: College Level –Dean of the College

For an appeal to be addressed at this level, it must be accompanied by the completed Student Complaint Form, signed by the Department Chair. At the College of Nursing and Allied Health level, the final appeal resides with the Office of the Dean.

Consider an appeal to the Office of the Dean when documentation and factual information the student can provide directly contradict the appropriateness of the resolution of the complaint at the previous level (Department Chair). The Dean of the College with the concurrence of the Department Chair may resolve the complaint or request that the complaint be referred to the College Grievance Committee. (Example: The Dean of the College will review the appeal and enter into fact-finding before rendering a final decision or referring the appeal to the College Grievance Committee. Decisions of the College Grievance Committee will be conveyed to the student by the Dean of the College.)

Level IV: University Level-Senior Associate Vice Chancellor, Executive Vice President, Vice Chancellor

If the fairness of the action is still viewed by the student as unacceptable, the issue may, in most instances, be directed to the Senior Associate Vice Chancellor and/or Executive Vice President/Vice Chancellor.

STUDENT COMPLAINT FORM

Southern University and A & M College
Department of Speech-Language Pathology and Audiology
College of Nursing and Allied Health

Date:_____ Student ID: _____

Name: _____

Telephone:_____ Email: _____

Address:_____City:_____State:_____Zip:_____

Course: _____

Faculty Member/Instructor/Clinical Supervisor: _____ Meeting Date: _____

Department Chairperson:_____Meeting Date: _____

1. If this complaint involves an instructor or supervisor have you sought resolution with that individual?

__ I have_____I have not

2. Detailed description of the complaint (use a second page, if necessary):

Graduate Clinician Signature:_____Date: _____

DEPARTMENT LEVEL

Department Chair Signature_____Date: _____

Student Complaint Process at the Departmental Level

Students in the Department of Speech-Language Pathology and Audiology are encouraged to follow the University's recommended sequence for addressing problems and complaints. The student is advised to consult with individuals in the order listed below; that is, they should consult the first person on the list and move to the next person or office on the list if the problem is not resolved to their satisfaction. Students must complete the **Student Complaint Form** at the level of occurrence to begin the process.

1) Class Instructor or Direct Clinical Supervisor
2) Academic Advisor or Clinic Coordinator
3) Graduate Program Director
4) Chair of the Department of Speech-Language Pathology and Audiology
5) Dean of the College of Nursing and Allied Health
6) Office of Academic Affairs

CONTACTING COUNCIL ON ACADEMIC ACCREDITATION IN AUDIOLOGY AND SPEECH LANGUAGE PATHOLOGY (CAA)

ASHA's Council on Academic Accreditation in Audiology and Speech Language Pathology (CAA) is obligated by federal regulations to review complaints it receives about any accredited program or program in candidacy status. A complaint process is also in place for considering complaints filed against the CAA. Below please find an overview of the options available to students with concerns. Please visit the CAA website for detailed information and instructions regarding filing a complaint.

If students have major concerns or complaints about the Department of Speech-Language Pathology and Audiology graduate program, they may file them with the CAA. Complaints must relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology or Speech-Language Pathology in effect at the time the conduct for the complaint occurred. CAA does not accept complaints over the phone, so all complaints must be submitted in writing using the CAA's official Complaint Form, and mailed to the following address:

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

PROCEDURES FOR COMPLAINTS AGAINST GRADUATE EDUCATION PROGRAMS

Council on Academic Accreditation (CAA) Contact

Concerns and questions relative to the academic and clinical training issues of the department's accredited program should be directed to the Department Chair and Program Director.

If problems cannot be resolved at these levels students may also contact the American-Speech-Language-Hearing Association, Council on Academic Accreditation (CAA) at2200 Research Boulevard, Mailstop 310, Rockville, MD 20850-3289. Telephone: 1-800-498-2071(ASHA).

A complaint about any accredited program or program in candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, and/or member of the public.

Criteria for Complaints:

Complaints about programs must:

(A) Be related against an accredited educational program or program in candidacy status in audiology and speech- language pathology,

(B) Related to the standards for accreditation of educational programs in audiology and speech-language pathology, and

(C) Include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all institutional grievance and review mechanisms before submitting a complaint to the council for academic accreditation.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech- Language Pathology, American Speech Language Hearing Association, 2200 Research Boulevard, Mailstop 310, Rockville, MD 20850-3289. The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards and provide supporting data for the charge. The complainant's burden of proof is a preponderance or greater weight of the evidence. Complaints cannot be sent by email or facsimile. Additional information can be located on the ASHA web site at: (http://professional/asha.org/academic/standards/cfm).

Complaints Against the CAA

The CAA also has a process in place for complaints to be filed against the CAA. Before filing a complaint, it is strongly recommended that you read Chapter XIII: Complaints in the Accreditation Handbook. Complaints against the CAA must be filed within 1 year of the date the conduct being complained about occurred, and must relate to the content or the application of the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology, or the policies, procedures, and operations that were in use by the CAA at the time the conduct being complained about occurred. There is no formal complaint form for filing complaints against the CAA. However, the complaint must address all the required criteria and be submitted in writing to:

Vice Presidents for Academic Affairs ("Vice Presidents")
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850

COUNCIL ON ACADEMIC ACCREDITATION (CAA) CONTACT

Concerns and questions relative to the academic and clinical training issues of the Department's accredited program should be directed to the Department Chair. Students may also contact the American Speech- Language-Hearing Association, Council on Academic Accreditation (CAA) at 2200 Research Boulevard #310, Rockville, MD 20850-3289, telephone 800.498.2071 or 301.296.5700.

Please visit the following link for more information:

ASHA Accreditation Handbook

Student Grievance Procedures

If a student has a grievance about his/her clinical practicum, the student should initiate the complaint with the clinical practicum instructor. If the instructor cannot resolve the complaint, it is the instructor's responsibility to address the complaint to the Clinic Coordinator of Clinical Services. If the Clinic Coordinator of Clinical Services cannot resolve the complaint, then the student should file a formal grievance through the appropriate department levels, starting with the Graduate Program Director of the department (i.e., the Department of Speech Pathology and Audiology for undergraduate students, and the Speech-Language Pathology Program for graduate students). Go to the Southern University website and click on the heading for Academic Affairs. Then, click on the topic, "Student Academic Grievance Procedures and Form".

In the event that a student feels that any aspect of his/her clinical practicum experience has violated ASHA certification standards, CAA-ASHA Standards, or the Code of Ethics, he/she can contact, in writing, the Chair of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) at:

Address:

ASHA National Office

2200 Research Boulevard

Rockville, MD 20850-3289

USA

Website Address: www.asha.org

CLINICAL PROGRAM EXPECTATIONS AND PROFESSIONALISM

You are now a graduate student of Speech-Language Pathology. This is a full-time commitment at SU. You will be expected to manage graduate level coursework and your clinical assignments throughout each semester. Clinical practicum assignments can occur any time Monday through Friday from 8 am to 6 pm and will follow the SU academic calendar for (e.g., fall, spring, and/or summer). You are expected to be available during these times when you are not in class and the semester is in session. You may receive a clinical assignment at any time during the semester. An exception to this may be your final internship, which will follow the particular site's work schedule. Even though you are following the site's work schedule, you will still be required to follow the university calendar that is posted every semester and follow accordingly. Be aware that work outside clinic hours is required to be successful.

We acknowledge that it is not uncommon to feel overwhelmed at times with the combination of coursework and clinical assignments. In order to have a positive graduate experience, time management, organization, a positive outlook, initiative and motivation will provide you with the tools to be successful. Another point is communication. If you are feeling overwhelmed, talk to any of us in the department. We are here to guide you all along the way, we want you to be successful.

Evaluation of Clinical Teaching

Students are encouraged to maintain open channels of communication with their Clinical Instructor throughout the semester. They should talk to the instructor about their clinical education needs, preferences and goals. Students should keep the instructor informed about instructor strategies which are and are not facilitating learning. While in the graduate program, it is important for students to develop and practice techniques for discussing their concerns in an open and professional manner with clinical instructors.

Approximately four weeks before the end of each semester students will complete the *Supervisor Evaluation Form* via Calipso to provide feedback on the quality of clinical teaching provided by each clinical instructor. A hard copy of the form (with your name written on it) must be returned to the Clinic Coordinator of Clinical Education by the due date.

It is critical that it is submitted in before the end-of-semester wrap-up meeting with the clinical instructor, so that clinical instructors receive fair feedback. The information included on the form provides valuable input to the clinical education program. This information will be organized by the Clinic Coordinator of Clinical Education and Graduate Program Director.

The *Evaluation of Teaching* forms provide the program with one source of information for improving the quality of clinical education that students receive. **Note: Students always have the option of providing the Coordinator of Clinical Education with confidential information regarding a clinical education experience in writing or through a meeting**. Students who are not comfortable providing all relevant details on the form that is seen by the clinical instructor should discuss their concerns the Clinic Coordinator of Clinical Education as soon as possible. Such information is confidential but could influence the employment of an instructor/site in practicum for future students. The Clinic Coordinator of Clinic Education is available to meet with students individually regarding any concerns about clinic education. Please do not hesitate to make an appointment to share your ideas and concerns regarding instructor or clinical education issues. The Clinic Coordinator of Clinical Education needs to be aware of any issues affecting the clinical education of students and is available to help students develop strategies for working more effectively with the clinical instructors.

Tracking of Clinical Performance

A variety of mechanisms are used to provide formative measures of student progress in demonstrating clinical skills. Students receive written/verbal feedback weekly from their instructor as a means of monitoring progress throughout the semester. Student self-evaluation steps also provide an indication of awareness of strengths and areas to improve. The *Clinical Skills Evaluation Form* provides another format for considering progress in specific areas.

Students are encouraged to review their end of semester forms to identify areas of achievement and areas to develop further in upcoming terms. Note that a student's performance may vary from semester to semester due to factors such as the type of setting, type of disorder, severity of the client communication disorders, service type (treatment vs. diagnostic), and clinical instructor characteristics. Students need to monitor their own performance and track their performance both in terms of the range of scores within a competency area and the average score. Students should play an active role in keeping their clinical instructors and academic advisors informed regarding progress on achieving clinical competencies. Instructors and faculty members can help a student take steps to develop or improve clinical competencies, but it is each student's responsibility to ensure that they can implement the skills at a 4-5 level on the 5-point scoring system before exiting the program for SLP students.

Clinical Requirements

Clinical education requirements under the current ASHA/CAA standards are defined in terms of the specific skills that must be achieved before completing the graduate program. Students should be familiar with the standards of their discipline to ensure that they meet those standards by the end of their program. Graduate students should work towards exceeding these requirements and obtaining a collection of clinical education experiences that will prepare them to be a professional in the field of speech-language pathology.

A minimum of 375 supervised hours of direct client contact plus, plus a minimum of 25 observation hours, is required by ASHA/CAA. Note that contact hours do not include time spent in preparation, post-session analysis, documentation, or conferences with instructors or other professionals. Clinical education experiences must include experiences with patients who cover 1) the lifespan from children to adults, 2) a range of varied communication disorders, and 3) a range of severity levels. Students must also demonstrate competencies in working with populations from varied cultural/linguistic backgrounds. SLP students must demonstrate skill in providing prevention, screening, evaluation, and treatment. They must also have evidence that they are competent (have knowledge and skills) to provide services to patients from the nine major disorder types: language, cognitive, social, AAC, articulation, voice, fluency, dysphagia, and hearing. (The KASA form is the primary form for documenting completion of all ASHA knowledge & skill requirements).

Clinical Supervision
In order to be eligible for certification in speech-language pathology by the American Speech-Language-Hearing Association, the student must complete the requisite number of clock hours of supervised clinical observation and supervised clinical practicum. The supervision must be provided by an individual who holds an active Certificate of Clinical Competence in speech-language pathology and an active state license in speech-language pathology.

All student clinicians must be supervised no less than 25% of the time during the student's total contact with each client. These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience and competence warrants. The patient's needs should also be considered. **The instructor must remain on-site at all times.**

Students should never provide services to patients if they are uncomfortable or feel that they are not capable of providing appropriate services. Discuss your concerns immediately with your clinical instructor. If problems continue contact the Clinic Coordinator of Clinical Education immediately.

Defining Placement Expectations: Students & Clinical Instructors
At the very beginning of each semester students should set up an appointment with their clinical instructor to become familiar with the site, the caseload, and the clinical instructor's expectations. Additionally, students should share their background and discuss their goals for the semester.

Client Confidentiality
VIOLATION OF HIPAA OR ANY OF THESE GUIDELINES CAN BE GROUNDS FOR REMOVAL FROM CLINICAL EDUCATION ACTIVITIES. ***NO DOCUMENT CONTAINING INFORMATION IDENTIFYING A CLIENT SHOULD EVER BE REMOVED FROM A CLINIC.*** In student records of patients (for purposes such as portfolio items; comprehensive exam cases; clinic case presentations; or clinical preparation) information related to specific clients must be de-identified at all times so that the following items are modified or removed:

- NAMES of real people including client/patient, parents/spouse/family members, supervising clinician, physician's name. Instead of real names: use pseudonym or initials.

- ADDRESSES/PHONE NUMBERS of client/patient, agency, physician, referral sources or where copies of the report were mailed
- AGENCY NAME where client/patient was seen. Do not include letterhead stationery on artifact, remove name of agency and refer instead to the type of setting in which the client/patient was seen (e.g., outpatient clinic; hospital; private practice; school).
- Date of service: remove and replace with year only (e.g., 2011; 2012)
- Any other information that could potentially allow someone to identify the patient/client (e.g., DOB; name of school attending; name of specific referral source)

If you work on clinical documents in a computer lab the documents ***must not*** contain information identifying a client. Delete all clinical information from the system when you have finished so that it cannot be accessed by other users. Files on your personal computer should also be purged of confidential information. Be aware of confidentiality issues when photocopying client information. Release of information authorization must be obtained from patients/guardians before any clinical information is shared. This includes permission to discuss the patient on the phone with other professionals or sending written information. Student clinicians are not permitted to contact patients, family members, or professionals without first receiving permission and guidelines from their Clinical Instructor. Confidentiality guidelines must be followed specific to each site.

General Clinical Documentation Guidelines

- Follow the guidelines and procedures of each site
- Be as concise as possible
- Document ***all*** contact and attempts at contact (e.g. phone calls; unreturned calls)
- Do ***not*** erase or use white-out to alter a report. If an error is made in a record draw a line through the error and initial it, and add corrected information
- Never use pencil in documentation paperwork, including test protocol forms
- Be sure that your clinical instructor signs all official documentation

Appearance Policy

Although physical appearance has absolutely no relationship to the quality of treatment services, it is likely to be related to the client's (or parent's) perception of quality and professionalism. Thus, students are expected to dress professionally at all times during the provision of clinical services. Although professional dress is difficult to define, it does not include oral and/or facial piercings (other than earrings), jeans, shorts, sweat suits, sneakers, etc. If a member of the staff feels that a clinician is inappropriately dressed for a session, the clinician will not be allowed to provide services. A name/identification badge should be worn at all time for on-campus and off-campus clinical practicum experiences.

Attendance

Student clinicians are required to meet clients at the scheduled time. A student clinician who is tardy a maximum of three (3) times will be placed on probation and will not receive clock hours for the time in question. A student clinician who is tardy more than three times will be counseled by the clinical instructor to drop clinical practicum.

If a clinician is unable to attend a therapy session, the instructor must be notified as soon as possible. The clinician is not to call the client to cancel therapy unless directed to do so by the instructor. A student who is ill with a highly infectious disease (i.e., strep throat, conjunctivitis, etc.) is cautioned to consider the health and welfare of clients, fellow students and faculty. Each student is individually responsible for the management of his/her personal health and should consult a physician to assist in making decisions regarding risk to others when an illness occurs.

A student who is absent twice, without legitimate reasons, will be counseled by the clinical instructor to withdraw from clinical practicum or receive a failing grade.

All clients will be advised to notify the clinic in advance when an absence will occur. Student clinicians must inform the clinical instructor of client absence. Absence must be recorded on the client's Progress Notes. Three (3) unexcused absences will be cause for termination of therapy. The parent/client is notified in writing of termination plans by the clinic instructor under the signature of both the instructor and the Clinic Coordinator Clinical Education.

If a student wishes to take time off during a clinical assignment for any reason other than illness or family emergency, he/she must submit a written request stating the reason for the time off and dates of the absence to the off-site clinical educator and SUBR Clinic Coordinator Clinical Education for Speech-Language Pathology. Written requests for time off do not guarantee approval.

Students with Special Needs

Any student who has a documented disabling condition which might require adaptive instruction, or which might interfere with performance in clinical practicum should see the Clinic Coordinator of Clinical Education.

Clinic Environment

Please do your part to keep clinical workspaces clean and neat. Treatment rooms should always be left in their original condition (or better) for the next clinician. The way you leave the room is the way the next clinician and client will find it, so please take the time to ensure the best possible working environment. Return all materials to their correct location on a daily basis.

The following items are recommended supplies for clinical practicum:

- Flashlight or penlight
- Clipboard
- Pens and pencils
- Paper

Inclement Weather Conditions

In situations of extreme inclement weather students should communicate with their site/instructor to determine whether clinical services are being offered. In the event that Southern University closes, the student should still follow the guidelines of their clinical site. At all times students should use their own judgment regarding the safety of traveling in adverse conditions and keep their clinical instructor and Clinic Coordinator Clinical Education informed.

Health & Safety Procedures

Infection Control consists of measures taken to prevent nosocomial infections. Asepsis is the purposeful prevention of the spread of infection. The Center for Disease Control (CDC) recommends that appropriate barrier precautions including gloves, gowns, and/or masks (and eyewear) be utilized when exposed to blood or body fluids and materials visibly contaminated with blood. Body fluids to which standard precautions apply include blood and other body fluids containing visible blood, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, semen and vaginal secretions. Although precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine and vomitus, gloves should be worn when contacting these substances. Saliva is considered to be of unclear risk and universal precautions should be applied if the saliva contains visible blood.

Speech, Language and Hearing Clinic

The Southern University Speech, Language and Hearing Clinic has implemented an infection control policy. The purposes of this policy are to maintain health standards and regulations as set by the American Speech-Language-Hearing Association (ASHA), to prevent infectious spread between clients and clinicians and, in general, to keep the Clinic in order. **This infection control policy will only be successful through the cooperation and continuing effort of all students enrolled in clinic.**

At present, the target areas of infection control include the therapy and observation rooms in the Speech Pathology and Audiology Clinic, audiology suite, room 107, and the materials room. Each student is responsible for maintaining infection control policies. The storage area in room 107 is equipped with disinfectant spray, paper towels, alcohol and gloves. **Each therapy room is to be cleaned with disinfectant (tables, chairs, toys and equipment) prior to and after therapy.**

Infection Control Implementation

All members of the Speech, Language and Hearing Clinic (staff/students), to decrease the potential for exposure to infections, should follow standard precautions.

What are standard precautions? Standard precautions mean all patients are treated as potentially infectious. It also includes the following: Hand-Hygiene and wearing the appropriate personal protective equipment (PPE). Hand-Hygiene is the process of hand washing (15 seconds or longer) and/or using alcohol-based hand hygiene products. Practice hand-hygiene before and after treatment sessions. Encourage clients and caregivers to engage in hand-hygiene before and after therapy sessions. Personal protective equipment includes gloves, masks, eye protection, and/or gowns.

Never eat, drink, smoke, apply cosmetics or handle contact lenses in any area where you might come in contact with blood or body fluids. Place anything touched by blood or bodily fluids in a leak-proof container for sterilization or disposal (there is a tub with a lid in the bathroom of Room 107 for sterilizing toys in the tub). Maintain a clean, uncluttered environment for the patients.

SAFETY PROCEDURES

Alcohol and Drug Policy

SOUTHERN UNIVERSITY ALCOHOL AND DRUG POLICY

SU Policy on a DRUG-FREE CAMPUS as stated in Graduate Student Handbook and online must also maintain a safe academic environment for students and faculty and must provide safe and effective care of clients while students are in the classroom and clinical/field settings. The presence or use of substances, lawful or otherwise, which interferes with the judgment or motor coordination of students in these settings, poses an unacceptable risk for clients, colleagues, the institution, and the health care agency.
Students will also sign a Statement of Acknowledgement and Understanding Release Liability Form (attached to this policy) to indicate that they have read and understood the policy.

Therefore, the use, possession, distribution, sale or manufacture of alcoholic beverages, or public intoxication on property owned or controlled by the University; at a university-sponsored event; on property owned or controlled by an affiliated clinical site; or in violation of any term of the SU Drug- Free Schools and Communities Policy Statement is prohibited.

In addition, the unlawful use, possession, distribution, sale or manufacture of any drug or controlled substance (including any stimulant, depressant, narcotic, or hallucinogenic drug or substance, or marijuana), being under the influence of any drug or controlled substance, or the misuse of legally prescribed or "over the counter" drugs on property owned or controlled by the University; at a university-sponsored event; on property owned or controlled by an affiliated clinical site; or in violation of any term of the SU Drug-Free Schools and Communities Policy Statement is prohibited.

Behaviors that may constitute evidence that an individual is under the influence of alcohol or drugs are stated and attached to this form. Individuals who suspect a violation of this policy are required to take action. The actions to be taken are spelled out in the procedures which follow. As this policy refers to positive drug/alcohol screening procedures, the following definitions of "positive" will be used:

1. Screen results indicating the use of an illegal drug;
2. Screen results indicating the use of a non-therapeutic level of prescribed or non-prescribed drugs;
3. Screen results indicating the presence of alcohol in the blood.

Students may be required to take blood tests, urinalysis and/or other drug/alcohol screen tests when an affiliate used for student clinical/field experiences requires screening without cause if such screenings are the policy for employees of that affiliate; and when clinical supervisory personnel (faculty or hospital employee), fellow students, or a student's self-professed use determine that circumstances justify testing.

PROCEDURES:

1. If reasonable suspicion has been established (as identified on a form attached to this policy) that any provision of this policy has been violated, the following actions are to be taken:
    a. In all cases, the faculty or affiliate personnel responsible for that student has the responsibility for dismissing the student from the classroom or clinical/field experience immediately.
    b. If the incident occurs in the classroom, the individual will be accompanied to the Dean's office or Dean's Designee.
    c. If the incident occurs in a clinical setting, the Dean or Dean's Designee will be notified by telephone.

2. Subsequent to an immediate preliminary investigation by the Dean or Dean's Designee, that office will make the determination as to whether testing is appropriate and will then take steps to have the student tests at the student's expense.
   If the determination is made that testing is appropriate, the student will immediately be asked to submit body fluid testing for substances at a laboratory designated by the Dean of Students, College and Department. Based on the outcome of the test, the Dean or Dean's Designee will determine whether to initiate disciplinary charges.
3. If any student is asked and refuses to submit to a drug/alcohol screen, this information will be given to the Dean or Dean's Designee. That office will determine whether university judicial charges for failure to cooperate with an institutional officer are to be forwarded to the Office of Student Affairs.
4. The Dean or Dean's Designee will report screening results for licensed students/personnel to the respective state boards of licensure when applicable in accordance with their practices.
5. Upon determination that a student has violated SU/ Drug Rules as set forth in this policy, disciplinary sanctions may be imposed as outlined in the policy.
6. All cases may be appealed by the student to the next higher-level judicial authority in accordance with the Appeal Procedures.

All information related to these procedures will be held in confidence and released only in those instances required by the University, the Office of Student Affairs, the College of Nursing and Allied Health and the SU Speech-Language and Hearing Clinic, and/or appropriate state board policy.

Universal Precautions

AIDS/HIV Safety Plan

The information in this tool was adapted by UNESCO from the following publications:

FRESH Tools for Effective School Health First Edition 2004

Universal Precautions to Prevent the Transmission of HIV

Normal teaching and learning activities do not place anyone at risk for HIV infection, but accidents and injuries at school can produce situations where students or staff might be exposed to another person's body fluids. Because very often people do not know they are infected with HIV, and as it is not possible to tell someone is infected by the way he or she looks, school personnel should apply "universal precautions" to every person and everybody fluid in every situation.

Universal infection-control precautions are practices that schools, like other organizations, need to follow to prevent a variety of diseases. Precautions should include policies on caring for wounds, cleaning-up blood spills and disposing of medical supplies.

While these precautions are valuable in preventing certain diseases, such as flu, chicken pox or ear infections, schools must recognize that HIV is more difficult to transmit. HIV and other sexually transmitted infections are not transmitted by casual contact, such as shaking hands, hugging, using toilet seats or sharing eating utensils. Even kissing or deep kissing does not transmit HIV.

Universal precautions are simply policies and procedures that schools establish and follow as safeguards during emergency situations. To reduce fear and discrimination, schools should inform all staff and students about the infection-control policy and address concerns through open discussion.

Standard precautions include:

1. Do not make direct contact with any person's blood or body fluids. **Wear gloves** when attending to someone who is bleeding or when cleaning up blood, vomit, feces, pus, urine, non-intact skin or mucous membranes (eyes, nose, mouth). Gloves should be changed after each use. Learners should not touch blood or wounds but should ask for help from a staff member if there is an injury or nosebleed.

2. Stop any bleeding as quickly as possible. Apply pressure directly over the area with the nearest available cloth or towel. Unless the injured person is unconscious or very severely injured, they should be helped to do this themselves. In the case of a nosebleed, show how to apply pressure to the bridge of the nose.

3. Help injured person to wash graze or wound in clean water with antiseptic, if it is available, or household bleach diluted in water (1-part bleach, 9 parts water). Cover wounds with a waterproof dressing or plaster. Keep all wounds, sores, grazes or lesions (where the skin is split) covered at all times.

4. Wash hands or other skin surfaces that become exposed to blood or other body fluids immediately and thoroughly. Hands should be washed immediately after gloves are removed. Cleaning should be done with running water. If this is not available, pour clean water from a container over the area to be cleaned. If antiseptic is available, clean the area with antiseptic. If not, use household bleach diluted in water (1-part bleach, 9 parts water). If blood has splashed on the face, particularly eyes or the mucous membranes of the nose and mouth, these should be flushed with running water for three minutes.

5. Wash contaminated surfaces or floors with bleach and water (1-part bleach, 9 parts water). Seal in a plastic bag and incinerate (burn to ashes) bandages and cloths that become bloody or send them to an appropriate disposal firm. Any contaminated instruments or equipment should be washed,

soaked in bleach for an hour and dried. Ensure that bathrooms and toilets are clean, hygienic and free from blood spills.

6. Every school must ensure that there are arrangements for the disposal of sanitary towels and tampons. All female staff and learners must know of these arrangements so that no other person has contact with these items.

Essential supplies include:

To prevent HIV transmission when accidents happen at school, each school should have the following supplies on hand at all times:

- **Two first aid kits, each containing:**
  - Four pairs of latex gloves (two medium, two large), *to be worn at all times when attending a person who is bleeding from injury or nosebleed.*
  - Four pairs of rubber household gloves (two medium, two large). Anyone who cleans blood from a surface or floor or from cloths should also wear gloves.
  - Materials to cover wounds, cuts or grazes (e.g., lint or gauze), waterproof plasters, disinfectant (e.g., household bleach), scissors, cotton wool, tape for securing dressings and tissues.
  - A mouthpiece, for mouth-to-mouth resuscitation. *Although saliva has not been implicated in HIV transmission,* mouthpieces should be available to minimize the need for emergency mouth-to- mouth resuscitation.

- A bottle of household bleach

- **A stock of plastic shopping bags checked for holes**
  If there are no gloves available, plastic bags can be put on your hands, so long as they have no holes and care is taken not to get blood or cleaning water on the inside.

- A container for pouring water
  If your school has no running water, a 25-liter drum of clean water should be kept at all times for use in emergencies.

This article is reprinted with permission from the following:

American Speech Language-Hearing Association (1990, December). Committee on quality assurance. AIDS/HIV: implications for speech-language pathologists and audiologists. ASHA. 32(12):46-48.

This report update represents the cumulative effort of the members of the ASHA Committee on Quality Assurance: Judith I. Kulpa (Chair), Sarah W. Blackstone, Christina C. Clarke, Margaret M. Collignon, Elizabeth B. Griffin, Bradley F. Hutchins, Lesley R. Jernigan, Kathleen Eccard Mellot, Paul R. Rao, Carol Frattali (Ex Officio), and Charlena M. Seymour (Vice President for Quality of Service).

The Executive Board of the American Speech-Language-Hearing Association (ASHA) approved the first AIDS/HIV Report at its February 1989 meeting.

This document, a result of extensive research and consultation on the part of the ASHA Committee on Quality Assurance, was published in AHSA (1989). As might be expected in any attempt to describe the current knowledge of AIDS/HIV, clinician precautions became obsolete soon after they were published. Both AIDS/HIV research and the incidence of the virus itself are advancing rapidly.

Because the impact of this epidemic is far reaching, specialized centers alone will not be able to provide care for all persons with AIDS/HIV. Therefore, all speech-language pathologists and audiologists, regardless of employment settings, must become knowledgeable about the management of persons with AIDS/HIV.

What the public and human services professionals knew just one year ago about AIDS/HIV is now being reviewed, and in many cases revised. This update is an attempt to keep speech-language pathologists and audiologists current regarding AIDS/HIV precautions for the management of persons with AIDS/HIV infection. The reader is referred to the original ASHA article (1989, pp 33-38) for background information.

Although AIDS/HIV is the focus of this article, professionals need to be aware there are a host of other contagious diseases that require disease-specific precautions (e.g., the need to wear a mask when working with persons with active tuberculosis).

With the exception of rare cases, AIDS/HIV spread by contact with blood products, including accidental needle sticks of when infected blood comes in contact with the mucous membranes or skin with open lesions, the risk of the spread of HIV in the practice environments of health care workers is negligible (CDC, 1988; Diamond & Cohen, 1987). In contrast, there is ample evidence that a number of practitioners have been infected with other contagious diseases in the workplace. In fact, there have been few reports of members of any profession having been infected with HIV in the workplace (CDC AIDS Hotline, July 1990). ASHA has had no reports of its members having been infected with HIV in the workplace.

This update was prompted by new information regarding Universal Precautions and the Centers for Disease Control's (CDC) review of the ASHA 1989 tutorial. It is important to recognize, however, that the CDC is a recommending body and not a regulating body. The regulatory body that is responsible for setting safety standards for all occupations is the Occupational Safety and Health Administration (OSHA). OSHA has proposed AIDS/HIV regulations that, if approved, will not become law until 1992. Hence, all ASHA members are encouraged to become familiar with the most recent CDC AIDS/HIV report (1988) but are required to follow facility specific infection control policies and procedures.

Suggested Precautions

To prevent transmission of blood-borne pathogens and to protect the health of clients receiving speech-language pathology and audiology services, of health and education workers, and of family members and significant others, ASHA's Committee on Quality Assurance has reviewed the most recent CDC recommendations for Universal Precautions (1988) and has updated general procedure accordingly. The most striking change is a new definition of what constitutes risk.

An earlier CDC report suggested that all body fluids be treated as vehicles of the AIDS/HIV virus. Current CDC recommendations regarding Universal Precautions assume that only blood and body fluids containing visible blood be treated as vehicles of the AIDS/HIV virus. Universal Precautions also apply to semen and vaginal secretions. Although both of these fluids have been implicated in the sexual transmission of HIV, they have not been implicated in occupational transmission from client to health care worker (Morbidity & Mortality Weekly Report,1988). HIV is not transmitted through casual contact, insects, saliva, airborne pathogens, and food products. Except where stated, the following general procedures update those found in the original AIDS/HIV Publication (ASHA, 1989).

General Procedures

In spite of the extremely low risk of transmission of HIV infection, even when needle stick injuries occur, speech-language pathologists and audiologists should focus their precautionary efforts on the avoidance of such accidents. Blood and body fluids containing visible blood from all clients should be handled as though they were infectious. Barrier precautions such as gowns and gloves are not necessary unless it is anticipated that skin or mucous membranes may come in contact with blood or other body fluids bearing blood. Gloves should be worn for touching blood and body fluids containing visible blood, or for handling items or surfaces soiled with blood or body fluids containing visible blood. [Refer to McMillian & Willette (1988) for a thorough description of procedures for preventing disease transmission in the practice environment].

Gowns, masks, and goggles are recommended if a splash of blood or body fluid containing visible blood is anticipated; otherwise, no barrier precautions are indicated. However, good handwashing before and after client contact is an essential part of any infection control program and should be specified in institution-specific policies on Universal Precautions. If a splash or spill occurs in spite of precautions, immediate decontamination is indicated (e.g., a solution of 1-part household bleach to 10 parts water). If in doubt, contact the local hospital's Infection Control expert, local public health personnel, or one of the AIDS hotlines listed at the end of this update. The Environmental Protection Agency lists registered products that are known to kill the AIDS virus (EPA, 1989).

Clinical Equipment and Materials

Decontamination, cleaning, disinfection, and sterilization of multiple-use equipment before reuse should be carried out according to facility-specific infection control policies and procedures. The materials reuse guidelines found in the original ASHA article were quite strict but consistent with CDC recommendations at the time. However, based on the most recent CDC information, all clinical materials (e.g., test items, audiometer earphones) and work surfaces not contaminated by blood or body fluids bearing visible blood need not be cleaned after each use. Clinical materials may be cleaned with simple soap and water or, according to the CDC, a 1:100 solution of household bleach to water. Manufacturer's instructions for cleaning and facility-specific infection control policies and procedures should always be followed when cleaning assessment and treatment materials. In direct client care, disposable materials should be used whenever possible and never reused. It is best to use disposable or washable materials during all evaluation and treatment procedures.

Whenever possible, use materials that can be disposed in the regular trash. The underlying assumption regarding all testing supplies is, if there is a likelihood that these items may come in contact with blood or body fluids bearing blood, then Universal Precautions must be followed.
Speech-language pathologists and audiologists who are not associated with any health care institution are encouraged to contact their local health department if there are any questions regarding maintenance of clinical materials.

Dressings and Tissues

Professionals should comply with the standard practices of the facility's environmental services.
Used dressings and tissues may be disposed in the regular trash. Speech-language pathologists and audiologists are not normally required to use red bags as receptacles for refuse. Red bags are trash containers for infectious laboratory material, sharp objects, or other material that if handled casually could be harmful to the individual unaware of the precautions for hazardous waste.

Handwashing

Speech-language pathologists and audiologists should follow the same procedures as outlined in the AIDS/HIV publication (ASHA, 1989). These procedures are summarized below:

- Wash hands immediately if they are potentially contaminated with blood or body fluids containing visible blood
- Wash hands before and after seeing clients
- Wash hands after removing gloves
- Follow the basic handwashing technique:
    a. vigorous mechanical action whether or not a skin cleanser is used;
    b. use of antiseptic or ordinary soap under running water;
    c. duration of 30 seconds between clients if not grossly contaminated and in handling client devices;
    d. duration of 60 seconds when in contact with clients, devices, or equipment with gross contamination;
    e. thorough hand drying with a paper or disposable towel to help eliminate germs.

Gloves

- Wear gloves when touching blood or other body fluids containing visible blood.
- Wear gloves when performing invasive procedures on all clients. This includes performing an examination of the oral speech mechanism, managing tracheostomy tubes, using laryngeal mirrors, conducting intraoperative monitoring, and using needle electrodes associated with EMG testing.
- Change gloves after contact with each client.
- If a glove is torn or a needle stick or other injury occurs, remove the glove and use a new glove as promptly as client safety permits.
- After removing gloves, wash hands immediately.
- Discard gloves in the client's room or examination room before leaving. No special disposal containers are necessary unless gloves are contaminated with blood or bloody fluids.
- Wear gloves if client has nonintact skin or open cuts, sores, or scratches.
- Begin all audiometric procedures with an otoscopic inspection of the circumaural region and ear canal. If the client's skin is intact and no blood is present, gloves are not required for industrial audiometry and fitting hearing protectors. If blood or lesions are found, then 1 minute of vigorous handwashing followed by use of gloves is required.

Urine and Feces

Speech-language pathologists and audiologists do not routinely have contact with urine or feces. However, the following guidelines should be adhered to when there is risk of contamination by blood:

- Flush urine and feces down the toilet.
- If you handle urinals or empty catheter bags or bedpans, wear gloves.

- If it is necessary to use a portable urinal, bedpan, or commode, empty it into the toilet and thoroughly clean and sanitize before replacing it at the client's bedside or returning it to storage.

Linens (including towels, sheets, washcloths, etc.)

- No special precautions are required unless soiled with blood or body fluids containing visible blood.
- Laundry and linen disposal procedures shall be followed as per facility policy and procedure.

Food Utensils and Containers

- No special food or disposal precautions are required unless the food has been contaminated with blood or body fluids containing visible blood.
- No special precautions are required, except for proper disposal/disinfection of the cup/straw.

Clothing and Personal Effects

- No special precautions are required unless contaminated – lab coats, smocks, and WASHABLE clothing should be cleaned regularly.
- Launder all contaminated clothing and effects.

Observation of Significant Other/Family Participation

- Ensure compliance with Universal Precautions when family members and others are present to observe any procedure where they may be exposed to the client's blood or body fluids containing visible blood.

Daily Cleaning and Terminal Disinfection Procedures

Daily cleaning procedures should be clearly specified in the facility's policies and procedures. These should detail any waste disposal procedures as well as any procedures to inform housekeeping staff, if applicable. If speech-language pathologists and audiologists dispose of needles and infectious waste, special cleaning products are indicated.

Cleaning and Decontaminating Spills and/or Splashes of Blood or Other Body Fluids Containing Visible Blood

When housekeeping personnel are not available, practitioners should:

- Wear a pair of gloves, goggles, and a gown;
- Remove visible materials first;
- Use disposable toweling;
- Decontaminate areas of flooding with liquid germicide;
- Clean the surface with a freshly prepared 1:10 hydrochloride (household bleach) solution (1-part bleach to 10 parts water).

Summary

Great strides have been made in the past year in uncovering the pathogenesis of AIDS/HIV, in administering certain drugs to retard the course of AIDS/HIV, in allying the concerns of the general public, and in dispelling many myths regarding AIDS/HIV.

ASHA's Committee on Quality Assurance has provided this update as a result of obtaining the most current information from the CDC and related AIDS/HIV literature. Human service providers are not at high risk of getting AIDS/HIV as a result of their work with clients, even if they regularly care for persons with AIDS/HIV (American College Health Association Task Force on AIDS, 1987). The risk is associated with coming in contact with blood and body fluids containing visible blood and from needle stick injuries. Guidelines for prevention of transmission of the AIDS virus to caregivers are similar to those of transmission of Hepatitis B. All practitioners should be aware of these guidelines and diligently observe them.

This update has relaxed a more stringent approach to guidelines for practitioners when coming into contact with all body fluids since the most recent CDC recommendations caution practitioners to adhere to Universal Precautions if it is anticipated that they might be exposed to blood or body fluids containing visible blood. Also, disposal of materials need not be extraordinary, because only needles, lab waste, and infectious material require the use of hazardous waste red bag containers. When practitioners have a question regarding cleaning and maintenance of equipment, it is suggested that they consult manufacturer's instructions. Materials that may come in contact with blood or body fluids should ideally be disposable. Routine testing and treatment materials and furniture should be WASHABLE with a cleaning solution of 1:10 household bleach to water. Simple soap and water is adequate for most surfaces under most circumstances. When in doubt, it is suggested that local infection control professionals or public health officials be consulted.

As new research and AIDS/HIV data become available, updates will be provided. The one constant is that speech-language pathologists and audiologists will continue to provide high-quality and compassionate care to persons with AIDS/HIV.

CPR

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be strategically located and available for use in areas where the need for resuscitation is predicable.

The American Heart Association (1998) has recently provided supplemental guidelines for CPR Training and Rescue and discourages even individuals who are CPR certified from administering mouth-to-mouth resuscitation without benefit of some barrier device. CPR should be administered only by trained individuals who have benefit of a barrier or ventilation device. Students are required to hold active CPR training status throughout his/her time in the SUSLP undergraduate/graduate programs. It is the student's responsibility to monitor CPR training expiration dates. If your CPR status defaults, students will not be able to participate in a clinical placement until status is renewed.

REFERENCES

American College Health Association Task Force on AIDS. (1987). AIDS…What everyone should know. Rockville, MD: Author.

American Heart Association Emergency Cardiac Care Committee. (1989, November). Risk of infection during CPR training and rescue: Supplemental guidelines. Journal of the American Medical Association, 17, 262.

American Speech-Language-Hearing Association. (1989, June-July). Committee on Quality Assurance. AIDS/HIV: Implications for speech-language pathologists and audiologists. ASHA, 31, 33.

Alvarado, C.J. & Reichelderfer, M. (2002). APIC guideline for infection prevention and control in flexible endoscopy [PDF]. Association for Professionals in Infection Control. *American Journal of Infection Control, 30*(1), 66–7.

Centers for Disease Control. (1988, June 24). Update: Universal precautions for prevention of transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other blood-borne pathogens in health care settings. Morbidity & Mortality Weekly Report, 37, 377.

Committee on Infectious Diseases and Committee on Practice and Ambulatory Medicine. (2000). Infection control in physicians' offices. *Pediatrics, 105*(6), 1361–1369.

Diamond, G. W., & Cohen, H. J. (1987). AIDS and developmental disabilities. Prevention update from the National Coalition of Prevention of Mental Retardation. American Association of University Affiliated Programs.

Environmental Protection Agency. (1989, January). Registered products with accepted HIV-1 (AIDS virus) claim. Antimicrobial Program Branch, Washington, D.C.: Author.

Grube, M.M. & Nunley, R.L. (1995). Current infection control practices in speech-language pathology. *American Journal of Speech-Language Pathology, 4*(2), 14–23.

McMillian, M. D., & Willette, J. (1988)). Aseptic technique: A procedure for preventing disease transmission in the practice environment. ASHA, 30,35.

HOTLINE NUMBERS:

CDC HOTLINE: 800-CDC-INFO (800-232-4636)

SU Speech-Language-Hearing Clinic Infection Control Procedures

I. General Procedures for On campus Clinical Equipment and Materials

A. Procedures for Speech-Language Pathology

1. Clean table surfaces after each use with disinfectant solution. Spray and wipe thoroughly with a paper towel, spray again and let dry ("spray-wipe-spray").
2. Clean items that have washable surfaces after use if client has drooled on them, has put them in his mouth, or if they are visibly soiled. Use disinfectant solution and wipe thoroughly with a paper towel, spray again, and let dry before putting away ("spray-wipe- spray").

II. Hand Washing

A. Wash hands with soap and water before and after seeing each client.
B. Wash hands immediately after removing gloves. Antiseptic wipes may be used if it is not convenient to leave the room.
C. Wash hands immediately after contact with potentially contaminating blood or body fluids. Antiseptic wipes or hand sanitizer may be used after wiping a child's runny nose.
D. Follow the basic hand washing technique:
    1. Use soap and water.
    2. Rub hands vigorously for approximately 30 seconds (60 seconds if contaminated with blood or body fluids).
    3. Dry thoroughly with a paper towel.

III. Wearing Gloves

A. In the Speech-Language Pathology Clinic, latex gloves must be worn when performing invasive procedures. These procedures include:
    1. Cerumen removal

IV. Disposal of Materials

A. All disposable material such as gloves, otoscope specula, and tissues should be discarded immediately after use.
B. Launder any clothing that has been contaminated with blood or other bodily fluid.

Isolation Guidelines:

Contact – most patient in isolation require contact isolation; MRSA, VRE, C. Diff
Droplet – used to prevent the spread of droplet-generated infections (rubella, influenza, certain pneumonias, bacterial meningitis, mumps)
Airborne – used to prevent airborne organisms from being spread through the air (varicella, Tuberculosis, measles)

- Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all clients, and for handling items or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each client and hands should be washed.

Specifically, this means that gloves should be used *for* all oral examinations and oral-motor/feeding treatment.

- Hands should be routinely washed after each client contact using a disinfectant soap. Soap is generally available in the restrooms. You may inform the janitorial personnel if a restroom is in need of soap.

- All items soiled by body fluids should be cleaned with disinfectant. Items (i.e., toys that are mouthed) should be cleaned after each client contact. The spray disinfectant in room 107 (storage cabinet) may be used to clean soiled items. Gloves should be used when cleaning items.

- Earphone cushions and headbands, audio microphones, and visipitch micro-phones should be wiped with an alcohol swab before and after each use.

- Probe tips used for tympanometer and delayed auditory feedback units should be thrown away after use. The audiologist will monitor this infection control policy as our services are expanded.

- Items such as gloves, diapers and partially eaten food that are not visibly contaminated with potentially infectious substances are considered low risk items and can be disposed of as general waste.

- Items such as gloves and diapers that are visibly contaminated with potentially infectious substances should be placed in clear autoclavable bags for disposal.

- Any spills of potentially infectious waste (infectious mucous, body fluids containing blood) on a nonporous surface should be disinfected with a 1:10 solution of household bleach water. Janitorial personnel should be contacted to carry out disinfection on spills on porous surfaces (e.g., carpet).

Internal and External Disasters:
An example of an internal disaster could be anything from a fire in the building, to a complete water shutdown. An example of an external disaster could be anything from an accident in the community involving mass casualties, to an explosion at a local chemical plant.

Fire Safety Plan:
There are maps in on-campus and off-campus facilities designating fire alarm pull stations, fire extinguishers and evacuation routes.

To Report a Fire: RACE R-Rescue
A-Alarm C-Contain
E-Extinguish

Using a Fire Extinguisher: PASS P-Pull
A-Aim
S-Squeeze S-Sweep

Risk Management
Risk Management is a system for reporting and investigating all incidents that involve property damage, occupational illness, or patient, personnel or visitor injury.

Security
Tips for Security

1. Always wear a photo ID badge.
2. Politely question persons in non-public places who don't have a photo ID.
3. Immediately consult with your instructor if you see anything suspicious.
4. Mark personal belongings with your name.
5. Store your valuables in a locked area.
6. Be sure your work area is secured when no one is there.
7. Don't leave anything visible in your vehicle that might tempt a thief.
8. Notify your instructor immediately if you lose your keys.

VI. CLINICAL PRACTICA IN THE UNIVERSITY CLINIC

Multicultural Considerations in Clinical Practicum

As the population becomes increasingly more diverse with respect to cultural group membership and linguistic preferences, the professions of speech-language pathology and audiology will be called upon to provide services to a wider variety of cultural groups.

Each of these groups will have their own values concerning language, language development, definitions of pathology, epidemiological considerations, appropriate assessment/intervention procedures, and expectation relative to service delivery and client-clinician interaction. A major goal of clinical practicum in the SU Speech-Language-Hearing Clinic is to facilitate recognition and understanding of cultural differences. Through this understanding, students will be guided in the adaptation of clinical practices that are necessary to achieve non-biased assessment, develop culturally appropriate intervention plans, and communicate effectively with clients and their families.

Taylor (1994) outlined the following pragmatic considerations when addressing race, ethnicity, and cultural diversity:

1. Race and culture are not one and the same. Race is a statement about one's biological attributes. Culture is a statement about one's behavioral attitudes in such diverse areas as values, perceptions, world views, cognitive styles, institution, language, etc. Within all races, there are many cultures. Finally, culture is not one and the same as nationality, language, or religion, although each is associated with culture.

2. Within every culture, there are many internal variations such as age, gender, socioeconomic status, education, religion, and exposure to and adoption of other cultural norms.
3. Within every culture, differences may exist in the language varieties spoken by the members of that culture. For example, while English is the typical language spoken by contemporary African Americans in the United States, many dialects of English are spoken within the group.
4. There are both similarities and differences across cultures. An over-emphasis on either similarities or differences misleads one with respect to culture and cultural diversity.
5. Feelings of apprehension, loneliness, and lack of confidence are common when confronting another culture.
6. The tendency to view differences between cultures as threatening should be avoided.
7. Personal observations and reports of other cultures should be regarded with a great deal of skepticism. One should make her/his own conclusions about another culture and not rely upon the reports and experiences of others.
8. Stereotyping a culture is probably inevitable in the absence of frequent contact or study. However, understanding another culture is a continuous and not a discrete process.
9. The feelings people have for their own language or dialect are often not evident until they encounter another language or dialect. It is necessary to know the language or dialect of another culture in order to understand that culture.

The multicultural issues related to the evaluation and treatments of specific communicative disorders are addressed in the individual courses on these disorders. The following guidelines for successful intervention are applicable to clinical practice in all areas of speech-language pathology and audiology (Nellum-Davis, 1993):

1. Present clear explanations of objectives. Care should be taken to ensure that the methods and procedures used in the sessions do not violate the beliefs of the client.
2. Be flexible. Avoid scheduling appointments on religious holidays when possible. Native Americans, African Americans, and some Hispanic groups have an elastic concept of time (i.e., they believe they have kept the appointment if the arrive 5 to 15 minutes late).
3. Show enthusiasm. However, be aware of cultural parameters. Touching, using elevated pitch, and gushing over babies can be offensive behaviors to some cultural groups.
4. Be businesslike and task oriented. Examples from real-life situations could show the importance of the session and how to use the new information appropriately.
5. Use praise and encouragement. While constructive criticism may encourage change in a behavior, negative reports of progress in some cultural groups may result in punishment of the child.
6. Provide opportunities to learn. Create an environment that encourages social interaction and is acceptable to the client's culture and communication style.
7. Preview and review lessons. Clients should be told the purpose of the lesson and why it is important.
8. Use multiple levels of questions or cognitive discourse. Knowledge of cultural activities and various communication needs should be used to demonstrate different pragmatic aspects of language. Teach the concept in different settings and in different ways.

REFERENCES

Nellum-Davis, P. (1993). Clinical practice issues. In D.E. Battle (Ed.), Communication disorders in multicultural populations. Stoneham, MA: Andover Medical Publishers.

Taylor, O. L. (1994). Pragmatic considerations in addressing race, ethnicity, and cultural diversity within the academy. In L. Cole (Ed.), Multicultural literacy in communication disorders: A manual for teaching cultural diversity within the professional education curriculum. Rockville, MD: American Speech-Language Hearing Association.

CLINIC DAILY OPERATIONS

Weekly Clinic Meetings

Each semester, on a designated day and at a designated time, a required weekly clinic meeting will be held for students enrolled in clinical practicum. The Clinic Coordinator of Clinical Education will determine the topics for the meetings and will lead the meetings with the assistance of clinical instructors, faculty and guest speakers. Suggestions for meeting topics are welcome.

Clinical Skills Documentation Activities

The *Daily Clinical Skills Evaluation Form (updated 2019)* will be used to evaluate student clinicians on two separate occasions during practicum. The *Clinical Skills Evaluation Form. (updated 2019)* will be used to evaluate student clinicians at mid-term and at the end of the semester for each disorder category in which the student obtained clinical experience. The *Guide to Self-Evaluation of the Therapy Session* form will be used by student clinicians to evaluate themselves at mid-term and at the end of the clinical practicum.

Evidence-Based Practice Assignment

Each graduate student enrolled in clinical practicum is required to submit an evidence-based practice assignment. Requirements for this assignment are further discussed in the clinical practicum course syllabus and the guidelines for evidence-based practice included in the appendix.

On-Campus Client Notification

Each student clinician, with instructions from his/her clinical instructor, will phone the client or contact person, informing of the days and time that the client has been scheduled for services. When a client is unable to meet on the designated days or the designated time, the student will notify the clinical instructor immediately. The clinical instructor will inform the Director of Clinical Services who will modify the clinic assignments.

On-Campus Initial Therapy

The student clinician, with the approval of the clinical instructor, will select and administer appropriate assessment instruments if needed and conduct other assessment procedures or probe checks as determined necessary at the initial therapy session. The student clinician will write a Treatment Plan which will be submitted to the clinical instructor for approval at the next therapy session. All reports are scheduled for review during the weekly clinical instructor/student clinician meetings.

On-Campus Lesson Plans

Lesson plans, including objectives, procedures, materials needed, reinforcement schedule and evaluation criteria must be submitted as directed by the clinic instructor (refer to lesson plan form in appendix). Lesson plans are reviewed by the clinical instructor for accuracy and appropriateness and are returned to the student prior to therapy. Student clinicians must have a copy of the lesson plan available and within sight at all times during the therapy session. Failure to do so will affect the student's grade for the session in question. Student clinicians are expected to modify lesson plans per recommendations of the clinical instructor.

On-Campus Parent Involvement

Parents/Guardians should be involved in the treatment process to the extent possible. In addition, parents are encouraged to observe therapy sessions. Observation rooms/video monitors may be used for observation by parents.

On-Campus Request for Continued Therapy

Request for Continued Therapy Forms must be completed during the last week of therapy and turned in to the Clinic Office if the client wishes to continue services with the Speech, Language and Hearing Clinic.

On –Campus Staffing

Staffing is for all students enrolled in on-campus clinic. The staffing meetings are held each week at the time established by the clinical instructor. An initial clinical supervisor-student clinician conference is held after student assignments have been completed and is used to define responsibilities in regard to initial meetings with client, establishing rapport, selecting appropriate assessment tools, lesson plans, observations, videotaping of therapy sessions and other clinical matters. Weekly clinical supervisor-student clinician conferences are used to discuss student's clinical skills, therapy strategies, treatment plans, new materials and lesson plans. Attendance at these meetings is required and students will be held responsible for all information presented. The grade received in staffing will constitute a part of the student's final clinic grade.

On-Campus Telepractice

Telepractice sessions may occur with prior approval from the Clinic Coordinator of Clinical Education, in accordance with the telepractice rules set by the State of Louisiana and the Louisiana Board of Examiner's for Speech Pathology and Audiology.

Timeline for Submitting On-Campus Client Information/Documentation

The timeline for submitting on-campus client information/documentation will be set each semester by the Clinic Coordinator of Clinical Education. The timeline can be found in the most current clinic calendar, which will be available as a supplemental item to this handbook, in paper form in the campus clinic, or electronically on Blackboard.

Clinical Documents in Blanks Hall Room 117

All client folders are available in the Clinic Documents Room (Blanks Hall Room 117) for use by students (under the guidance of supervisors) prior to the initial meeting with the client. Client folders must be signed out by the student or supervisor and must be returned and signed in immediately after obtaining needed information. **Folders are to be reviewed in assigned locations only and are never to leave the building.** Information contained in the client's folder is confidential. Therefore, students must maintain the confidentiality of information contained therein and no parts of the client's file should be photocopied.

Checkout of Materials and Assessment Instruments

All materials and assessment tools must be checked out by signing the appropriate document in the clinic office. These items *must* be returned immediately after therapy.

Failure to return items at the designated time will result in a reprimand for first offenders. Should a student fail to adhere to the policy the second time, he/she will no longer be permitted to check out items. If a student fails to return an item(s) after repeated requests, he/she will be required to pay for the replacement of such items, and/or failure to return the items could negatively impact the student's grade.

It would be beneficial for clinicians to obtain the following items to facilitate their clinical practicum experience at Southern University: clip board with storage space, black ink pens, pen light, and an audio recorder.

APPENDIX

SOUTHERN UNIVERSITY
AND AGRICULTURAL & MECHANICAL COLLEGE
Department of Speech-Language Pathology and Audiology

DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY
P.O. BOX 9500
BATON ROUGE, LOUISIANA 70813
PHONE: (225)771-2423 * FAX (225)771-5546

COUNCIL ON ACADEMIC ACCREDITATION
OF THE AMERICAN SPEECH-LANGUAGE
HEARING ASSOC.
* ACCREDITED *
SPEECH-LANGUAGE PATHOLOGY

STUDENT REMEDIATION PLAN FORM

STUDENT NAME:	**DATE:**
Purpose for Remediation:	
Remediation Goal(s):	
Activities for Remediation/Achievement Time Frame:	
Outcomes:	
Other:	

Student Signature/Date

Clinical Instructor Signature/Date

SOUTHERN UNIVERSITY
AND AGRICULTURAL & MECHANICAL COLLEGE
Department of Speech-Language Pathology and Audiology

DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY
P.O. BOX 9500
BATON ROUGE, LOUISIANA 70813
PHONE: (225)771-2423 * FAX (225)771-5546

COUNCIL ON ACADEMIC ACCREDITATION
OF THE AMERICAN SPEECH-LANGUAGE
HEARING ASSOC.
* ACCREDITED *
SPEECH-LANGUAGE PATHOLOGY

DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY

STUDENT CLINICIAN CONTRACT

As a student clinician in the Southern University-Baton Rouge Department of Speech-Language Pathology, I _____ _____, will adhere to the following guidelines in providing supervised clinical services for the_____semester of_____(year):

- **Arrive at clinical site and meet clients at the scheduled time**. Any student clinician who is tardy a **maximum of (3) times** will be placed on probation and will not receive clock hours for the time in question. A student clinician who is tardy **more than three times** will be counseled by the clinic instructor to drop clinic practicum and retake it next semester.
- **Call instructor and make contact 30 minutes prior to unscheduled absence**. If a clinician is unable to attend a therapy session, the instructor must be notified as soon as possible. The clinician is **not** to call the client to cancel the therapy session unless directed to do so by the instructor. A student who is ill with a highly infectious disease (i.e., common cold, strep throat, etc.) is cautioned to consider the health and welfare of clients, fellow clinicians, and faculty and staff. Each student is individually responsible for the management of his/her personal health, and should consult a physician to assist in making decisions regarding risk to others when an illness occurs.
- **Maintain scheduled appointments**. A student who is absent twice, without legitimate reasons, will be counseled by the clinical instructor to withdraw from clinic practicum or **receive a failing grade**.
- **Abide by Dress code**. Although physical appearance has absolutely no relationship to the quality of treatment services, it is likely to be related to the client's (or parent's) perception of quality and professionalism. Thus, students are expected to dress professionally at all times during the provision of clinical services. Although professional dress is difficult to define, it does not include oral and/or facial piercings (other than earrings), jeans, shorts, sweat suits, etc. Medical scrubs are recommended. If a member of the staff feels that a **CLINICIAN IS INAPPROPRIATELY DRESSED FOR A SESSION, THE CLINICIAN WILL NOT BE ABLE TO PROVIDE SERVICES**.
- **Maintain Record of clock hours.** Each student is responsible for maintaining a complete and accurate record of the clock hours obtained. It is the student's responsibility to obtain his/her instructor's signature. Any student who knowingly **misrepresents** information on the clinical clock hour form will be **dismissed** from the clinic.

*These guidelines are taken from the Speech Pathology and Audiology Clinic Policy and Procedural Manual.

_____ _____
Student Clinician's Signature Date

_____ _____
Clinical Supervisor's Signature Date

_____ _____
Clinic Coordinator's Signature Date

LIST OF CLINICAL PRACTICUM FORMS

- Adult Case History Form
- Adult Release of Information form
- Audiological Report Form
- Graduate Clock Hours Summary Sheet
- Undergraduate Clock Hours Cover Sheet Forms
- Clinical Clock Hour Record Form
- Child Case History Form
- Client Feedback Questionnaire
- Clinical Skills Evaluation Form
- Contact Sheet
- Staffing Sign-in Form
- Daily Clinical Skills Evaluation Form
- Diagnostic Evaluation Form
- Discharge Form
- Evaluation of Medical Clinical Practicum
- Evaluation of School Clinical Practicum
- Final Case Summary
- Follow-up Interview
- Hearing Screening Form
- Initial Case Summary
- Lesson Plan Form
- Observation Form
- Parent/Guardian Release of Information
- Oral Speech Mechanism Exam
- Progress Note
- Referral for Re-evaluation
- Release form for Media Recording
- Request for Continued Therapy
- Self-Evaluation Form
- Spontaneous Speech Sample/Oral Mechanism Form
- Supervisor Evaluation Form
- Tally Sheets
- Treatment Plan Forms
- Audiological Referral Form
- Conversational Speech Sample
- Confidentiality Agreement
- Diagnostic/Writing Log
- Supervisory Needs Assessment Survey

CLINICAL SUPERVISOR INFORMATION FORM

Please provide the following information about yourself and your facility to the Speech, Language and Hearing Clinic via email or phone. See insert for staff contact information.

Section 1: Contact information

Facility Name: _____

Contact Person: _____

Phone Number: _____

Email: _____

Supervising Speech-Language Pathologist:

Phone Number: _____

Email: _____

ASHA #: _____

State License #: _____

Section 2: Link to ASHA Certification Standards

Section 3: Required Documents - Each semester, the following documentation must be completed by the clinical supervisor and/or the student clinician:

Daily Clinical Skills Form – competed twice each semester (mid-term and final)

Clinical Skills Evaluation Form – complete at mid-term and final evaluation

Signature on the following forms: Individual Clock Hours Form, Graduate OR Undergraduate Summary of Clock Hours Form, Evidence-Based Practice Assignment (the student will bring you these forms)

ASHA Policy Statement: Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision

ASHA Position Statement: Clinical Supervision in Speech-Language Pathology and Audiology, Committee on Supervision

Section 4: Supervisory Needs Assessment Survey – Each semester, your student clinician will fill out a supervisory needs assessment survey. This survey will help you quickly learn about your student's personality, needs and goals for his/her clinical practicum experience.

APPENDIX: Clinical Supervision in Audiology/KASA Standards

American Speech-Language-Hearing Association. (1985). *Clinical supervision in speech-language pathology and audiology* [Position Statement]. Available from www.asha.org/policy.

Resolution

WHEREAS, the American Speech-Language-Hearing Association (ASHA) needs a clear position on clinical supervision, and

WHEREAS, the necessity for having such a position for use in student training and in professional, legal, and governmental contexts has been recognized, and

WHEREAS, the Committee on Supervision in Speech-Language Pathology and Audiology has been charged to recommend guidelines for the roles and responsibilities of supervisors in various settings (LC 14-74), and

WHEREAS, a position statement on clinical supervision now has been developed, disseminated for both select and widespread peer review, and revised; therefore

RESOLVED, that the American Speech-Language-Hearing Association adopts "Clinical Supervision in Speech-Language Pathology and Audiology" as the recognized position of the Association.

Introduction

Clinical supervision is a part of the earliest history of the American Speech-Language-Hearing Association (ASHA). It is an integral part of the initial training of speech-language pathologists and audiologists, as well as their continued professional development at all levels and in all work settings.

ASHA has recognized the importance of supervision by specifying certain aspects of supervision in its requirements for the Certificates of Clinical Competence (CCC) and the Clinical Fellowship Year (CFY) (ASHA, 1982). Further, supervisory requirements are specified by the Council on Professional Standards in its standards and guidelines for both educational and professional services programs (Educational Standards Board, ASHA, 1980; Professional Services Board, ASHA, 1983). State laws for licensing and school certification consistently include requirements for supervision of practicum experiences and initial work performance. In addition, other regulatory and accrediting bodies (e.g., Joint Commission on Accreditation of Hospitals, Commission on Accreditation of Rehabilitation Facilities) require a mechanism for ongoing supervision throughout professional careers.

It is important to note that the term **clinical supervision**, as used in this document, refers to the tasks and skills of clinical teaching related to the interaction between a clinician and client. In its 1978 report, the Committee on Supervision in Speech-Language Pathology and Audiology differentiated between the two major roles of persons identified as supervisors: clinical teaching aspects and program management tasks. The Committee emphasized that although program management tasks relating to administration or coordination of programs may be a part of the person's job duties, the term **supervisor** referred to "individuals who engaged in clinical teaching through observation, conferences, review of records, and other procedures, and which is related to the interaction between a clinician and a client and the evaluation or management of communication skills" (*Asha*, 1978, p. 479). The Committee continues to recognize this distinction between tasks of administration or program management and those of clinical teaching, which is its central concern.

The importance of supervision to preparation of students and to assurance of quality clinical service has been assumed for some time. It is only recently, however, that the tasks of supervision have been well-defined, and that the special skills and competencies judged to be necessary for their effective application have been identified. This Position Paper addresses the following areas:

- tasks of supervision
- competencies for effective clinical supervision
- preparation of clinical supervisors

Tasks of Supervision

A central premise of supervision is that effective clinical teaching involves, in a fundamental way, the development of self-analysis, self-evaluation, and problem-solving skills on the part of the individual being supervised. The success of clinical teaching rests largely on the achievement of this goal. Further, the demonstration of quality clinical skills in supervisors is generally accepted as a prerequisite to supervision of students, as well as of those in the Clinical Fellowship Year or employed as certified speech-language pathologists or audiologists.

Outlined in this paper are 13 tasks basic to effective clinical teaching and constituting the distinct area of practice which comprises clinical supervision in communication disorders. The committee stresses that the level of preparation and experience of the supervisee, the particular work setting of the supervisor and supervisee, and client variables will influence the relative emphasis of each task in actual practice.

The tasks and their supporting competencies which follow are judged to have face validity as established by experts in the area of supervision, and by both select and widespread peer review. The committee recognizes the need for further validation and strongly encourages ongoing investigation. Until such time as more rigorous measures of validity are established, it will be particularly important for the tasks and competencies to be reviewed periodically through quality assurance procedures. Mechanisms such as Patient Care Audit and Child Services Review System appear to offer useful means for quality assurance in the supervisory tasks and competencies. Other procedures appropriate to specific work settings may also be selected.

The tasks of supervision discussed above follow:

1. establishing and maintaining an effective working relationship with the supervisee;
2. assisting the supervisee in developing clinical goals and objectives;
3. assisting the supervisee in developing and refining assessment skills;
4. assisting the supervisee in developing and refining clinical management skills;
5. demonstrating for and participating with the supervisee in the clinical process;
6. assisting the supervisee in observing and analyzing assessment and treatment sessions;
7. assisting the supervisee in the development and maintenance of clinical and supervisory records;
8. interacting with the supervisee in planning, executing, and analyzing supervisory conferences;
9. assisting the supervisee in evaluation of clinical performance;
10. assisting the supervisee in developing skills of verbal reporting, writing, and editing;
11. sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice;
12. modeling and facilitating professional conduct; and
13. demonstrating research skills in the clinical or supervisory processes.

Competencies for Effective Clinical Supervision

Although the competencies are listed separately according to task, each competency may be needed to perform a number of supervisor tasks.

13.0 Task: Establishing and maintaining an effective working relationship with the supervisee.

Competencies required:

13.1 Ability to facilitate an understanding of the clinical and supervisory processes.

13.2 Ability to organize and provide information regarding the logical sequences of supervisory interaction, that is, joint setting of goals and objectives, data collection and analysis, evaluation.

13.3 Ability to interact from a contemporary perspective with the supervisee in both the clinical and supervisory process.

13.4 Ability to apply learning principles in the supervisory process.

13.5 Ability to apply skills of interpersonal communication in the supervisory process.

13.6 Ability to facilitate independent thinking and problem solving by the supervisee.

13.7 Ability to maintain a professional and supportive relationship that allows supervisor and supervisee growth.

13.8 Ability to interact with the supervisee objectively.

13.9 Ability to establish joint communications regarding expectations and responsibilities in the clinical and supervisory processes.

13.10 Ability to evaluate, with the supervisee, the effectiveness of the ongoing supervisory relationship.

2.0 Task: Assisting the supervisee in developing clinical goals and objectives.

Competencies required:

2.1 Ability to assist the supervisee in planning effective client goals and objectives.

2.2 Ability to plan, with the supervisee, effective goals and objectives for clinical and professional growth.

2.3 Ability to assist the supervisee in using observation and assessment in preparation of client goals and objectives.

2.4 Ability to assist the supervisee in using self-analysis and previous evaluation in preparation of goals and objectives for professional growth.

2.5 Ability to assist the supervisee in assigning priorities to clinical goals and objectives.

2.6 Ability to assist the supervisee in assigning priorities to goals and objectives for professional growth.

3.0 Task: Assisting the supervisee in developing and refining assessment skills.

Competencies required:

3.1 Ability to share current research findings and evaluation procedures in communication disorders.

3.2 Ability to facilitate an integration of research findings in client assessment.

3.3 Ability to assist the supervisee in providing rationale for assessment procedures.

3.4 Ability to assist supervisee in communicating assessment procedures and rationales.

3.5 Ability to assist the supervisee in integrating findings and observations to make appropriate recommendations.

3.6 Ability to facilitate the supervisee's independent planning of assessment.

4.0 Task: Assisting the supervisee in developing and refining management skills.

Competencies required:

4.1 Ability to share current research findings and management procedures in communication disorders.

4.2 Ability to facilitate an integration of research findings in client management.

4.3 Ability to assist the supervisee in providing rationale for treatment procedures.

4.4 Ability to assist the supervisee in identifying appropriate sequences for client change.

4.5 Ability to assist the supervisee in adjusting steps in the progression toward a goal.

4.6 Ability to assist the supervisee in the description and measurement of client and clinician change.

4.7 Ability to assist the supervisee in documenting client and clinician change.

4.8 Ability to assist the supervisee in integrating documented client and clinician change to evaluate progress and specify future recommendations.

5.0 Task: Demonstrating for and participating with the supervisee in the clinical process.

Competencies required:

5.1 Ability to determine jointly when demonstration is appropriate.

5.2 Ability to demonstrate or participate in an effective client-clinician relationship.

5.3 Ability to demonstrate a variety of clinical techniques and participate with the supervisee in clinical management.

5.4 Ability to demonstrate or use jointly the specific materials and equipment of the profession.

5.5 Ability to demonstrate or participate jointly in counseling of clients or family/ guardians of clients.

6.0 Task: Assisting the supervisee in observing and analyzing assessment and treatment sessions.

Competencies required:

6.1 Ability to assist the supervisee in learning a variety of data collection procedures.

6.2 Ability to assist the supervisee in selecting and executing data collection procedures.

6.3 Ability to assist the supervisee in accurately recording data.

6.4 Ability to assist the supervisee in analyzing and interpreting data objectively.

6.5 Ability to assist the supervisee in revising plans for client management based on data obtained.

7.0 Task: Assisting the supervisee in development and maintenance of clinical and supervisory records.

Competencies required:

7.1 Ability to assist the supervisee in applying record- keeping systems to supervisory and clinical processes.

7.2 Ability to assist the supervisee in effectively documenting supervisory and clinically related interactions.

7.3 Ability to assist the supervisee in organizing records to facilitate easy retrieval of information concerning clinical and supervisory interactions.

7.4 Ability to assist the supervisee in establishing and following policies and procedures to protect the confidentiality of clinical and supervisory records.

7.5 Ability to share information regarding documentation requirements of various accrediting and regulatory agencies and third-party funding sources.

8.0 Task: Interacting with the supervisee in planning, executing, and analyzing supervisory conferences.

Competencies required:

8.1 Ability to determine with the supervisee when a conference should be scheduled.

8.2 Ability to assist the supervisee in planning a supervisory conference agenda.

8.3 Ability to involve the supervisee in jointly establishing a conference agenda.

8.4 Ability to involve the supervisee in joint discussion of previously identified clinical or supervisory data or issues.

8.5 Ability to interact with the supervisee in a manner that facilitates the supervisee's self-exploration and problem solving.

8.6 Ability to adjust conference content based on the supervisee's level of training and experience.

8.7 Ability to encourage and maintain supervisee motivation for continuing self-growth.

8.8 Ability to assist the supervisee in making commitments for changes in clinical behavior.

8.9 Ability to involve the supervisee in ongoing analysis of supervisory interactions.

Task: Assisting the supervisee in evaluation of clinical performance.

9.0 Competencies required:

9.1 Ability to assist the supervisee in the use of clinical evaluation tools.

9.2 Ability to assist the supervisee in the description and measurement of his/her progress and achievement.

9.3 Ability to assist the supervisee in developing skills of self-evaluation.

9.4 Ability to evaluate clinical skills with the supervisee for purposes of grade assignment, completion of Clinical Fellowship Year, professional advancement, and so on.

Task: Assisting the supervisee in developing skills of verbal reporting, writing, and editing.

10.0 Competencies required:

10.1 Ability to assist the supervisee in identifying appropriate information to be included in a verbal or written report.

10.2 Ability to assist the supervisee in presenting information in a logical, concise, and sequential manner.

10.3 Ability to assist the supervisee in using appropriate professional terminology and style in verbal and written reporting.

10.4 Ability to assist the supervisee in adapting verbal and written reports to the work environment and communication situation.

10.5 Ability to alter and edit a report as appropriate while preserving the supervisee's writing style.

11.0 Task: Sharing information regarding ethical, legal, regulatory, and reimbursement aspects of the profession.

Competencies required:

11.1 Ability to communicate to the supervisee a knowledge of professional codes of ethics (e.g., ASHA, state licensing boards, and so on).

11.2 Ability to communicate to the supervisee an understanding of legal and regulatory documents and their impact on the practice of the profession (licensure, PL 94-142, Medicare, Medicaid, and so on).

11.3 Ability to communicate to the supervisee an understanding of reimbursement policies and procedures of the work setting.

11.4 Ability to communicate a knowledge of supervisee rights and appeal procedures specific to the work setting.

11.5 of supervisee rights and appeal procedures specific to the work setting.

12.0 Task: Modeling and facilitating professional conduct.

Competencies required:

12.1 Ability to assume responsibility.

12.2 Ability to analyze, evaluate, and modify own behavior.

12.3 Ability to demonstrate ethical and legal conduct.

12.4 Ability to meet and respect deadlines.

12.5 Ability to maintain professional protocols (respect for confidentiality, etc.)

12.6 Ability to provide current information regarding professional standards (PSB, ESB, licensure, teacher certification, etc.).

12.7 Ability to communicate information regarding fees, billing procedures, and third-party reimbursement.

12.8 Ability to demonstrate familiarity with professional issues.

12.9 Ability to demonstrate continued professional growth.

13.0 Task: Demonstrating research skills in the clinical or supervisory processes.

Competencies required:

13.1 Ability to read, interpret, and apply clinical and supervisory research.

13.2 Ability to formulate clinical or supervisory research questions.

13.3 Ability to investigate clinical or supervisory research questions.

13.4 Ability to support and refute clinical or supervisory research findings.

13.5 Ability to report results of clinical or supervisory research and disseminate as appropriate (e.g., in-service, conferences, publications).

Preparation of Supervisors

The special skills and competencies for effective clinical supervision may be acquired through special training which may include, but is not limited to, the following:

1. Specific curricular offerings from graduate programs; examples include doctoral programs emphasizing supervision, other postgraduate preparation, and specified graduate courses.
2. Continuing educational experiences specific to the supervisory process (e.g., conferences, workshops, self-study).
3. Research-directed activities that provide insight in the supervisory process.

The major goal of training in supervision is mastery of the "Competencies for Effective Clinical Supervision." Since competence in clinical services and work experience sufficient to provide a broad clinical perspective are considered essential to achieving competence in supervision, it is apparent that most preparation in supervision will occur following the preservice level. Even so, positive effects of preservice introduction to supervision preparation have been described by both Anderson (1981) and Rassi (1983). Hence, the presentation of basic material about the supervisory process may enhance students' performance as supervisees, as well as provide them with a framework for later study.

The steadily increasing numbers of publications concerning supervision and the supervisory process indicate that basic information concerning supervision now is becoming more accessible in print to all speech-language pathologists and audiologists, regardless of geographical location and personal circumstances. In addition, conferences, workshops, and convention presentations concerning supervision in communication disorders are more widely available than ever before, and both coursework and supervisory practicum experiences are emerging in college and university educational programs. Further, although preparation in the supervisory process specific to communication disorders should be the major content, the commonality in principles of supervision across the teaching, counseling, social work, business, and health care professions suggests additional resources for those who desire to increase their supervisory knowledge and skills.

To meet the needs of persons who wish to prepare themselves as clinical supervisors, additional coursework, continuing education opportunities, and other programs in the supervisory process should be developed both within and outside graduate education programs. As noted in an earlier report on the status of supervision (ASHA, 1978), supervisors themselves expressed a strong desire for training in supervision. Further, systematic study and investigation of the supervisory process is seen as necessary to expansion of the data base from which increased knowledge about supervision and the supervisory process will emerge.

The "**Tasks of Supervision" and "Competencies for Effective Clinical Supervision**" are intended to serve as the basis for content and outcome in preparation of supervisors. The tasks and competencies will be particularly useful to supervisors for self-study and self-evaluation, as well as to the consumers of supervisory activity, that is, supervisees and employers.

A repeated concern by the ASHA membership is that implementation of any suggestions for qualifications of supervisors will lead to additional standards or credentialing. At this time, preparation in supervision is a viable area of specialized study. The competencies for effective supervision can be achieved and implemented by supervisors and employers.

Summary

Clinical supervision in speech-language pathology and audiology is a distinct area of expertise and practice. This paper defines the area of supervision, outlines the special tasks of which it is comprised, and describes the competencies for each task. The competencies are developed by special preparation, which may take at least three avenues of implementation. Additional coursework, continuing education opportunities and other programs in the supervisory process should be developed both within and outside of graduate education programs. At this time, preparation in supervision is a viable area for specialized study, with competence achieved and implemented by supervisors and employers.

Bibliography

American Speech and Hearing Association. (1978). Current status of supervision of speech-language pathology and audiology [Special Report]. *Asha, 20*, 478–486.

American Speech-Language-Hearing Association. (1980). *Standards for accreditation by the Education and Training Board*. Rockville, MD: ASHA.

American Speech-Language-Hearing Association. (1982). *Requirements for the certificates of clinical competence* (Rev.). Rockville, MD: ASHA.

American Speech-Language-Hearing Association. (1983). New standards for accreditation by the Professional Services Board. *Asha, 25*(6), 51–58.

Anderson, J. (Ed.). (1980, July). *Proceedings, Conference on Training in the Supervisory Process in Speech-Language Pathology and Audiology*. Indiana University, Bloomington.

Anderson, J. (1981). A training program in clinical supervision. *Asha, 23*, 77–82.

Culatta, R., & Helmick, J. (1980). Clinical supervision: The state of the art—Part I. *Asha, 22*, 985–

993. Culatta, R., & Helmick, J. (1981). Clinical supervision: The state of the art—Part II. *Asha, 23*,

21–31.

Laney, M. (1982). Research and evaluation in the public schools. *Language, Speech, and Hearing Services in the Schools, 13*, 53–60.

Rassi, J. (1983, September). *Supervision in audiology*. Seminar presented at Hahnemann University, Philadelphia.

SEQUENCING OF COURSE CONTENT AND CLINICAL EXPERIENCES

CAA Standard 3.3B stipulates that students experience a sequence of training appropriate to prepare them for clinical work. SU addresses this by the following policy:

Each supervisor of incoming students will have access to each student's check sheet filled out as part of the application process stating what courses and clinical experiences, they have had in communication sciences and disorders. This will ensure that the supervisors will be aware of each student's background and enable them to provide the requisite level of supervision.

Other steps that are taken to ensure appropriate sequencing include the following:

- In general, students are assigned clinical cases once they have completed or are concurrently taking the appropriate course work. However, since undergraduate preparation is diverse, it is the practice of the clinic to provide the following support to all students:
  - Every student will be provided with individual teaching, clinical modeling/teaching and may also participate in co-treatment with the supervisor.
  - Mentoring from a prior graduate clinician may occur in order for the current graduate to observe and ask questions. A review of the prior semester's recordings of therapy will be provided when available.
  - Evidence based practice will be identified for each client and reviewed by the student and the clinical supervisor in development of the treatment program.
  - Students will be encouraged to collaborate with the expert(s) in the area of treatment, when appropriate.
  - Specific readings will be provided/recommended to increase knowledge for specific areas of need identified by the supervisor and/or graduate student.
  - Articles and book chapters addressing various diagnoses, treatment strategies, etc. will be provided for the practicum class and/or clinical issues class for access by every student.
  - Proseminar presentations are made by Faculty, Graduate Students, and Guest Speakers throughout each semester of their first year. Attendance is mandatory at two presentations per semester. These presentations will provide additional knowledge, increased exposure to current research and treatment strategies, and help promote critical clinical thinking.
  - Clinical Simulation will be assigned with individual teaching, and clinical practicums.

Supervision of each individual graduate clinician is based upon his/her knowledge and skills. Greater amount of supervision will be provided to the new clinician and gradually be decreased as appropriate. Weekly supervisory meetings will allow for discussion, evaluation of progress and further development of clinical critical thinking skills.

PROFESSIONAL PRACTICE COMPETENCIES AND INTERPROFESSIONAL PRACTICE/INTERPROFESSIONAL EDUCATION (IPP/IPE)

Professional Practice Competencies. CAA Standard 3.1.1B, "Professional Practice Competencies," lists eight areas where knowledge and skills in professional practice are necessary for competent speech- language pathology graduates and professionals: *accountability; integrity; clinical reasoning; evidence- based practice; cultural competence; professional duty; collaborative practice*. You will learn and develop these competencies by a variety of means as you progress through your program. Each of the professional practice areas is described in detail on the following website: 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).**

Interprofessional Practice and Interprofessional Education Experiences. Modern health care service delivery and educational policy and practice require team-based approaches to care. In order for you develop your knowledge and skills in team-based caregiving, you will have the opportunity to participate in various interprofessional (IP) events held at on-campus and off-campus sites. *Please note: these IP events are mandatory for you to attend.* They will allow you to interact with other individuals in different professional training programs in allied health and other related professions. These opportunities will help you develop and demonstrate skills in the following areas of interprofessional practice and team- based care, as outlined in Standard 3.1.1B:

- understanding how to work on interprofessional teams to maintain a climate ofmutual respect and shared values.
- communicating with interprofessional team colleagues and other professionals caring for individuals in a responsive and responsible manner that supports a team approach to maximize care outcomes.
- understanding 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.
- understanding and using 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.
- understanding how to apply values and principles of interprofessional team dynamics.
- understanding 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.
- Understanding of clinical simulation through the integration of IPE/IPP

Guided Self-reflections. In your clinic placements, your self-reflections should include an analysis of your performance in team-based care, so you can focus attention on your interprofessional experiences in a manner that fosters growth.

CLINICAL PRACTICUM FEES

A Clinical Practicum fee has been established to cover costs associated with experience as a student clinician. The fee will help to defray costs associated with students' use of DVDs, diagnostic tests, test forms, therapy materials, computer equipment and printers, equipment repair, and expendable items such as tongue depressors, disposable gloves, and other disposables.
The fee is associated with enrollment in the graduate practicum courses and will be billed through the Bursar's Office.

For SECD 571 Graduate Practicum in which students typically enroll four times during their matriculation through the program, there is a fee for each enrollment. There are occasions when a student might need to enroll in this class for more than four semesters. A student will be required to pay the practicum fee each time enrolled. Since use of clinic materials takes place throughout the first four semesters (e.g., during all diagnostic and therapy experiences), associating the fee to each enrollment in the practicum class is simply a mechanism to disperse the payments across several semesters.

CALIPSO STUDENT FEE

The SU Speech and Hearing Clinic uses CALIPSO for clinical and educational documentation. An email with instructions on how to register will be sent from the Department to each student. Each graduate clinician will be required to register and set up an account with CALIPSO. There is a one-time fee to be paid upon initial registration. The CALIPSO account will remain current throughout the student's training program regardless of the number of semesters required by the program. Cost to the student is $85 and can be paid electronically via the secure online payment system accessible from the CALIPSO website.
(Note: if an undergraduate account was with an institution other than SU, the graduate clinician will need to reregister as a SU graduate clinician and again pay the CALIPSO registration fee.)

TRANSPORTING CLIENTS

Due to potential lawsuits, student clinicians may not transport clients in their own or borrowed automobiles during the course of a diagnostic evaluation or therapy.

CELL PHONES, PAGERS, ETC.

All cell phones, watch alarms, etc. must not be taken into therapy or diagnostic sessions unless approved by the supervisor.

SOCIAL MEDIA POLICY

Graduate students in the Speech-Language Pathology program should not engage in social media communications via social media sites such as Facebook, Twitter, Snapchat, Tumbler, Instagram, etc. with their clients and/or client families, whether current or prior, unless part of the treatment program. The individual should exercise caution and follow all professional and ethical guidelines of the profession relative to the use of social media.

DATING POLICY

Dating/romantic involvement with a current or past client, while enrolled as a graduate student in the Dept. of SLP at SU, is not allowed. Following graduation from the program, the individual should follow all professional and ethical guidelines in deciding the appropriateness of developing a non-therapeutic relationship with a former client.

GIFTS/GRATUITIES

In appreciation for services rendered from parents, and/or clients, clients sometimes offer to give money or other gifts to the student clinicians. It is requested that this not be done; however, gifts of less than $25.00 may be accepted.

Clients wishing to show appreciation for services received may make donations to the Department of Speech-Language Pathology Fund and donations are tax deductible. If a client wishes to make a donation, see the Clinic Coordinator for details and procedures. The Clinic also welcomes gifts of children's toys or books that may be used in the provision of therapy.

TELEPHONE CALLS / TEXTS / EMAILS TO CLIENTS / PARENTS / GUARDIANS

Reasons for contacts to be made to clients/parents/guardians:

- to schedule a diagnostic appointment – for speech and/or audiology
- to confirm an appointment – day before diagnostic
- to confirm therapy – day(s) and/or time
- to cancel an appointment – diagnostic or therapy
- to obtain further information needed to plan assessment or intervention

Before placing any telephone calls/texts/emails to a client/parent/guardian, check the file to determine if there are any indicated restrictions regarding how the person wishes to be contacted. Be sure to follow any client/parent/guardian instructions regarding how to contact him/her. Things do happen. Always be prepared and think things through carefully.

IF YOU MUST LEAVE A MESSAGE, THE **NATURE OF THE CALL IS NEVER REVEALED TO ANOTHER PARTY**, ONLY THE NAME OF THE CLINIC, THE NAME OF THE PERSON CALLING, THE DAY AND TIME OF THE CALL, AND A PHONE NUMBER AT WHICH YOU CAN BE REACHED.

Record all attempts to reach the client on the client's Contact Sheet in OnBase. Indicate when you called, the number called, and with whom you spoke. Also record the answering party's response. On the Contact Sheet, record the purpose for the call; but remember when placing the call, do not indicate the nature of the call to anyone other than the concerned client/parent/guardian.

1. When calling a client, the parent/guardian of a minor child client, or caregiver of an adult client (NOT A COLLEGE STUDENT; if client is a college student, see item #2):

   Ask to speak to the client/parent/guardian/caregiver.

   The first time you call, if the person you are trying to reach is unavailable, give your name and indicate that you are from the SU Speech, Language, and Hearing Clinic. Ask when a good time would be to call back.

   When you call back, if they are still unavailable, or if an answering machine picks up the call, leave the same message. Leave a message requesting that the party you are trying to reach call you back; be sure to leave a phone number at which you can be reached.

2. When calling a client who is a college student, ask to speak to the student. If the student is unavailable, simply indicate that you will call back. **DO NOT** leave any other identifying information or phone number at which to reach you.

3. There may be special circumstances that require a different method of contacting a client (i.e. text message, e-mail). If either of these options are allowed, check that the consent form has been marked accordingly.

CALIPSO COMPUTERIZATION OF CLINICAL HOURS

As of Fall 2018, the SU Speech, Language, and Hearing Clinic began using CALIPSO fully for clinical and educational documentation.

You will need to set up a clock hour form for each of your clients/supervisors in CALIPSO also. Clock hours for each of your clients will need to be logged into CALIPSO and then submitted to your supervisor for approval. **You will use the last day of the semester for the date in CALIPSO**. Use the clock hours form you have been completing throughout the semester as a summary to input your clock hours into CALIPSO.

To add a new clock hour into CALIPSO, log into CALIPSO and:

- Go to Clock Hours on the home page
- Click on Daily Clock Hours in the blue ribbon
- Add new daily clock hour
- Fill out the required fields
- In the box at the bottom left of the screen enter your client's initials (this is to differentiate each individual client).

Note: For students doing therapy at off-campus locations, you will enter one CALIPSO form for each client at the end of the semester also. **Do not** load the entire caseload per site; input only one summary of all clock hours earned for each client. Remember to put the client initials in the box at the bottom left in CALIPSO.

At the end of the semester, submit a summary of the hours earned into a single clock hour form in CALIPSO for your supervisor to review and approve.

OFF-CAMPUS CLINICAL ASSIGNMENTS

The Department of Speech-Language Pathology and Audiology maintains a number of relationships with public and private agencies in the surrounding communities to allow the graduate students to gain clinical experiences off-campus. Typically, two off-site clinic experiences will occur during the graduate program. One experience will be at an adult/medical site and one will be at a pediatric/educational site.

The first off-campus clinical internship typically occurs during the fourth semester of the graduate program. This internship is a 2-1/2-day- assignment for 12-14 weeks. The second off-campus internship occurs during the final semester of the graduate program and is a 15-week full-time placement during the spring semester or a 12-week full-time placement during the summer semester. Placements will be assigned with the Clinic Coordinator, Graduate Program Director, Department Chairperson, Clinical Supervisors, and Faculty through consideration of the following criteria:

- student's prior clinical experiences and training
- student's clinical hour needs
- knowledge and skills relative to the demands of the site
- available supervision

- student's interest and request for type of site and location

Students who are assigned to off-campus placements usually will have access to descriptive literature of the placement sites, which will be located in the Clinic Coordinator's office. Orientation to the site will be provided by the off-site supervisor(s).

** All students must provide their own reliable transportation to and from practicum sites. It is the responsibility of the student to get to assigned practicum locations. Students may be placed as far as 60-90 miles from SU into a practicum site.

STANDARDS OF PROFESSIONALISM

A definition of professional ethics includes many factors, some of which involve beliefs and attitudes that can be judged only on a subjective basis. Whenever students are involved in professional contacts with clients (directly or indirectly), they are expected to exhibit professionalism as demonstrated by being prompt, prepared, appropriately dressed, maintaining confidentiality, and following the policies and procedures set forth in this manual.

ASHA Code of Ethics

ASHA Code of Ethics (pdf version)

Each graduate student majoring in SLP is expected to be familiar with, and comply with, the principles inherent in this Code.

APPENDIX. Incident/Accident Report

REPORT OF ACCIDENT related to event in SU Speech and Language Clinic

FACULTY, STAFF, STUDENT OR PATIENT REPORT OF

ACCIDENT/INCIDENT

Date of report:

Report filled out by:

The following individual reports an injury and or incident sustained at the SU Speech and Language Clinic.

1. Name:

2. Address:

3. Date of injury: Time of injury:

4. Place where injury happened:

5. Description of injury and part of body affected:

6. Response to injury and/or action taken:

7. Signature of injured:

8. Signature of supervisor:

APPENDIX. Student Leave Request

Student Leave Request

Students are expected to provide at least two weeks' notice for all leave requests.

Today's Date: _____

Student Name: _____

Supervisor Name: _____

I am requesting the following days/clinics off:

Day of Week	Date	Clinic	AM/PM	Time off requested (1/2 day, 1 day, other)

(Please submit **separate request to each supervisor** for each clinic from which you will be absent.)

Student Signature Date Supervisor Signature Date

Student who will cover your clinic: _____

After supervisor signs, make copy for student if desired. Supervisor will keep a copy of this form in student's clinic folder.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Code of Ethics

Reference this material as: American Speech-Language-Hearing Association. (2010r). *Code of Ethics* [Ethics]. Available from www.asha.org/policy. Index terms: ethics
doi:10.1044/policy.ET2010-00309

© Copyright 2014 American Speech-Language-Hearing Association. All rights reserved.

Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Model Bill of Rights for People Receiving Audiology or Speech-Language Pathology Services

Clients as consumers receiving audiology or speech-language pathology services have:

The **Right** to be treated with dignity and respect

The **Right** that services be provided without regard to race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability

The **Right** to know the name and professional qualifications of the person or persons providing services

The **Right** to personal privacy and confidentiality of information to the extent permitted by law

The **Right** to know, in advance, the fees for services, regardless of the method of payment

The **Right** to receive a clear explanation of evaluation results; to be informed of potential or lack of potential for improvement; and to express their choices of goals and methods of service delivery

The **Right** to accept or reject services to the extent permitted by law

The **Right** that services be provided in a timely and competent manner, which includes referral to other appropriate professionals when necessary

The **Right** to present concerns about services and to be informed of procedures for seeking their resolution

The **Right** to accept or reject participation in teaching, research, or promotional activities

The **Right**, to the extent permitted by law, to review information contained in their records, to receive explanation of record entries upon request, and to request correction of inaccurate records

The **Right** to adequate notice of and reasons for discontinuation of services; an explanation of these reasons, in person, upon request; and referral to other providers if so requested.

These rights belong to the person or persons needing services. For sound legal or medical reasons, a family member, guardian, or legal representative may exercise these rights on the person's behalf.

This model bill of rights is an official statement of the American Speech-Language-Hearing Association (ASHA) approved in 1993. It provides guidance, but is not an official standard of ASHA.

Taken from http://www.asha.org/public/outreach/bill_rights.htm on September 17, 2014.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Scope of Practice in Speech-Language Pathology

Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology

Reference this material as: American Speech-Language-Hearing Association. (2007). *Scope of Practice in Speech-Language Pathology* [Scope of Practice]. Available from www.asha.org/policy. Index terms: scope of practice doi:10.1044/policy.SP2007-00283

© Copyright 2007 American Speech-Language-Hearing Association. All rights reserved.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

ASHA Practice Policy

ASHA's Practice Policy Documents, along with other cardinal documents of the Association, are written for and by ASHA members and approved by our governance to promulgate best practices and standards in the professions of audiology and speech-language pathology. The document types include

- **Preferred Practice Patterns**—the informational base for providing quality patient/client care and a focus for professional preparation, continuing education, and research
- **Scope of Practice—**an outline of the parameters of each of the professions
- **Guidelines—**current best practice procedures based on available evidence
- **Position Statements—**public statements of ASHA's official stand on various issues
- **Knowledge & Skills—**the knowledge and set of skills required for a particular area of practice
- **Technical Reports—**supporting documentation and research for an ASHA Position Statement
- **Relevant Papers—**supporting and related professional documents
- **Standards/Quality Indicators—**documents related to certification, accreditation, and professional standards
- **Ethics—**includes the Code of Ethics (by which all members and certificate holders are bound) and supporting documents
- **Bylaws—**the bylaws of ASHA, the ASHA Foundation, and the ASHA PAC

Taken from http://www.asha.org/policy/about/ on September 17, 2014.

SOUTHERN UNIVERSITY
AND AGRICULTURAL & MECHANICAL COLLEGE
Department of Speech-Language Pathology and Audiology

DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY
P.O. BOX 9500
BATON ROUGE, LOUISIANA 70813
PHONE: (225)771-2423 * FAX (225)771-5546

COUNCIL ON ACADEMIC ACCREDITATION OF
THE AMERICAN SPEECH-LANGUAGE
HEARING ASSOC.
* ACCREDITED *
SPEECH-LANGUAGE PATHOLOGY

Sample Calendar for Clinic Practicum

	CLASSES BEGIN – students should make initial contact with their off-site instructor to discuss specifics regarding the on-campus and off-campus site, work schedule and other details; See Calipso for details.
	MANDATORY CLINIC ORIENTATION – 12-3PM; bring your clinic folder, updated contact information, and anything else for your clinical practicum experience; sign up for Calipso with Dr. Regina Enwefa.
	Site Orientation - Students should be available to complete facility specific requirements in order to begin clinic the following week.
	Deadline for Adding Courses for Credit
	Classes Resume
	CLINICAL PRACTICUM BEGINS FOR ALL ON-CAMPUS AND OFF-CAMPUS SITES
	Initial testing for on-campus clients (per instructor)
	Last Day to Drop Courses without receiving a Grade of "W"; Last day to add course.
	Initial Case Summaries Due per on-campus instructor
	Deadline for submitting Graduation Applications for Commencement to Graduate School
	Mardi Gras Holiday - off-campus student clinicians follow schedule of off-campus instructor
	Classes Resume
	Mid-Semester Grades Due – all mid-term grades must be given to Ms. Banks by March 10. No exceptions. Failure to report your grade from your instructor may be reflected in your overall grade. All on-campus client folders should be up to date.
	Mid-Semester Exams
	Mid-Semester Grades Posted by 8am
	Mid-Semester Grade Review Meetings – all students enrolled in clinic are required to sign up for a mid-semester grade review session with Ms. Banks.
	On-Campus Parent Training – all graduate students are eligible to participate; sign up with Ms. Banks
	Course Scheduling and Pre-Registration for Summer and Fall Begins – remember to register for the course that is taught by your instructor (e.g., Duhon or Nichols for on-campus clinical practicum, Baker for off-campus). You must discuss clinical practicum placement with Ms. Banks prior to registration and get approval for clinic.
	Spring Break - off-campus student clinicians follow schedule of off-campus instructor
	Classes Resume
	Preparing to end semester
	Last day to withdraw from the university
	On-campus final testing/Parent Conferences/ Final Case Summaries per on-campus instructor.

	LAST DAY OF ON-CAMPUS CLINIC AND FINAL ON-CAMPUS PAPERWORK DUE: All on-campus and off-campus final conferences with clinical instructors are held by this date. On-campus student clinicians are required to have on-campus client folders finalized by _____.
	Last Day of Classes/Last Day of Off-Campus Clinic
	Final Examination Period
	All Clinical Practicum Paperwork due to Mrs. Baker (hard copies and LiveText): All final grades/evaluation forms, clock hour summary form, clinical clock hours and writing/diagnostic forms (up to that point) are due to Ms. Banks. You can re-submit other hours that are accumulated after the end of the semester.
	Graduation Checkout: Checkout for those graduating to review/confirm clinic hours
	Final Grades Posted by 8am
	Commencement

Advanced Practicum in Communication Disorders (SECD 567, 568, 569 & 571)
Course Syllabus

Clinic Coordinator Clinical Services: Ms. Brandi Wailes, M.S., CCC-SLP,
Clinical Supervisor: TBA for each clinical practicum
Southern University-Baton Rouge Speech, Language, and Hearing Clinic
117 Blanks Hall, Suite A
225-771-2570

Clinical Services: Ms. Andree Duhon, M.S., CCC-SLP
Clinical Supervisor: TA for each clinical practicum
Southern University-Baton Rouge Speech, Language, and Hearing Clinic
117 Blanks Hall, Suite B
225-771-2570

REQUIRED:

Kenneth G. Shipley and Julie G. McAfee. (2021, 6th ed.). *Assessment in Speech-Language Pathology A Resource Manual, 5th Edition.* Plural Publishing, Inc. ISBN#: 13:978-1-63550-204-6.

Froma P. Roth and Colleen K. Worthington. (2021, 6th ed.). *Treatment Resource Manual for Speech-Language Pathology 6th Edition.* Plural Publishing, Inc. ISBN: 13:978-1-63550-118-6.

American Psychological Association (2019*). Publication Manual of the American Psychological Association, Seventh Edition.* Washington, D.C.: American Psychological Association. ISBN#: 978-1-4338-3216-1.

Burrus, E. and Willis, L. (2017, 3rd ed.). *Professional Communication in Speech-Language Pathology, How to Write, Talk and Act Like a Clinician, Third Edition*. San Diego: Plural Publishing, Inc.

Reed, H.C. (2011). The source for counseling for SLPs. East Moline: linguisystems.
**Pro-ed has acquired LinguiSystems' product line; however, you can still order from LinguiSystems at www.linguisystems.com. Item# 31742 or ISBN 978-0-7606-1290-3

RECOMMENDED RESOURCES:

OFF-CAMPUS MEDICAL PLACEMENT:

Swigert, N. (2007, 3rd ed.). *The Source for Dysphagia*. Austin: Pro-Ed, Inc.

ON-CAMPUS AND OFF-CAMPUS PEDIATRIC PLACEMENT:

Hegde, M. N. and Pomaville, Frances. (2012). *Assessment of Communication Disorders in Children.* San Diego: Plural Publishing, Inc.

Rita C. Naremore. (2007). *Assessment and Treatment Resources Manual for School-Age Language Disorders.* San Diego: Singular Publishing Group, Inc.

ON-CAMPUS AND OFF-CAMPUS ADULT:

Hegde, M. N. and Pomaville, Frances. (2011). *Assessment of Communication Disorders in Adults.* San Diego: Plural Publishing, Inc.

ON-CAMPUS AND OFF-CAMPUS PEDIATRIC AND/OR ADULT PLACEMENT:

Kenneth G. Shipley and Julie G. McAfee. (2009, 4th ed.). *Assessment in Speech-Language Pathology.* Clifton Park, N.Y.: Thomson Delmar Learning.

In addition to the above resource textbooks, students are to use the *Clinic Policy and Procedural Handbook* available on Blackboard; all relevant ASHA policy documents (position statements, knowledge and skills statements, SLP guidelines, and applicable theory and evidence-based practices in the research literature in communication disorders.

I. Catalog Description: (3 credit hours) Advanced speech and language practice in supervised laboratory experience in on-campus, as well as, off-campus sites.

II. Intended Audience:
This course is designed for graduate students who are preparing to become certified speech-language pathologists.

III. Course Emphasis:
Graduate students are afforded opportunities to apply theoretical knowledge and evidence-based practice to solving problems and making decisions in speech-language pathology. They demonstrate skill development through various clinical experiences. In serving the communicatively impaired population, students will provide direct services to clients with a wide range of disorders in a variety of settings under the direct supervision of ASHA-certified and state-licensed speech-language pathologists and audiologists. In essence, the clinical practicum is where the student clinician has the opportunity to bring to bear all that he or she has learned and continues to learn in the academic training program. It is where the speech-language pathologist answers the three key questions in our work:

- Is there a problem? **Difference vs. Disorder**
- If so, what is the nature of the problem, that is, the **cause**, **description**, and **explanation**?
- What do we do about the problem, that is, what do we **target for intervention** and what **theory and evidence-based strategies** do we use to design the treatment plan and make other clinical decisions?

It is expected that student clinicians will demonstrate and grow in their ability to use their critical thinking, problem solving, and decision making to reason their way to answering these questions. In so doing, they will integrate their knowledge of normal and abnormal human development as well as integrate information related to the prevention, assessment, and intervention of communication impairments. The impact of cultural and linguistic diversity on communication will be applied to decision making in their work. All clinical intervention will be supported by the documented use of Evidence-Based Practice (**EBP).**

IV. Prerequisite(s):
SECD 528 – Clinical and Diagnostic Methods in Communicative Disorders. In addition to having a grade of "B" or better in this course, students must have completed the course (with a grade of B or better) in the area of treatment in the clinical practicum. For example, before engaging in a stuttering clinic, the student must have completed the course in stuttering with a grade of B or better. In addition, all course-embedded ASHA certification standards related to the disorder must be met prior to clinic placement in the disorder. The clinic director will verify that these requirements are met prior to placement in any clinical practicum.

Procedure for Achieving this Prerequisite:

Prior to placement in each clinical practicum, students will meet with the Clinic Coordinator for her/his clinic assignment. Students will bring their transcripts showing grades and acquisition of CFCC ASHA certification standards regarding anticipated clinic assignment.

1. **Standard IV-C.** The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physical, acoustic, psychological, development, 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.**

2. **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.

V. Goals and Objectives:

A. Goals: The following goals of the Advanced Clinical Practicum reflect the **knowledge outcomes** and the **skills outcomes** needed to meet the 2020 CFCC ASHA Certification Standards, specifically the following:

3. **Standard IV-E.** The applicant must have demonstrated knowledge of standards of ethical conduct.

---

4. **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.

5. **Standard IV-**G. The applicant must have demonstrated knowledge of contemporary professional issues.

6. **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

7. **Standard V-A.** The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

8. **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: (see the standards for the detail under each of the following categories):

Evaluation
Intervention
Interaction and Personal Qualities

B. Course Objectives:

Course objectives are the specific knowledge, skills, abilities, techniques, tools, etc., needed to achieve the Student Learning Outcomes for the course and are listed in **Section C below**. Students are referred to *Position Statements*; *Roles*, *Knowledge, and Skill; Guidelines;* and *Evidence-Based Practices* for guidance in the management of the various communication disorders in the ASHA Scope of Practice in Speech-Language Pathology. As student clinicians write their Initial Case Summaries, Assessment Plans, Treatment Plans (targets and strategies), Lesson Plans, Final Case Summaries, etc., they must show how they have used the appropriate resources to conduct their work.

C. Procedures for Achieving Objectives

1. **Student Independent Study:** Students are responsible for downloading, printing, and applying the ASHA Position Statements, Guidelines, Roles and Responsibilities statements relevant to the communication impairment with which they are working.

2. **Clinic Staffings:** Once a week, clinic staffing will be held to discuss cases, answer questions and lecture on selected topics. This is a requirement for each clinic practicum. The clinic supervisor will arrange these staffings for each clinic she/he supervises.

3. **Individual Consultations:** Students will meet individually with the clinic supervisor to discuss their cases and the application of the ASHA documents to the students' work

D. **STUDENT LEARNING OUTCOMES**:

Student Learning Outcomes are the assessable, observable behaviors that demonstrate knowledge of the course objectives and the means by which the KASA/CFCC standards are demonstrated. They state what it is that **students will be able to do** as a result of successful participation in this course. As a result of experiences in this clinical practicum, students will be able to demonstrate their abilities to:

1. Apply their knowledge of the components of the comprehensive speech and language evaluation process.

2. Conduct a comprehensive interview to gather case history information relative to individuals with speech/language.

3. Collect supplementary case history information relative to specific communication disorders and/or other disorders causing speech and/or language impairments.

4. Select and interpret speech and language assessment instruments.

5. Administer test instruments used in evaluating speech-language and swallowing disorders and perform hearing screenings.

6. Formulate a treatment plan for intervention.

7. Prepare an Initial Case Summary Report.

8. Write lesson plans detailing client goals and objectives for each therapy session.

9. Write client progress notes after each therapy session.

10. Prepare a Final Case Summary Report.

11. Apply knowledge of the professional Code of Ethics.

12. Demonstrate the use of Evidence-Based Practice in clinical work.

E. ASSESSMENT OF LEARNING OUTCOMES

1. **Daily Clinical Skills Evaluation Form.** The clinic supervisor will use this form to provide daily evaluations of student clinicians.

2. **Clinical Skills Evaluation Form.** At the end of the semester, the clinic supervisor will use this form to evaluate the clinical skills of the students. These skills will be demonstrated in the administration of formal and informal assessment measures, daily therapy planning and implementation, Initial Case Summaries, Final Case Summaries, Treatment Plans, and daily record keeping.

3. **Assessment Rubrics.** Assessment rubrics will be used to evaluate and grade the Initial Case Summaries, Final Case Summaries, Treatment Plans, and Daily Record Keeping.

4. **Documentation.** Items 1-3 above will be submitted to the Clinic Director at the end of each semester. Students will receive credit for clinic hours earned **only** when these documents are provided, signed by the clinic supervisor, and approved by the Clinic Director.

VII. Course Requirements:

A. Academic Requirements:

1. All students must attend and participate in weekly staffings.

2. All students must maintain a file for pertinent information related to clients.

B. Clinical Requirements:

1. All students are required to demonstrate the following professional traits:

   a. Dependability and punctuality
   b. Responsibility to client(s)
   c. Confidentiality
   d. Care and maintenance of clinic materials and equipment

2. All students are responsible for reading and adhering to all clinic rules and regulations as listed in the Clinic Policy and Procedural Manual.

3. All students are required to sign up for clinical advisement and attend clinical advisement meetings.

4. All students are required to sign and abide by the student conduct contract prior to enrollment in clinical practicum. The contract is cable to enrollment in every clinic practicum assignment both on- and off-campus.

C. Operational Procedures and Requirements:

1. Students are expected to have their clinic rooms set up with the necessary materials prior to the scheduled arrival time of the client.

2. Students are to wait for clients at the front door to the lobby in Blanks Hall approximately five minutes prior to the scheduled beginning time for therapy. Adults accompanying children should be invited to wait in the clinic waiting room during therapy.

3. Students are expected to be present and on time for therapy each and every day. If a student must be absent from therapy, the student must notify the clinical supervisor (by telephone to the clinic and e-mail) and the client (or parent) in a timely manner. Remember, when you are absent, the client does not receive services. Three unexcused absences will result in a grade of F and dismissal from the clinic for the remainder of the semester.

4. Approved lesson plans must be placed on the table in the clinic room at the beginning of therapy. Clinic hours will be signed only for sessions for which lesson plans and progress notes have been developed.

5. Clinic hours will be signed once a week by the clinic supervisor.

6. Students are expected to complete "A Guide to Self-Evaluation of the Therapy Session" once a week and submit to the clinic supervisor.

7. Initial Case Summaries (ICS) and Final Case Summaries (FCS) are to be submitted on time and in accordance with the format in the clinic handbook and supervisor instructions.

8. Completed client folders, including the approved ICS, FCS, and all other required materials, must have final approval by and submitted to the clinic supervisor prior to the end of the semester so that grades may be submitted in a timely manner. All forms must be signed by the clinical supervisor.

NOTE:

Prior to graduation, graduate students must complete the ASHA required **400** hours of supervised practicum, of which **375** hours must be in direct client/patient contact and **25** in clinical observation.

A minimum of **325** hours of clinical practicum must be completed at the **graduate level**. The remaining required **50** hours may have been completed at the undergraduate level. **All graduate students must complete their first clinical practicum on-campus prior to being eligible for off-campus assignments.**

*Note: See addendum to policy 1.4 from the Clinic Policy and Procedural Manual for additional information regarding graduate requirements for clinical clock hours.

C. Grading Scale:

90 – 100	A	Below 60 -	F
80 – 89	B		
70 – 79	C		
60 – 69	D		

*Note: To obtain clinical clock hours, graduate students **must** earn a grade of **B** or better from each clinical supervisor. For example, if a student has two supervisors during the same semester and earns a grade of **B** from one supervisor and a grade of **C** from the other, the clinical clock hours will **only** count from the supervisor where the **B** grade was earned. (See addendum to policy 1.2 from Clinic Policy and Procedural Manual).

D. Remediation Plan

Students enrolled in clinical practicum must earn a grade of "B" or better to receive credit for clinical clock hours earned. If a student is performing below this grade level, the student is counseled by the clinical supervisor on the clinical skills that need to be addressed and is provided with a remediation plan developed by the clinical supervisor with a reasonable timeframe for completion. The clinical supervisor also informs the clinical director of the remediation plan and the timeframe within which it is to be completed. The Remediation Plan form can be found in the Clinic Handbook.

Students who fail to successfully demonstrate the skills addressed in the remediation plan in the timeframe designated will be counseled by both the clinical supervisor and the clinical director to withdraw from the clinic course for that semester.

SOUTHERN UNIVERSITY
AND AGRICULTURAL & MECHANICAL COLLEGE
Department of Speech-Language Pathology and Audiology

EVALUATION/CONSULTATION/TREATMENT CONSENT

I hereby consent and agree to permit the Southern University Speech-Language and Hearing Clinic with the authority to provide evaluations, treatment and consultative services, for the client identified below:

_____
(Client name; please print)

_____ _____
(Signature of person granting permission) (Relationship to client)

MESSAGES CAN BE LEFT WITH:

[ ] Call back information **only** or

[ ] Detailed message okay

PERMISSION TO CONTACT CLIENT VIA:

[ ] cell phone:_____ [ ] text message

[ ] home phone:_____ [ ] email: _____

[ ] all of these methods

PERMISSION TO CONTACT PARENT VIA:

[ ] cell phone:_____ [ ] text message

[ ] home phone:_____ [ ] email_____

[ ] all of these methods

PERMISSION TO CONTACT GUARDIAN VIA:

[ ] cell phone:_____ [ ] text message

[ ] home phone:_____ [ ] email: [ ] all of these methods

Initials	Date	Initials	Date	Initials	Date	Initials	Date

CLINIC IPAD PICTURE RELEASE

Occasionally pictures of clients and client's family members are taken on the Clinic iPad for use during therapy.

[ ] I authorize use of personal pictures on the Clinic iPad for the client named below.

[ ] I do not authorize use of personal pictures on the Clinic iPad for the client named below.

Personal pictures will be removed from the Clinic iPad at the end of each semester or at the termination of the client's therapy.

_____
(Client name; please print)

_____ _____
(Signature of person granting permission) (Relationship to client)

++

I expressly understand and agree that no liability of any nature shall attach to either the above designated organization or employees of said facility in acting upon this request.

Initial/date(s) continued authorization granted:

Initials	Date	Initials	Date	Initials	Date	Initials	Date
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

STUDENT GUIDELINES FOR SELF-EVALUATION OF THERAPY

The self-evaluation is one of the most important factors in becoming a successful therapist. With effective self-evaluation, you, the clinician, are able to make judgments regarding your client, the changes necessary in the program and the planning of steps to use in reaching goals. It is therefore essential that time and thought be put into the self-evaluation after each session! It is often helpful to write your comments as soon as possible after your therapy sessions. Address each of the following areas in as much detail as necessary to give a clear description of your performance.

1. What activities and materials did you consider successful and why?

2. What parts of your session did not go as well as planned and why?

3. Was your reinforcement effective? (type and schedule) Why?

4. Were your demonstrations, instructions, explanations, cueing and transitions between activities effective? Why?

5. Was your data keeping consistent, organized, smoothly kept and informative?

6. Were you able to follow and modify your therapies appropriately based on your client's behavior? e.g., Did the client relate appropriate information and how did you respond?

7. Did you ask relevant questions and relate appropriate information?

8. What methods did you use to control the client's behavior effectively?

9. Based on your performance, were the client's responses appropriate? (correct, incorrect, self- corrections, additional cueing)

10. What is your perception of the client's attitudes toward therapy and you?

11. If homework was given, was it appropriate for carry-over?

12. What is your perception of your interpersonal relationship with your client? (empathy, sincerity, respect)

WHAT CHANGES WILL YOU MAKE FOR THE NEXT SESSION TO INCREASE EFFECTIVENESS

(consider all aspects above and also refer to next page, Analyzing and Improving Therapy)

ANALYZING AND IMPROVING THERAPY

***To be used for self-evaluation guide as an aid in analyzing and improving therapy.

1. YOUR GOAL:

A. Is it developmentally appropriate?
B. Did you begin program with emerging behaviors? (strengthen these first?)
C. Does the client have the prerequisite behaviors to accomplish the task?
D. Did you consider environmental needs when selecting your goal -- what is important for the client to know outside the clinic?
E. Are the steps to reach the objective small and sequential?
F. Is the client aware of the behavior he is supposed to produce?

2. YOUR CUING:

A. Are your cues developmentally appropriate? (length, complexity, grammatical structure)
B. Are you consistent with your cuing?
C. Are materials interesting and appropriate to the goal?
D. Is there competing stimuli? (i.e., sounds, materials, additional nonverbal cues, biological needs of client, etc.)
E. Is pacing of the activities appropriate?
F. Are transitions between activities smooth?
G. Are incorrect responses given additional cuing appropriately?

3. YOUR REINFORCEMENT:

A. Is it meaningful to the client? Does he know what he is being reinforced for?
B. Is reinforcement presented on the correct schedule?
C. Are you consistent in reinforcement?
D. If you are using an activity reinforcer -- can he perform the task or is it frustrating?
E. If your reinforcement too time-consuming? (Does it reduce client's response rate?)
F. Are you reinforcing at the appropriate level? (i.e., primary, secondary)
G. Do you stay at a particular reinforcement level too long -- has the client saturated on that form?
H. Is the reinforcement distracting? (Client sits and plays with it)
I. Is client involved somehow in the reinforcing process?

4. GENERALIZATION:

A. Are your keeping regular contact with the parents/family -- are they aware of what you are trying to accomplish, and do they understand the importance?
B. Are your home assignments appropriate, clearly explained, and accountable? (How do you know if it has been done?)
C. Are you using an increasing variety of activities and materials to "destructure" the behavior so that it will approximate the natural environment?

CALIPSO PRACTICUM SUPERVISOR FEEDBACK

- At the completion of each clinical course graduate clinicians are asked to complete feedback for each clinical supervisor.
- From the lobby page in CALIPSO, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
- Once approved, feedback will be posted for the Clinical Supervisor to view.
- NOTE: until approved, the feedback may be edited by clicking on “View/Edit.” Once approved, no further changes/edits will be able to be made to the form.

12. Provided student with written and/or verbal recommendations for improvement.

N/A	Rarely provided written and/or verbal recommendations except on midterm and final evaluations.	Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations.	**X Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.**

13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.

N/A	Enthusiasm and interest rarely observed; frequent negative comments.	Enthusiasm and interest occasionally observed; occasional negative comments.	**X Enthusiasm and interest regularly observed; frequent positive and optimistic comments.**

14. Demonstrated effective interpersonal communication with student.

N/A	Seemed uninterested and/or unwilling to listen or respond to student's needs.	Some interest in student's needs shown, but communication lacked sensitivity.	**X Aware of and sensitive to student's needs; open and effective communication.**

15. Receptive to questions.

N/A	Unwilling to take time to answer questions.	Answered questions inconsistently.	**X Answered questions with helpful information or additional resources whicl encouraged me to think for myself.**

16. Available to me when I requested assistance.

N/A	Supervisor was rarely available.	Supervisor was occasionally available.	**X Supervisor was always available.**

17. Utilized effective organizational and management skills.

N/A	Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.	Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.	**X Always organized; balanced supervisory and clinical responsibilities with ease.**

18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)

N/A	Provided minimal or no additional resources.	Provided helpful resources upon student request.	**X Provided helpful resources without student request.**

19. Realistically demanding of me as a student intern.

N/A	Expectations were either too high or too low for level of experience with no attempts to adjust.	Expectations were generally appropriate for my level of experience.	**X Expectations were individualized and adjusted according to my strengths and weaknesses.**

Overall, how would you rate this clinical experience? Superior

Additional comments?

What experience during this practicum provided you with the greatest learning opportunity

SAMPLE CALISPO EVALUATION

Cumulative evaluation: Doe, Jane

Client(s)/Patient(s) Multicultural Aspects (check all that apply): [?]
- [x] Ethnicity
- [x] Race
- [x] Culture
- [x] National origin
- [ ] Socioeconomic status
- [ ] Gender identity
- [ ] Sexual orientation
- [ ] Religion
- [ ] Exceptionality
- [ ] Other

Client(s)/Patient(s) Linguistic Diversity (check all that apply): [?]
- [x] English
- [x] English Language Learner
- [x] Primary English dialect
- [ ] Secondary English dialect
- [x] Bilingual
- [ ] Polyglot
- [ ] Gender identity
- [ ] Sign Language (ASL or SEE)
- [ ] Cognitive / Physical Ability
- [ ] Other

Patient population:
- [x] Young Child (0-5)
- [x] Child (6-17)
- [x] Adult (18-64)
- [ ] Older adult (65+)

PERFORMANCE RATING SCALE
Click to see Rating Scale

1 - Not Evident/Inadequate
2 - Minimally Evident
3 - Developing
4 - Good
5 - Very Good/Excellent

Scores less than 3.0 are flagged. Cumulative evaluation is not weighted by clockhours.

Evaluation skills	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	AAC
1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Administers and scores diagnostic tests correctly (std V-B, 1c)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Makes appropriate recommendations for intervention (std V-B, 1e)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Refers clients/patients for appropriate services (std V-B, 1g)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00

Number of items scored: 30 Number of items remaining: 60 Section Average: 4.00

Treatment skills	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	AAC
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, std 3.1.1B)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Sequences tasks to meet objectives	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Provides appropriate introduction/explanation of tasks	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Uses appropriate models, prompts or cues. Allows time for patient response.	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Identifies and refers patients for services as appropriate (std V-B, 2g)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00

Number of items scored: 30 Number of items remaining: 60 Section Average: 4.00

Professional Practice, Interaction, and Personal Qualities	Score
1. Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)	3.75
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B)	3.75
3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, std 3.1.1B, 3.1.6B, 3.8B)	3.75
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, std 3.1.1B)	3.75
5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)	3.75
6. Uses appropriate rate, pitch, and volume when interacting with patients or others	3.75
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)	3.75
8. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B)	3.75
9. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B)	3.75
10. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B)	3.75
11. Displays effective and timely written communication for session plans (std V-A, std 3.1.1B)	3.75
12. Displays effective and timely written communication for SOAP/daily note/chart note (std V-A, std 3.1.1B)	4.00
13. Displays effective and timely written communication for reports and/or other professional correspondence. (std V-A, std 3.1.1B)	4.00
14. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B)	4.00
15. Demonstrates professionalism (std 3.1.1B, 3.1.6B)	3.75
16. Self-evaluations/reflections identify positive clinical skills and clinical skills that require further development	3.75
17. Demonstrates openness and responsiveness to clinical supervision and suggestions	3.75
18. Understands the effects of his or her actions and makes changes accordingly	4.00
19. Personal appearance is professional and appropriate for the clinical setting	3.50
20. Displays organization and preparedness for all clinical sessions	3.83
21. Follows on-campus clinic and off-site facility policies and procedures	4.50

Number of items scored: 21 Number of items remaining: 0 Section Average: 3.83

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the ASHA Web site to access the standards in their entirety.

Procedural Codes and Terminology: Professional Practices

This ASHA document provides a listing of the 2018 International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes related to speech, language, and swallowing disorders. This document is **not** a comprehensive list and a number of codes are included for information purposes only. Entries with only three or four digits may require coding to a higher degree of specificity than indicated here. However, in general, speech-language pathology related diagnoses will be listed to their highest level of specificity.

For the most up-to-date information on ICD coding, go to ASHA's Billing and Reimbursement

A listing of new ICD-10-CM codes effective October 1, 2017.

For additional information, contact ASHA's Health Care Economics and Advocacy team by e-mail

SPEECH-LANGUAGE CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES:

Refer to the following ASHA website for information about CPT Codes:

Speech-Language Pathology

The CPT coding system describes how to report procedures or services and is maintained and copyrighted by the American Medical Association. Each CPT code has five digits (e.g., 92506).

AMA CPT information

Code Lists

The following list provides speech-language pathology-related codes and their descriptors:

- Model Superbill for Speech-Language Pathology Practice [DOC] *Comprehensive list*

CPT Coding Guidance

Though coding and coverage policies can vary from payer-to-payer, there are general guidelines that should be considered. The information below provides guidance on various CPT coding topics, but speech-language pathologists should also contact payers for final coverage and coding decisions.

- Coding Information by Topic
- Timed & Untimed CPT Codes
- Case Management Services
- Medicare Guidance (adopted by many private payers)
    - Medicare Coding Rules for Speech-Language Pathology Services
    - Same-Day Billing: Medicare Correct Coding Initiative (CCI) Edits for Speech-Language Pathology

Guidelines for Evidence-Based Practice in Clinical Practicum
Department of Speech-Language Pathology and Audiology
Southern University and A&M College
Graduate Program Director & Department Chairperson

Introduction: The Diagnostic Process

The ***Work*** of the Speech-Language Pathologist (SLP) centers around providing answers to three major clinical questions which are essential components of the Diagnostic Process:

1. Is there a problem/disorder in the area of speech, language, communication, and/or swallowing? What assessment measures have been used to answer this question? Have we used hypothesis testing to answer this question in our assessment plan? Is there a **disorder** or a **difference** due to cultural and linguistic diversity? Is the "problem" of a linguistic or metalinguistic nature?

2. If there is a problem, what is the nature of the problem? The nature of the problem refers to its **cause**, **description** and **explanation:**

   a. **Cause** refers to the etiology of the problem; what are the risk factors that exist to give rise to a diagnosable condition; what are potential causal factors that lead to the development of a list of hypotheses to best explain the client's problem. Examples from child language might include, among others, the following:

   a.1. Client has a language problem related to fetal alcohol syndrome.
   a.2. Client has a language problem related to autism spectrum disorder
   a.3. Client has a language problem related to developmental disability
   a.4. Client has a language problem of unknown etiology
   a.5. Client has a language problem related to environmental deprivation

   b. **Description** refers to the systematic detail of the behavioral symptoms presented along with their contrast to the expectations of normal behavior. An example from language would be a description of its key components –in both receptive and expressive modalities - that is, its

   b.1. ***Content/S*emantics** (object knowledge, object relations, event relations, and language topics - vocabulary)
   b.2. ***Form*** (phonology, morphology, syntax), and
   b.3. ***Use/Pragmatics*** (function: intrapersonal and interpersonal; and contexts: linguistic and nonlinguistic)

c. **Explanation.** Again, an example from language disorders serves to illustrate this concept. In the textbook currently used in SECD 566 and 610 (*Language Disorders from Infancy through Adolescence, 5th edition)* Paul and Norbury describe three levels of explanation of language disorders – **biological factors, cognitive factors**, and **behavioral features**. (Note that what Paul and Norbury label as ***behavioral features*** in their levels of explanation is labeled as ***description of the problem*** in this document.) Environmental factors influence each of these levels. *Finally, when we have identified a problem, sought its cause, and described it, we address intervention, thus*

3. If there is a problem, what do we do about the problem (intervention)? That is,

   a. **What** do we target for intervention – its goals and objectives derived from assessment data and client's current level of functioning, baseline data?
   b. **How** do we intervene, that is, what techniques, strategies, or processes do we use to achieve the objectives; the context of intervention, including the nonlinguistic stimuli, service delivery models?

Evidence-Based Practice in Clinical Decision-Making

Evidence-Based Practice is applicable to clinical decision making in all three of the above components of the ***Work*** of the SLP, particularly in areas related to assessment and intervention. In 2005, the American Speech-Language-Hearing Association (ASHA) Joint Coordinating Committee on Evidence-Based Practice ASHA's Position Statement on Evidence-Based Practice in Communication Disorders. In this document, the following statement is made:

It is the position of the American Speech-Language-Hearing Association that audiologists and speech-language pathologists incorporate the principles of evidence-based practice in clinical decision making to provide high-quality clinical care. The term evidence-based practice refers to an approach in which current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions.

In making clinical practice evidence-based, audiologists and speech-language pathologists-

- recognize the needs, abilities, values, preferences, and interests of individuals and families to whom they provide clinical services, and integrate those factors along with best current research evidence and their clinical expertise in making clinical decisions;

- acquire and maintain the knowledge and skills that are necessary to provide high quality professional services, including knowledge and skills that are necessary to provide high

quality professional services, including knowledge and skills related to evidence-based practice;

- evaluate prevention, screening, and diagnostic procedures, protocols, and measures to identify maximally informative and cost-effective diagnostic and screening tools, using recognized appraisal criteria described in the evidence-based literature;

- evaluate the efficacy, effectiveness, and efficiency of clinical protocols for prevention, treatment, and enhancement using criteria recognized in the evidence-based practice literature;

- evaluate the quality of evidence appearing in any source or format, including journal articles, textbooks, continuing education offerings, newsletters, advertising, and Web-based products, prior to incorporating such evidence into clinical decision making; and

- monitor and incorporate new and high-quality research evidence having implications for clinical practice.

Reference:

American Speech-Language-Hearing Association. (2005). *Evidence-based practice in communication disorders [*Position Statement]. Available from www.asha.org/policy.

In an ASHA document published by the American Speech-Language-Hearing Association titled *Report of the Joint Coordinating Committee on Evidence-Based Practice, the following statement provides clarity on the application of Evidence-Based Practice in communication disorders:*

Because EBP is a continuing process, it is a dynamic integration of ever-evolving clinical expertise and external evidence in day-to-day practice. Because EBP concerns all aspects of client-care, it comprises the ASHA Scopes of Practice at all levels of clinical decision making (e.g., measurement technologies screening, diagnosis, intervention, prognosis, safety, efficacy, effectiveness, and prevention). In a public-health sense, the purpose of evidence-based practice in audiology and speech-language pathology (SLP) is improving sense-of-wellness and functional health among the clinical populations receiving our professional services.

Making a clinical practice evidence-based, moves the foundation for clinical decisions from clinical protocols centered solely on expert opinion to the integration of clinical expertise , the best current research evidence, and individual client values.

Reference:

American Speech-Language-Hearing Association. (2004). *Evidence-based practice in communication disorders: an introduction [*Technical Report*]*. Available from www.asha.org/policy

The ASHA Standards: Accreditation Standards, Certification Standards and Evidence-Based Practice

1. **Accreditation Standards** are standards that the master's degree program in speech-language pathology must meet to achieve and maintain accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech- Language-Hearing Association (ASHA). The accreditation standard that is related specifically to evidence-based practice is as follows:

   Standard 3.3B ***The scientific and research foundations of the profession are evident in the curriculum.***

   Included in the implementation language for the standard is the following:

   The curriculum must provide opportunities for students to become knowledgeable consumers of research literature with an emphasis on the fundamentals of evidence-based practice, as well as the application of these principles and practices to clinical populations.

2. **Certification Standards** are standards that individuals must meet to achieve and maintain the Certificate of Clinical Competence (CCC) by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC). The certification standard that is related specifically to evidence-based practice is the following:

   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.***

   Included in the implementation language for the standard is the following:

   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.

The EBP Clinical Assignment: Meeting the Standards The Rationale for <u>What</u> You Do and <u>How</u> You Do It

The clinical practice of all students enrolled in clinic courses in the Department of Speech-Language Pathology and Audiology is expected to be in accordance with accreditation standards, certification standards, evidence-based practice policy statements and all other ASHA policy statements regarding evidence-based practice in a particular disorder. The statements can be found on the ASHA web site (www.asha.org) as well as many other professional practice web sites. Specifically, fulfilling this obligation will take the form of a **Support** P**aper** or R**ationale** in which the student clinician, ***under the supervision of the clinical supervisor***, documents how she/he uses EBP in making specific clinical decisions for **each** client. hile EBP concerns all aspects of client care (measurement technologies, screening, diagnosis, intervention, prognosis, safety, efficacy, effectiveness, and prevention, as quoted earlier) , for the purpose of this EBP assignment, the focus will be on providing an EBP **rationale for two aspects of your treatment plan, including targets for intervention and intervention strategies/ techniques**. It is expected that you will demonstrate how you used the three key components of EBP including **a. External Evidence (research), b. Internal Evidence (professional clinical experience), and c. Preferences, Values, and Characteristics of Client/Family** in selecting your targets for intervention and your intervention strategies/techniques. Because ASHA regards EBP as the **integration** of **a.** high quality research with **b**. professional clinical experience and **c**. preferences, values, and characteristics of client/family, you are to document how you have **integrated** these three components to support your rationale for **what** you will treat (target) and **how** you will treat it (strategies and techniques). In other words, you do **something** in therapy week after week. How do you know **what** to do and **how** to do it? **Applying the principles of evidence-based practices to making these clinical decisions helps us to answer these questions for each of our clients. It gives us the rationale for what we do.**

EBP Expectations of Students Enrolled in Clinic

Undergraduate Student Clinicians. In the case of undergraduate student clinicians enrolled in clinic, it is expected that the clinical supervisor will guide the student in the selection of EBP resources in assessment and treatment based primarily on the supervisor's own expertise and knowledge of EBP in the area of the disorder which should be restricted to articulation and language. The task of the undergraduate student will be to learn the recommended procedures and their evidence-based nature and to apply them in her/his clinical work. The **written** EBP assignment (rationale) is not required of undergraduate student clinicians. What is required is that they use EBP under the advisement of their clinical supervisors.

Graduate Student Clinicians. Because graduate student clinicians will have had more in-depth study of EBP through SECD 500 Research Methods as well as through several professional SLP courses in the curriculum by the time they enroll in clinic, they will be expected to conduct their own EBP research in all aspects of clinical decision-making and **submit a support paper** (rationale) for their <u>treatment plans</u> for each client served during the course of each semester. A typical graduate student will begin clinic in the second semester of the first year of graduate study. The support papers (rationales) are to be approved by each

student's clinical supervisor for each client being served. For on-campus clinics, student clinicians must submit an EBP Rationale for each client served. While students are not required to submit an EBP Rationale for each client served in each off-campus clinic assignment, it is expected that each graduate student will submit an EBP rationale for the supervised treatment of at least one client in at least six of the nine disorder areas over the course of the master's degree program:

- Articulation
- Fluency
- Voice and resonance, including respiration
- Receptive and expressive Language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, and writing
- Hearing
- 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

Fulfilling this requirement will necessitate that student clinicians include some of their clinical work in off-campus as well as on-campus clinical sites.

How to Get Started

As you have learned, there are four key steps in the Evidence-Based Practice process:

Step 1: Framing the Clinical Question
Step 2: Finding the Evidence
Step 3: Assessing the Evidence
Step 4: Making the Clinical Decision

Recall that EBP is defined as the integration of best research evidence with clinical expertise and patient values/preferences. The first three steps above are related to seeking the **research evidence** (external scientific evidence). Step 4 – Making the Clinical Decision – is where we combine clinical expertise, the client's values and perspectives, and scientific evidence. You have had instruction on these steps, particularly steps 1-3, in SECD 500 Research Methods and on all four steps in each professional course in the curriculum where clinical decision- making is specifically addressed. Refer to the ASHA resources and your textbooks to refresh your memory and understanding.

Step 1: Framing the Clinical Question. For purposes of this **Support Paper**, you will confine your question to decisions regarding the selection of **a. intervention targets** and **b. intervention strategies/techniques**. Here, you are seeking research on the question of what to target for intervention in therapy with a given child (representing a given population –

disorder, age, etc.) to achieve selected outcomes (based on assessment data). The **PICO** format is widely used to formulate the clinical question (population, intervention, comparative intervention (compare the chosen intervention to another intervention of to no intervention, in the case of intervention techniques), and the outcomes you are seeking in therapy. The clinical question must be clear with all key terms defined. This is the question you are going to research and for which you will include professional judgment and seek client/family input.

Remember, for this EBP assignment, your PICO question is focused on **targets for intervention and intervention strategies/techniques.**

Step 2: Finding the Evidence. Here is where you search for evidence in the research literature to help you answer the particular question you have about what to target for intervention and what strategies to use to achieve the outcomes you have identified for your particular client. Two major types of scientific evidence are suggested: Systematic Reviews and Individual Studies. A good place to begin your search is on ASHA's web site www.asha.org/slp. At the link titled *Information for Speech-Language Pathologists* you will find ASHA's Practice Portal, a resource guide to evidence-based decision-making on clinical and professional issues, Practice Management, and a list of ASHA publications:

- *American Journal of Speech-Language Pathology*
- *Journal of Speech, Language, and Hearing Research*
- *Language, Speech, and Hearing Services in Schools*
- *Perspectives*

Step 3: Assessing the Evidence. Use the methods you have learned in the research course and professional courses for evaluating published research that is **relevant** to the question you are answering regarding **targets of intervention** and **strategies/techniques for intervention**. In some of your courses, the EBP Reference Analysis Worksheet developed at Wichita State University is used for this purpose. Other formats may be equally acceptable. ASHA's *Compendium of Evidence-Based Practice Guidelines and Systematic Reviews* provides research that has already been assessed and recommended in some, but not all, communication disorders. In this case, specific recommendations based on this analysis have been made. Utilize this valuable and time-saving resource.

Step 4: Making the Decision. This is the point at which you **integrate** external research evidence (that you have assessed in Step 3), clinical expertise, and client values/ preferences to decide **what** to target for intervention and **which** intervention strategies/techniques to use with your client.

Format for the EBP Support Paper

Rationale for Target Selection and Intervention Strategies/Techniques

I. Brief Client Case History

II. **Example** and **Summary** of client's communication disorder; Diagnosis

III. Target(s) selected for intervention

IV. **EBP Rationale for target selection**. This rationale should include the **integration** of all three components of EBP: scientific research, (Include complete references), professional clinical experience (not necessarily yours but that of experienced professionals), and client values/preferences, characteristics.

V. **EBP Rationale for intervention strategies/techniques**. This rationale should include the **integration** of all three components of EBP: scientific research, (include complete references), professional clinical experience (not necessarily yours but that of experienced professionals), and client values/preferences/characteristics.

Your EBP Support Paper must be typed, double-spaced and should not exceed 2-3 pages. Submit your EBP Support paper to your clinic supervisor for review and approval.

See the attached for examples of the application of evidence-based practice to clinical practica. These examples were taken from a document titled **Facilitating the Integration of Evidence Based Practice into Speech Pathology Curricula: a Scoping Study to Examine the Congruence between Academic Curricula and Work Based Needs** published by the Australian Learning and Teaching Council. Support for the original work was provided by the Australian Learning and Teaching Council Ltd, an initiative of the Australian Government Department of Education, Employment and Workforce Relations 2009.

Facilitating the Integration of Evidence Based Practice into Speech Pathology Curricula: a Scoping Study to Examine the Congruence between Academic Curricula and Work Based Needs

(Dollaghan, 2007)

CHILD SPEECH CASE STUDY

Matthew is 4 years 2 months old. Apart from a moderate-severe phonological impairment, all other communication skills (receptive, expressive language, voice, fluency) and developmental milestones are appropriate for his age. His oral musculature structure and function, and hearing are also normal. Matthew has not had any previous therapy. He is the eldest of two boys. There is a positive family history of speech impairment. An example and summary of Matthew's speech skills follows:

Speech sounds in Matthew's phonetic inventory: All except the following: h, 'th' voiceless (as in 'think), 'th' voiced (as in 'this'), f, v, s, 'sh', z, 'zh' (as in 'vision'), 'ch' and 'j' (as in 'jump')

Phonological Processes	**Sounds affected**	**Word positions affected and examples**
Stopping of fricatives and affricates, EXCEPT /h/.	/f/ ˜ [p]	All word positions (initial, medial and final). Examp Feather □˜ 'peda'
	/v/ ˜ [b]	Van □˜□ 'ban'
	'th' (voiceless) ˜ [t]	Thin □˜□□ 'tin'
	'th' (voiced)˜ [d]	Them □˜□ 'dem'
		Sad □˜ 'tad'
	/s/ ˜ [t]	Zebra □˜□ 'deba'
	/z/ ˜ [d]	Sheep □˜ 'teep'
	'sh' ˜ [t]	Measure□˜□ 'meda'
		Chips □˜□ 'tip'
	'zh' ˜ [d]	Jacket ˜ 'datet'
	'ch' ˜ [t]	
	'j' ˜ [d]	
Deletion of /h/	/h/ ˜ Ø	Initial Medial Hat ˜□□ 'at' Grasshopper □˜□ 'dart-opper'
Cluster reduction	For example:	Initial Final
	/sp/ ˜ [p]	Spider ˜ 'pider' Wasp □˜ 'wop'
	/st/ ˜ [t]	Star ˜ 'tar' Toast ˜ 'toat'
	/fr/ ˜ [w]	Frog ˜□ 'wog' Jump □˜□ 'dum'
	/mp/ ˜ [m]	
Gliding of /r/ ˜ [w]	/r/ ˜ [w]	Initial Red ˜ 'wed'
Velar fronting		Initial
	/k/ ˜ [t]	Cat □˜ 'tat'
	/g/ ˜ [d]	Go ˜ 'do'
	Sounds affected	**Word positions affected and examples**

Phonological processes in Matthew's speech:

Stimulable phonemes (those not in phonetic inventory produced as a singleton with modelling and cues): h, f, 'sh' & 'th' voiceless (as in 'think)

Syllable structures adequate e.g., says 'hippopotamus' ˜ 'ipepotamet' □and 'trapeze'□˜□ 'tapeed'

QUESTIONS:

1. Given the background information about Matthew, what phoneme(s) or phonological process would you first target in therapy?

2. Why did you select this phonological process / phoneme(s)?

3. How would you explain your target selection choice to your students?

8.5 Model Answers for Survey 2

Child Speech Case Study Model Answers

ACKNOWLEDGEMENTS
This case study was used with permission from Elizabeth Murray, Dr Elise Baker and Dr Patricia McCabe, from their research exploring the impact of EBP workshops on clinicians' treatment target choices with child speech clients. Some of the case study questions used in the current study were different to those in the original study.

Elise Baker and Patricia McCabe are currently faculty members at the University of Sydney in the Discipline of Speech Pathology, and have published research in the area of child speech. This case study was part of Elizabeth Murray's honours thesis.

MODEL ANSWERS

QUESTION 1
The scoring for this question was based on the respondent's treatment target (sound or process) selection and their clinical reasoning. There were many acceptable target selection responses. The following table was used to score responses, and is divided into a continuum from least knowledge (LEAST) to most knowledge (MOST) options. It outlines both target selection possibilities and explanations. Acceptable responses were part of LEAST 1 (e.g. Stopping of affricates, Stopping of fricatives) or LEAST 2 (e.g. Cluster reduction, Deletion of /h/). Unacceptable responses were from MOST 1 or 2. If the respondent chose a target from LEAST 1 or 2, but provided an explanation from the MOST category, then the response was unacceptable. Respondents were also expected to include in their explanation the other two aspects of E^3BP i.e. their clinical experience (internal evidence) and the preferences and values of the client and their family.

QUESTION 2

Responses were scored for the presence or absence of each of the E^3BP elements: external evidence, clinical judgment, and client preferences and values. A prototype 'model response' might include:

I would target stopping of fricatives and explain this choice to my students in terms of the evidence, my clinical experience and the preferences of the client and their family when they are making an informed choice [client preference]. The evidence states that using harder, least knowledge targets produces better generalisable treatment outcomes. Fricatives are not in Matthew's phonetic inventory, so targeting them should produce a system wide shift [external evidence]. I have worked with many child speech clients and it generally takes less sessions when you use a least knowledge approach, but you also have to take the child into consideration [clinical judgment].

Process	Sounds	Explanation	
LEAST 1	Stopping of affricates	1. /j/ 2. /ch/	- Not in sound system. - System-wide shift. - Generalisation. -Non-stimulable phonemes. -Late developing sounds. -Marked sounds
LEAST 2	Stopping of fricatives	1. /z/ 2. /s, v, th (voiced) & 3. /zh/	
	Cluster reduction	Depends on sound targets	
	Deletion of /h/		
MOST 2			- Facilitates Intelligibility. - Inventory constraints. - Early developing sounds. - Sounds in their names. - Stimulable sounds.
MOST 1	Gliding of /r/ Velar fronting	1. /g / 2. /k/	

A model response from a survey respondent:
"If Matthew is shy & needs success - /k/, otherwise, /fr/ clusters. 1. Most knowledge 2. Least knowledge"

Key References:

Creaghead, N. A., Newman, P. W., et al. (1989). Assessment and remediation of articulatory and phonological disorders. Columbus: Ohio, Merrill.

Gierut, J. (2001). Complexity in phonological treatment: Clinical factor. Language, Speech, & Hearing Services in Schools, 32, 229-241.

Gierut, J. A. (2007). Phonological complexity and language learnability. American Journal of Speech-Language Pathology, 16, 6-17.

Miccio, A. W., Elbert, M., et al. (1999). The relationship between stimulability and phonological acquisition in children with normally developing and disordered phonologies. American Journal of Speech-Language Pathology, 8, 347-363.

Williams, A. L. (2005). From Developmental Norms to Distance Metrics: Past, Present and Future Directions for Target Selection Practices. In A. G. K. K. E. Pollock (Ed.), Phonological Disorders in Children. Clinical Decision Making in Assessment and Intervention (pp. 101-108). Baltimore: Paul H. Brookes Publishing Co.

CHILD DEVELOPMENTAL DISABILITY CASE STUDY

Giorgio is 36 months of age. He lives with his parents and older brother, Luca (5 years). Giorgio likes his pet dog, Rex; playing with toy animals; visits to the park and books, especially Maisy books. Giorgio attends preschool 2 days a week and his grandparents look after him once a week.

Giorgio was diagnosed with cerebral palsy when he was 12 months old. Since his diagnosis, he has been receiving regular therapy from a multidisciplinary team (speech pathologist, occupational therapist and physiotherapist). At present, Giorgio is not using functional speech, however recent receptive language and psychometric testing revealed age appropriate comprehension and cognition. Giorgio communicates via gestures, vocalisations, crying and pointing at pictures on the fridge to indicate what food he wants.

In consultation with Giorgio's parents, you decide to introduce a manual communication board for Giorgio to use in all environments (e.g. home, preschool, grandparents' house). Initially you choose 15 symbols to put onto Giorgio's board.

QUESTIONS:

1. Given the background information about Giorgio, which symbols would you choose for his board?

LIST A	**LIST B**	**LIST C**
Mum	Mum	Mum
Dad	Dad	Dad
Luca	Luca	Luca
Rex	Rex	Rex
Yes	Yes	Books
No	No	Maisy
There	More	Juice
That	Books	Toast
It	Maisy	Vegemite
I	Next	Strawberry Jam
My	Park	Toilet
You	Open	Bed
More	Give	Park
In	Juice	Elephant
On	Toast	Lion

List A
List B
List C

2. Why did you select this list of symbols?

3. How would you explain your choice of symbols to your students?

Child Developmental Disability Case Study

ACKNOWLEDGEMENTS
This case study was formulated in collaboration with David Trembath, who is a published author in the disability field and currently a faculty member at the University of Sydney in the Discipline of Speech Pathology.

MODEL ANSWERS

QUESTION 1
This question was scored based on a multiple choice response and a clinical reasoning explanation. There were two acceptable word lists (Lists A and B) depending on the stated clinical reasoning. Word lists were made up of combinations of core vocabulary and fringe vocabulary, based on the core vocabulary literature (e.g. Trembath, Balandin & Togher, 2007). Core vocabulary is high frequency vocabulary which is commonly used across contexts, is flexible and aids in sentence development. Word List A consists entirely of **high frequency core vocabulary** making this the preferred choice according to the external evidence. Word List B has **some core vocabulary (less high frequency core vocabulary) and some fringe vocabulary**. This list was also acceptable. Word List C consisted entirely of **fringe vocabulary**. A key tenet in the field of disability is including the client and their family in the decision making process. Respondents were also expected to include their clinical judgment in their explanation.

QUESTION 2
Responses were scored for the presence or absence of each of the E^3BP elements: external evidence, clinical judgment, and client preferences and values. A prototype 'model response' might include:

I would explain to my students that I chose List B in collaboration with the client and their family. I talked to them about core vocabulary being words that come up frequently in every day communication [external evidence] . Also, as this is a new communication board for the client, we agreed that it would be good to include some highly motivating fringe vocabulary [client preference & clinical judgment]. Working with similar clients in the past, I've found that they develop better language skills when core vocabulary is included on communication boards [clinical judgment].

Key References:

Banajee, M., Dicarlo, C., & Sticklin, S. B. (2003). Core vocabulary determination for toddlers. Augmentative and Alternative Communication, 19 (2), 67-73.

Beukelman, D. R., Jones, R., & Rowan, M. (1989). Frequency of word usage by nondisabled peers in integrated preschool classrooms. Augmentative and Alternative Communication, 5(4), 243-248.

Fallon, K. A., Light, J. C., & Paige, T. K. (2001). Enhancing vocabulary selection for preschoolers who require augmentative and alternative communication (AAC). American Journal of Speech -Language Pathology, 10 (1), 81-94.

Fried-Oken, M., & More, L. (1992). An initial vocabulary for nonspeaking preschool children based on developmental and environmental language sources. Augmentative and Alternative Communication, 8 (1), 41-56.

Marvin, C. A. (1994). Cartalk! Conversational topics of preschool children en route home from preschool. Language, Speech and Hearing Services in Schools, 25, 146-155.

Marvin, C. A., Beukelman, D. R., & Bilyeu, D. (1994a). Vocabulary-use patterns in preschool children: Effects of context and time sampling. Augmentative and Alternative Communication, 10 (4), 224-236.

Marvin, C. A., Beukelman, D. R., Brockhaus, J., & Kast, L. (1994b). "What are you talking about?": Semantic analysis of preschool children's conversational topics in home and preschool settings. Augmentative and Alternative Communication, 10 (2), 75-86.

Trembath, D., Balandin, D., & Togher, L. (2007). Vocabulary selection for Australian children who use augmentative and alternative communication. Journal of Intellectual & Developmental Disability, 32, 291-301.

ADULT SWALLOWING CASE STUDY

BL is a 78-year-old woman who was admitted to your hospital's emergency department. She presented with loss of consciousness following a fall. An initial CT scan revealed an intracranial haemorrhage. BL underwent surgery and was intubated for 10 days post op in ICU. Following failed extubation, a Size 7 tracheostomy tube was inserted percutaneously (Portex cuffed non-fenestrated tracheostomy tube).

Two days later, BL was transferred to the ward and a referral was made to the Speech Pathology department. She was self-ventilating with HME in situ, alert, and attempting to communicate (via mouthing of words). Her chest and medical status were stable. On discussion with the medical and multidisciplinary team, the patient was deemed appropriate for a cuff deflation and oral intake trial.

QUESTIONS:

1. Which of the following would you use in your assessment with this patient, when conducting a food/fluid trial, &/or cuff deflation trial?

Note: All resources are available to you, and you can choose more than one response

- FEES (Fibreoptic Endoscopic Evaluation of Swallowing)
- MEBDT (Modified Evans Blue Dye Test)
- MBS (Modified Barium Swallow)
- Observe relevant physiological variables at assessment (e.g. SaO_2, coughing)
- Cervical Auscultation

2. Which of the above procedures would you not use and why?

- FEES (Fibreoptic Endoscopic Evaluation of Swallowing)
- MEBDT (Modified Evans Blue Dye Test)
- MBS (Modified Barium Swallow)
- Observe relevant physiological variables at assessment (e.g. SaO_2, coughing)
- Cervical Auscultation
- I would use any of the above procedures

Why?

_____

3. How would you explain this choice to your students?

_____

_____

Adult Swallowing Case Study Model Answers

ACKNOWLEDGEMENTS

This case study was formulated in collaboration with the 'NSW Speech Pathology EBP Network' Tracheostomy Group. In particular, we wish to thank Rachelle Robinson for her input. Rachelle is a specialist clinician in tracheostomy and an active member of the NSW Speech Pathology EBP Network. She also guest lectures about tracheostomy management at universities.

MODEL ANSWERS

QUESTION 1

There were several acceptable responses to this multiple choice question and respondents were not required to explicitly state their clinical reasoning. Of the five multiple choice responses, 'Physiological variables' was the only necessary response to score correctly. Respondents could also have a combination such as 'Physiological variables' and 'FEES' / 'MBS' / 'Cervical auscultation'. Responses including 'MEBDT' were scored incorrect, and responses which had only 'Cervical auscultation' were incorrect.

QUESTION 2

This question was scored based on a multiple choice response and a clinical reasoning explanation. The expected answer was that the Modified Evans Blue Dye Test (MEBDT) would not be used because evidence suggests using MEBDT is unreliable in detecting aspiration of the intended substance (i.e. saliva, food, fluid) and gives false positives (e.g. blue dye return on suctioning when testing for puree, but the patient is not aspirating puree, but saliva) and/or false negatives (e.g. the patient is aspirating, but MEBDT is not detecting it). Respondents were also expected to include in their explanation the other two aspects of E^3BP i.e. their clinical experience (internal evidence) and the preferences and values of the patient and their family.

QUESTION 3

Responses were scored for the presence or absence of each of the E^3BP elements: external evidence, clinical judgment, and client preferences and values. A prototype 'model response' might include:

I would explain to my students that I would not use the MEBDT because evidence suggests it is unreliable in detecting aspiration and can give false negatives or false positives [external evidence]. In my experience, MEBDT has been unreliable with tracheostomy patients [clinical judgment]. I would also discuss the assessment options with the patient and family, once the patient was no longer critically ill. [patient preferences and values].

A model response from a survey respondent:
"The current evidence base does not sufficiently support MEBDT - high false negative rate for aspiration, in particular. Further, I would not routinely trial oral diet/fluids in a short-term trache pt - as per the current evidence base, the risk of dysphagia and aspiration are increased with a trache in situ, due to sensory and structural changes to the oropharyngeal tract. In a pt requiring longer-term tracheostomy (no fixed time frame - dependent on the individual pt), with consideration of quality of life issues in the longer-term, oral trials under MBS conditions are considered. Note: this is considered once pt is stable, the need for longer-term trache is confirmed with treating team, the pt and family are educated and part of the decision-making process once fully informed of pros and cons associated with oral trials."

Key References:

Belafsky, P. C., Blumenfield, L., LePage, A., & Nahrstedt, K. (2003). The Accuracy of the Modified Evans Blue Dye Test in Predicting Aspiration. Laryngoscope, 113, 1969-1972.

Brady, S. L., Hildner, C. D., & Hutchins, B. F. (1999). Simultaneous Videofluoroscopic Swallow Study and Modified Evans Blue Dye procedure: An Evaluation of Blue Dye visualization in cases of known Aspiration. Dysphagia, 14, 146-149.

Donzelli, J., Brady, S., Wesling, M., & Craney, M. (2001). Simultaneous Modified Evans Blue Dye Procedure and Video Nasal Endoscopic Evaluation of the Swallow. Laryngoscope, 111 1746-1750.

O'Neill-Pirozzi, T. M., Lisiecki, B. S., Momose, K. J., Connors, J. J., & Milliner, M. P. (2003). Simultaneous Modified Barium Swallow and Blue Dye Tests: A Determination of the Accuracy of Blue Dye Test Aspiration Findings. Dysphagia, 18, 32-38.

Peruzzi, W. T., Logemann, J. A., Currie, D. & Moen, S. G. (2001). Assessment of Aspiration in Patient with Tracheostomy: Comparison of the Bedside Coloured Dye assessment with Videofluroscopic Examination. Respiratory Care, 46, 243-247.

Thompson-Henry, S., & Braddock, B. (1995).The Modified Evans Blue Dye procedure fails to detect aspiration in the Tracheostomy Patient: Five Case Reports. Dysphagia, 10, 172-174.

ADULT REHABILITATION CASE STUDY

TR is a 67-year-old English speaking man. He was diagnosed with moderate aphasia and moderate-severe apraxia of speech following a left hemisphere cerebrovascular accident (CVA) three years ago.

His aphasia is characterised by word finding difficulties and reduced length of utterance. TR has mildly impaired auditory comprehension. His apraxia of speech is characterised by misarticulation (substitutions and distortions), variable articulation and articulatory groping.

Articulation errors **Note: These are represented as substitutions, but may frequently be perceived as distortions of the target sound or the substituted phoneme**	line -> 'rine' luck -> 'tuck' or 'duck' shut -> 'tut' Labialised /r/
Cluster reduction	quit -> 'wit' street -> 'reet'
Cluster simplification (epenthesis of schwa between consonants)	black -> 'belack'
Articulation errors **Note: These are represented as substitutions, but may frequently be perceived as distortions of the target sound or the substituted phoneme**	line -> 'rine' luck -> 'tuck' or 'duck' shut -> 'tut' Labialised /r/
Cluster reduction	quit -> 'wit' street -> 'reet'
Cluster simplification (epenthesis of schwa between consonants)	black -> 'belack'

Immediately following his CVA, TR received intensive speech pathology treatment (daily for six weeks). TR is now three years post-incident and is receiving out-patient treatment from you 2 to 3 times per week focusing on his speech. Below are examples of some of TR's speech sound errors:

QUESTIONS:

1. During your therapy sessions with TR (using whichever treatment methods you wish (e.g. modelling, placement cues, orthographic cues), you identify several speech behaviours that need targeting (e.g. production of /l/ & production of clusters). With regard to the case history information, how would you go about the following:

A) TREATMENT TARGETS
i) Would you target one speech behaviour at a time (e.g. Achieve /l/ production mastery before moving on to clusters) or multiple speech behaviours?

One speech behaviour
Multiple speech behaviours

Why?

_____

ii) How would you target these within each treatment session for maximum generalisation? (if answer to Ai) was 'multiple speech behaviours'

Practice each target randomly (e.g. ACB CAB ABC)
Practice in blocks (e.g. AAA BBB CCC)

Where A = Speech behaviour 1, B = Speech Behaviour 2, C = Speech Behaviour 3
Why?

_____

B) REINFORCEMENT SCHEDULE

i) Reinforce after each production (100% of the time) OR following 30 to 60% of productions?

- 100% of the time
- Following 30 to 60% of productions

Why?

_____

ii) Reinforce after a short delay OR immediately following production?

- After a short delay
- Immediately following production

Why?

_____

2. How would you explain your choices to your students?

_____

_____

Adult Rehabilitation Case Study Model Answers

ACKNOWLEDGEMENTS
This case study was formulated in collaboration with Dr. Kirrie Ballard and Dr. Patricia McCabe, who are both faculty members at the University of Sydney in the Discipline of Speech Pathology. They have published and been actively involved in the field of Dyspraxia research.

MODEL ANSWERS

QUESTION 1

Responses were scored for presence or absence of each of the E^3BP elements: external evidence, clinical judgment, and client preferences and values. A prototype 'model response' might include:

The respondents chose one of two options and explained their choice with clinical reasoning. The expected response regarding treatment targets was working on **multiple speech behaviours** (as opposed to one speech behaviour). Working on multiple targets is a principle of motor learning (Ballard & Thompson, 1999; Knock, Ballard, Robin & Schmidt, 2000; Thompson, 2007). Respondents were also expected to include in their explanation the other two aspects of E^3BP i.e. their clinical experience (internal evidence) and the preferences and values of the patient and their family.

A model response from a survey respondent:

"It's a little difficult to clearly ascertain current severity & therefore at what level to pitch treatment. Also TR's goals and current ability to communicate effectively in any way would influence my decision. However I might assume that TR has resolved somewhat and has already had some specific impairment based single phoneme Tx. Motor Learning theory is suggesting that we "mix it up" with target phonemes if the client can handle it".

QUESTION 2

Responses were scored for presence or absence of each of the E^3BP elements: external evidence, clinical judgment, and client preferences and values. A prototype 'model response' might include:

I would explain to my students that I would target multiple speech behaviours because this is a key principle of motor learning, and there is evidence for this in Dyspraxia research, as well as in rehabilitation research outside of speech pathology [external evidence]. When working with patients, I've found that they have better overall generalisation which is important in terms of treatment success [clinical judgment]. I would discuss the options with the patient and their family because if the patient is not involved in the decision making process, then this may affect their treatment progress and whether they transfer their treatment gains beyond the clinical setting [patient preferences and values].

A model response from a survey respondent:

“Need to look at pt as a whole. need to look at what works for the individual patient - it may vary with the next patient. Need to incorporate evidenced based practice into clinical decision making also”

Key References:

Ballard, K.J., Granier, J.P. & Robin, D.A. (2000). Understanding the nature of apraxia of speech: Theory, analysis and treatment. Aphasiology, 14, 969 – 995.

Ballard, K. J. & Thompson, C. K. (1999). Treatment and generalization of complex sentence production in agrammatism. Journal of Speech, Language, and Hearing Research, 42, 690-707.

Knock, T. R., Ballard, K., Robin, D. A., & Schmidt, R. A. (2000). Influence of order of stimulus presentation on speech motor learning: A principled approach to treatment for apraxia of speech. Aphasiology, 14, 653-668.

Thompson, C. K. (2007). Complexity in Language Learning and Treatment. American Journal of Speech - Language Pathology,16, 3-5.

Wambaugh J. L., Kalinyak-Fliszar, M. M., West, J. E, & Doyle, P. J. (1998). Effects of treatment for sound errors in apraxia of speech and aphasia. Journal of Speech, Language, and Hearing Research, 41, 725 – 743.

8.6 EBP Resources Report

EVIDENCE BASED PRACTICE RESOURCES

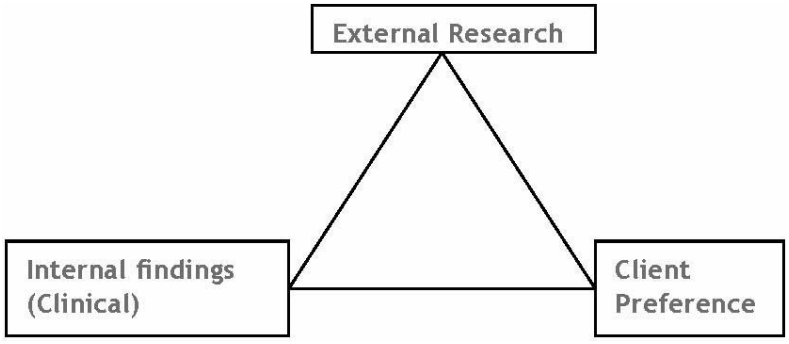
OVERVIEW

Evidence based practice (EBP) is recognized by the World Health Organization as being an essential philosophy underlying clinical practice for all health professionals. From the fields of allied health (speech pathology included) to the field of nursing (Rutledge, 2005) or physical medicine and rehabilitation (Cicerone, 2005), decisions have to be based on actual evidence.
Sackett and colleagues (1996) originally described evidence-based medicine as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients… [by] integrating individual clinical expertise with the best available research" (p.71).

This definition has been refined over the years, and recently Dollaghan (2007) described EBP as the integration of 1) best available external evidence from systematic research, 2) best available evidence internal to clinical practice, and 3) best available evidence concerning the preference of a fully informed patient. This definition emphasizes the importance of both external and internal evidence in clinical decision making as well as acknowledging the individual expertise of clinicians and the preferences of their clients. Vallino-Napoli and Reilly (2004) stated that the critical element of clinical decision making relies on the integration of these three factors.

Figure: The triangle $E^{3}BP$ (Adapted from Dollaghan, 2007)

The concept of EBP has evoked both positive and negative emotions. Though it appears that speech pathologists are practicing EBP better than either physiotherapists or occupational therapists in Canada (Pain et al., 2004), there still exists a clear gap in available research evidence and current clinical practice.



WEBSITES The websites listed below provide either a collection of direct EBP related resources or provide links to other EBP related websites.		
WEBSITES	**DESCRIPTION**	**LINK**
The University of Sydney website	This website lists important EBP related definitions and resources. It also lists on-line journal and online EBP resources.	http://www.library.usyd.edu.au/subjects/medicine/links/ebp.html

One of the most discussed barriers of implementing EBP has been lack of resources and availability of research evidence at hand on which to base clinical decision making (Dodd, 2007; Reilly, 2004; Zipoli & Kennedy, 2005). Speech pathologists generally are positively disposed towards EBP, but lack of time, lack of access and knowing what is already available are considered critical elements in the implementation of EBP.

The following collection of currently available EBP resources is for clinicians, academic staff, clinical educators and students, to help them teach, learn and practice EBP.

Support for this report has been provided by the Australian Teaching and Learning Council (formerly The Carrick Institute for Learning and Teaching in Higher Education Ltd), an initiative of the Australian Government Department of Education, Employment and Workplace Relations.

The views expressed in this report do not necessarily reflect the views of the Australian Teaching and Learning Council.

Dismissal from Clinical Practicum

Dismissal from clinical practicum is uncommon. However, if a student is dismissed from any clinical practicum experience, determination will be made by the Clinic Coordinator Clinical Education as to whether this has occurred.

If dismissal is related to ***difficulties in the clinical practicum*** unrelated to student performance, then the Clinic Coordinator Clinical Education will work with the student to establish another clinical practicum, if possible. If dismissal is related to a ***serious violation/misconduct by the student clinician***, then the Clinic Coordinator Clinical Education will convene a committee consisting of the Clinic Coordinator, External Placement Coordinator, Graduate Program Director, and the Department Chair. The committee will determine the most appropriate consequence based on the severity of the misconduct. This may include remediation which could carry over into following semester (s) and may affect the student's graduation date. The Department of Speech-Language Pathology will comply with all SUBR regulations on reporting incidents of misconduct/violations.

If dismissal from the internship is related to **deficient clinical skills and abilities**, then the Clinic Coordinator of Clinical Education will convene a meeting to develop a remediation plan which will be developed by appropriate academic instructor(s), the student's academic advisor, the Graduate Program Director, and the Clinic Coordinator Clinical Education. A grade of "incomplete" will be given at the end of the semester in which the dismissal occurred, and the student will remain enrolled in that course throughout the next semester for remediation. Decisions regarding upcoming placements will be made following successful completion of an individually determined remediation plan. Placements will be assigned based on clinical performance. The student may graduate at least one semester later than expected. The student will be dismissed from the program if this grade is the third "C" grade in the program. If this is the first or second "C" grade in the program, the student will be given one or two more on-campus remediation experiences (i.e., one more semester of on-campus clinic).

Essential Functions Minimal Technical Standards

The essential functions minimal technical standards of speech-language pathologists and communication scientists are requisite abilities considered necessary for successful employment. Students in the SUBR Department of Speech-Language Pathology are to achieve the level of competency required for graduation and independent professional practice. It is recognized that degrees of ability vary widely among individuals. Admitted students who believe they do not possess or may not be able to acquire the essential functions are encouraged to contact the Clinic Coordinator Clinical Education.

Any admitted student who may require academic accommodations to fulfill the minimal technical standards due to a disability are encouraged to contact the Office of Disability Services. The SUBR Department of Speech-Language Pathology seeks to ensure that qualified persons with disabilities are not denied admission or subject to discrimination in admissions. The following Minimal Technical Standards are consistent with the American Speech-Language-Hearing Association's clinical skills performance guidelines. All students in the graduate and

undergraduate programs must sign a copy of the Essential Functions Minimal Technical Standards or discuss with the Clinic Coordinator Clinical Education why this is not possible. See Addendum for *Essential Functions: Minimal Technical Standards Form.*

ESSENTIAL FUNCTIONS: MINIMAL TECHNICAL STANDARDS

Critical Thinking
All students must possess the intellectual, ethical, physical, and emotional capabilities required to participate in a clinical setting and to achieve the levels of competency required by the clinical instructors. The ability to solve problems, a skill that is critical to the practice of Speech-Language Pathology, requires the intellectual abilities of measurement, calculation, reasoning, analysis, and synthesis. Student clinicians must be able to integrate academic knowledge into practical skills needed for clinical work.

Communication Skills
Student clinicians should also be able to speak, hear, and observe clients in order to elicit information. Student clinicians must be able to communicate effectively and efficiently in oral and written forms.

Auditory/Visual Ability
Student clinicians must be able to observe a client accurately, both at a distance and close at hand. This ability requires the functional use of audition and vision.

Mobility and Fine Motor Skills
Student clinicians should be able to execute movements reasonably required to move from area to area, maneuver in small places, calibrate and use small equipment as appropriate, and provide patients with general care.

Interpersonal Abilities
Student clinicians must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities required for the diagnosis and care of clients, and the development of mature, sensitive, and effective relationships with patients, families, and colleagues.

I have read these standards and I am able to conduct these minimal technical requirements.

_____ _____

Printed Student Name Admission Semester

_____ _____

Student Signature Date

_____ _____

Clinic Coordinator of Clinical Education Signature Date

Evidence-Based Practice Tutorials and Resources

The following are a number of Web-based tutorials/resources that relate to different aspects of Evidence-Based Practice.

General EBP Information

Tutorials on the basic principles of evidence-based practice.

- Introduction to Evidence-Based Medicine – Boston University Medical Center
- What is Evidence Based Practice? – speechBITE
- Evidence Based Medicine – University of Illinois at Chicago University Library
- Introduction to Evidence-Based Medicine – Duke University Medical Center Library/Health Sciences Library UNC-Chapel Hill
- AAC Evidence-Based Clinical Practice: A Model for Success [PDF] – AAC Institute
- What is Evidence-Based Medicine? – Knowledge Translation Program, St. Michael's Hospital
- Cochrane Handbook for Systematic Reviews of Interventions – The Cochrane Collaboration
- What Works for Children? Evidence Guide [PDF] – Economic & Social Research Council
- Evidence Based Medicine – New York University Health Sciences Library
- Resources for Evidence-Based Practice: The 6S Pyramid – McMaster University Health Sciences Library
- Evidence Based Medicine Tutorial – State University of New York Downstate Medical Center
- Evidence-Based Medicine Tutorials – University of Massachusetts Medical School, Lamar Soutter Library
- Evidence-Based Medicine – University of Maryland Health Sciences & Human Services Library
- Basic Introduction to Evidence-Based Practice Resources – University of Washington Health Sciences Libraries
- Evidence-Based Practice Tools Summary – University of Washington Health Sciences Library
- Making Evidence-Based Medicine Doable in Everyday Practice [PDF] – American Academy of Family Physicians
- Evidence-Based Medicine – GPnotebook
- Defining Evidence-Based Behavioral-Practice – Office of Behavioral & Social Sciences Research, National Institutes of Health
- From Evidence-Based Medicine to Evidence-Based Public Health – Partners in Information Access for the Public Health Workforce
- Find It Fast! – Yale University Cushing/Whitney Medical Library
- Evidence-Based Practice Tutorial – Morris Library at Southern Illinois University Carbondale
- About EBM – Centre for Evidence Based Mental Health
- Evidence-Based Medicine – A.T. Still University

Framing the Clinical Question

Assorted lessons that illustrate how to create well-built clinical questions to ensure that the evidence will be relevant.

- Finding the Evidence 1 – Using PICO to Formulate a Search Question – Centre for Evidence-Based Medicine
- Asking the Well Built Clinical Question – Duke University Medical Center Library/Health Sciences Library UNC-Chapel Hill
- Construct Well-Built Clinical Questions using PICO – University of Washington
- Evidence Based Medicine: PICO – University of Illinois at Chicago
- EBM Tools: Asking Focused Questions – Oxford Centre for Evidence-Based Medicine
- How to Answer Your Clinical Questions More Efficiently (Information is generally relevant to SLPs/AUDs as well.) – Family Practice Management
- The Well-Built Clinical Question – Oklahoma State University Center for Health Sciences Medical Library
- Well-Built Clinical Question – University of Minnesota Health Sciences Libraries
- Forming Focused Questions with PICO: About PICO – Health Sciences Library UNC-Chapel Hill
- Resources for Evidence-Based Practice: Forming Questions – McMaster University Health Sciences Library

Finding the Evidence

Tutorials on key resources to search, and how to properly construct an effective literature search to find the most relevant articles.

- PubMed Tutorial – National Library of Medicine, National Institutes of Health
- Evidence-Based Medicine (EBM) Resources – Dartmouth Biomedical Libraries
- Step 2: Locating the Best Evidence – A.T. Still University
- Evaluating Resources – University of California Berkeley Library
- Literature Searching – Keele University - North Staffordshire Medical Institute Library
- Searching the Medical Literature for the Best Evidence – University of California San Francisco School of Medicine
- Evidence Based Medicine: Clinical Search Filters – University of Illinois at Chicago
- EBM Tutorial: Searching Medical Literature for the Best Clinical Evidence – University of Sydney Library
- Finding Evidence-Based Information – State University of New York Downstate Medical Center
- Making Evidence-Based Medicine Doable in Everyday Practice [PDF] – American Academy of Family Physicians
- EBM Tools: Finding the Evidence – Oxford Centre for Evidence-Based Medicine
- How Do I Find? – Bandolier
- How Do I Find? A Copy of That Report/Article/Book? – Bandolier
- How Do I Find? Why Are there So Many Names for MEDLINE? – Bandolier
- Video Tutorial: Find It Fast#8: Clinical Queries in MEDLINE – Yale University Cushings/Whitney Medical Library
- Searching for Evidence Based Information – University of Colorado Denver Anschutz Medical Campus Health Sciences Library
- Evidence-Based Practice for Academic Researchers (Information is generally relevant to SLPs/AUDs as well) – American College of Rheumatology, Research and Education Foundation
- Searching Exercise "Warm-Up" – Centre for Evidence-Based Medicine
- Finding the Evidence 3 – Turning Your Search Strategy Into Results: Searching PubMed – Centre for Evidence-Based Medicine

Assessing the Evidence

Various lessons on how to critically appraise the literature to determine validity, clinical relevance and applicability.

- Critical Appraisal – Centre for Evidence Based Mental Health
- Critical Appraisal Tools – Oxford Centre for Evidence-Based Medicine
- Step 3: Critically Appraising the Evidence – A.T. Still University
- Reference Articles - JAMA Articles and Lancet Articles – University of California, San Francisco, Department of Medicine
- How to Read a Paper: The Basics of Evidence-Based Medicine (registration required) – BMJ
- Meta-Analysis Spurious Precision? Meta-Analysis of Observational Studies (registration required) – BMJ
- ECEBM Levels of Evidence – Oxford Centre for Evidence-Based Medicine
- Bandolier Bias Guide [PDF] – Bandolier
- What is Critical Appraisal? [PDF] – Bandolier
- What are Confidence Intervals and P -Values? [PDF] – Bandolier
- EBM Glossary – Bandolier
- Evidence Based Medicine Glossary of Terms – Evidence-Based Emergency Medicine
- EBM Glossary: Terms Used in Evidence-Based Medicine – American Academy of Family Physicians
- Evidence-Based Practice: Checklists – University of Glasgow
- MedPage Tools: Guide to Biostatistics [PDF] – medpageTODAY
- Evidence-Based Practice for Academic Researchers (Information is generally relevant to SLPs/AUDs as well) – American College of Rheumatology, Research and Education Foundation
- Appraising the Evidence – Critical Appraisal Skills Programme
- Evidence Based Practice Tutorial: Evidence Table – University of Wisconsin-Milwaukee Libraries
- Evidence-Based Practice: Step 3: Appraise – University of Southern California Norris Medical Library

Making the Clinical Decision

Tutorials on how to combine clinical expertise, patient perspectives and scientific evidence to make the final clinical decision.

- Step 4: Integrate Findings with Clinical Expertise and Patient Needs – A.T. Still University
- Step 5: Communication and Evaluation – A.T. Still University
- EBM Tools: Making a Decision – Oxford Centre for Evidence-Based Medicine
- Users' Guide to the Medical Literature: VII. How to Use a Clinical Decision Analysis – JAMA
- Users' Guide to the Medical Literature: XX. Integrating Research Evidence With the Care of the Individual Patient – JAMA
- EBM Tools: Evaluating Performance – Oxford Centre for Evidence-Based Medicine
- Making Evidence-Based Medicine Doable in Everyday Practice [PDF] – American Academy of Family Physicians
- Applying the Evidence Worksheet [PDF] – Dartmouth Biomedical Libraries
- Evidence Based Practice Tutorial: Apply & Assess – University of Wisconsin-Milwaukee Libraries
- Evidence-Based Practice: Steps 4 & 5: Apply & Assess – University of Southern California Norris Medical Library

Step 1: Frame Your Clinical Question

- Evidence-Based Practice
- Step 1: Frame your Clinical Question
- Step 2: Find Evidence
- Step 3: Assess the Evidence
- Step 4: Make your Clinical Decision

The first step in the evidence-based practice (EBP) process is to identify the clinical problem or question for which you are seeking evidence. Asking a focused and relevant question about your client's situation will inform your search. One widely used approach to frame a clinical question is known as PICO, which stands for

Population **I**ntervention **C**omparison **O**utcome

The PICO elements are as follows:

- **Population**: What are the characteristics and/or condition of the group? This may include specific diagnoses, ages, or severity levels (e.g., autism spectrum disorder, mild hearing loss).
- **Intervention**: What is the screening, assessment, treatment, or service delivery model you are considering (e.g., instrumental swallowing assessment, high-intensity treatment, hearing aids)?
- **Comparison**: What is the main alternative to the intervention, assessment, or screening approach (e.g., placebo, different technique, different amount of treatment)? *Note: In some situations, you may not have a specific comparison in your PICO question*.
- **Outcome**: What do you want to accomplish, measure, or improve (e.g., upgraded diet level, more intelligible speech, better hearing in background noise)?

Once you've identified the population, intervention, comparison, and outcome for your situation, you can establish your PICO question.

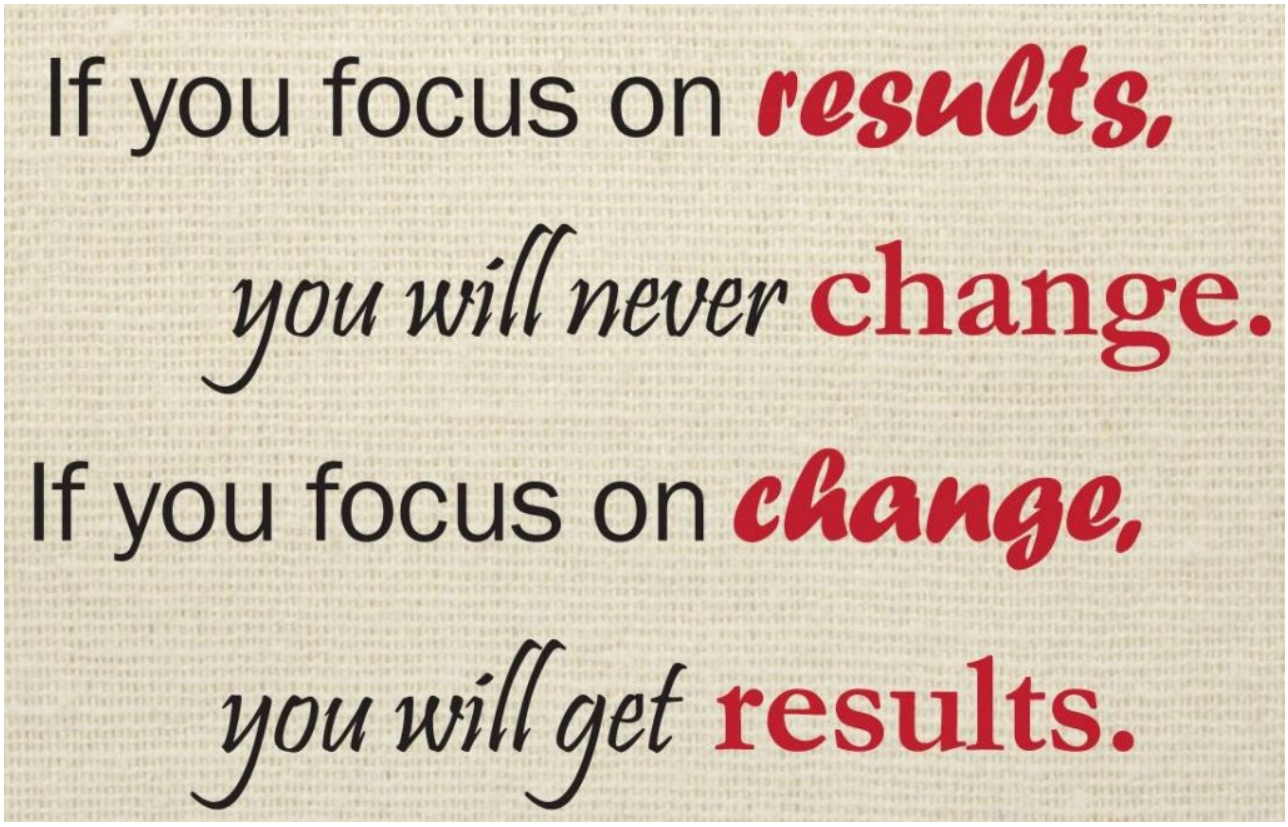
Quick tip:
There is no one "correct" way to construct a PICO question. Your clinical question should include elements specific to each client's unique circumstances and values.

Population	Intervention	Comparison	Outcome	Example PICO Question
Children with severe to profound hearing loss	Cochlear implants	Hearing aids	Speech and language development	For children with severe to profound hearing loss, what is the effect of cochlear implants compared with hearing aids on speech and language development?
Young adult with a stroke	Cognitive rehab	*Not applicable*	Return to work	What is the effect of cognitive rehabilitation on vocational outcomes in individuals who experience a stroke?

Quick tip:
Sometimes, you have a clinical situation that may have more than one PICO question. Write them all down to tackle one search at a time. Your clinical question(s) should be specific enough to guide your search—but not too specific that you are unable to find any evidence.

ASHA New TOOLS for EBP (DAILY USE)

See link here: **https://blog.asha.org/2019/10/16/new-tools-to-simplify-using-evidence-based-practice/**


If you focus on results,
you will never change.
If you focus on change,
you will get results.

Clinical Policy and Procedure Agreement Form

I,_____(print name), have received a copy of the Southern University Clinical Policies and Procedures Handbook for the Speech and Hearing Clinic and Externship Practica. I have read the Handbook and understand that I am responsible for adhering to all policies and procedures described therein, and that failure to do so may result in my being prohibited from treating clients in the Southern University Speech and Hearing Clinic, completing externship practica, and/or my removal from the program. I further understand that I am responsible for any changes or updates to the policies and procedures that may be made, and, thus, am responsible for maintaining communication with the Clinic Coordinator, External Placement Coordinator so that I may be aware of and respond to these changes and notifications in a timely manner.

_____ _____

Student Signature Date

_____

Student U#

_____ _____

Received by (Clinic Coordinator/Clinical Supervisor Signature Date

A copy of this form must be maintained in the student's clinical records file in the Program Director's office.

Additional Notes

Dress and Behavior Guidelines:

- Good personal hygiene must be practiced by every student. Students are responsible for maintaining personal cleanliness of themselves and their clothing.
- Clothing and shoes should be business casual and project a professional appearance. Students should wear their lab coats as appropriate.
- Low-rise pants, jogging pants, shorts, athletic footwear, and flip-flops are not permitted.
- Shirts with plunging necklines or plunging backs and cropped shirts are not permitted.
- Undergarments should not be visible.
- Distracting jewelry and ornamentation should be avoided.
- Students should refrain from smoking just prior to a scheduled therapy session, whether providing services or observing.
- Students should wear a watch in order to keep track of time during sessions. Within the clinic, the workstations in each therapy room can be used to display time as well.

  Note: Cell phones may only be used in therapy for purposes of data collection (Super Duper Data Tracker Application) and must be cleared with the Clinic Coordinator and/or Clinical Supervisor prior to implementing their use.

- Gum chewing is not permitted at any time.
- With the exception of a water bottle or when necessary for therapy/diagnostics, food and drinks should not be brought into sessions with clients.

Externship Placement Procedures/Study Abroad

Upon completion of an on-campus clinical practicum, Student Clinicians will complete two semesters of full-time clinical externship practica at participating approved off-campus facilities. Students must successfully complete a minimum of one semester of practicum on campus prior to externship clinical practicum placement. The global study abroad program begins in May for two weeks.

1. All clinical practicum assignments will be made by the Clinic Coordinator in collaboration with the Clinical Supervisor, Program Director, and faculty.

2. The student's prior clinical experiences will be reviewed to ensure a variety of clinical experiences across the lifespan with culturally and linguistically diverse populations. Additionally, the student's coursework will be reviewed to be sure they have the academic prerequisites.

3. In the event that a student is assigned a placement before the student has completed all relevant coursework pertaining to that placement, the student will receive preparation through the following measures:

    - Individual meetings with the Clinic Coordinator/Supervisor/Practicum Instructor/Faculty
    - Supplemental readings, videos, or other tutorials
    - Opportunities to shadow/observe other Student Clinicians or Practicing Clinicians

4. The student's academic and clinical performance, interaction and personal qualities, as well as professional behavior will be considered before recommending and/or assigning him/her to an off-site practicum. In addition, some off-campus facilities may require a Student Clinician to complete and submit the following prior to being selected for an externship: application, resume, portfolio, letters of recommendation, and/or competitive interview process. The off-campus facility will then decide if the student has been accepted for the externship at their facility.

5. Students are required to complete the Externship Interest Survey at least one semester prior to each off-site externship clinical placement. The student is required to list their current address and contact information that will be used to arrange and secure the placement. The student will have the opportunity to express *only* areas of interest via the Externship Interest Survey. Students are not permitted to request specific externship placement sites.

6. Students will be informed by the Clinic Coordinator of their placement prior to the semester. If the student refuses the placement, he or she can drop the clinical practicum course and reenroll the next semester. Students should be aware that the choice to refuse a placement might prevent them from graduating on time.

7. The start and end dates for a clinical externship practicum will be set and finalized by the Clinic Coordinator and clinical externship site. Start and end dates should not be arranged solely between off-campus clinical externship sites and students.

8. Unless a site has arranged for a different start and/or end date before an off-campus clinical externship placement was finalized by the Clincal Coordinator and off-campus clinical externship site, the start date for *all* students will be **the first day of the semester (when classes begin), and the end date will be the last day of class before the final exam period (not when the term ends),** according to the Southern University Academic Calendar***.** Any exceptions to the predetermined start and end dates may only beconsidered for extenuating circumstances. Changes to the start and end dates must be approved by the Clinical Coordinator in collaboration with SU program faculty and staff. Start and end dates should not be changed solely between off-campus clinical externship sites and students.
9. Students should be prepared to report to their site prior to the official start date of the semester to complete required preliminary site procedures such as completing paperwork, attending orientations/training or meetings as well as conducting observations or shadowing.
10. It is the responsibility of the Clinical Coordinator to serve as the liaison between the SU program and external placements and to keep a record of when all Student Clinicians are present or absent from an off-campus practicum site including orientations, observations, meetings, start, and end dates. The Clinic Coordinator should be informed by both the off-campus externship site and Student Clinician if any changes to schedule or location occur at any time. This is to ensure the safety and liability of all Student Clinicians.
11. Prior to beginning of an off-campus practicum, Student Clinicians should complete the Student Practicum Preparation Checklist to ensure that all criteria for acceptance at their desired practicum are met. Students should complete this document and return it to the Clinic Coordinator.

CLIENT CONSENT FOR SERVICES

Client's Last Name First Name Date of Birth

Who else, besides you, has your permission to provide transportation for the client to and from the Southern University Speech and Hearing Clinic?

Who else, besides you, has your permission to have access to your/your child's health information, whether verbal or written?

The Southern University Speech and Hearing Clinic allows for both graduate and undergraduate student observers. Student observers may be required to document sessions they have observed using protected health information to the minimum necessary to accomplish the intended purpose; names will always be excluded.

I consent to the following:

_____ Student observers, documentation allowed
_____ Student observers, no documentation allowed
_____ No student observers

Statement of Consent for Treatment:
I (we) the undersigned give the personnel of The Southern University Speech and Hearing Clinic permission to administer diagnostic and/or therapeutic procedures as deemed necessary to my child/myself. I understand that all the work will be done by students under the supervision of certified speech-language pathologists and/or audiologists.

Signature of Client (if over 18 years of age) Date

Signature of Parent/Guardian (if under 18 years of age) Date
(I understand that I must remain on the premises during my child's therapy session)

CONSENT TO USE FOOD IN TREATMENT SESSIONS

I give my permission for The Southern University Speech and Hearing Clinic to use food in my/my child's therapy sessions. If food is to be used, I understand that it will be explained to me in what manner, and how the use of food may benefit the success of therapy.

_____ I have/my child has no known food allergies or intolerance.

_____ I am/my child is allergic to certain foods. Please do not use these foods in therapy sessions. *

_____
Client's Name

_____ _____
Signature of Client (if over 18 years of age) Date

CONSENT TO USE VIDEO OR PICTURE IMAGE

I give my permission for The Southern University Speech and Hearing Clinic to use the image and/or video recordings of myself/my child in the following settings/conditions.

Please check only the options with which you are comfortable:

_____ within the clinic setting for therapeutic purposes (data collection, clinician review)

_____ for educational purposes/training of Student Clinicians

_____ in conference settings to educate fellow parents and professionals about how to implement therapy techniques

_____ for research purposes

_____ for marketing purposes (brochures, program webpage, etc.)

_____
Client's Name

_____ _____
Signature of Client (if over 18 years of age) Date

_____ _____
Signature of Parent/Guardian (if less than 18 years of age) Date

Resources for Clinical Supervisors and Students

ASHA Position Statement on Clinical Supervision in Speech-Language Pathology
http://www.asha.org/policy/PS2008-00295/

ASHA Technical Report for Clinical Supervision in Speech-Language Pathology
http://www.asha.org/policy/TR2008-00296.htm

Knowledge and Skills Needed by SLP's Providing Clinical Supervision
http://www.asha.org/policy/KS2008-00294/

ASHA Code of Ethics
http://www.asha.org/Code-of-Ethics/

Supervision of Student Clinicians
http://www.asha.org/Practice/ethics/Supervision-of-Student-Clinicians/

ASHA Scope of Practice
http://www.asha.org/policy/SP2016-00343/

Tips for first-time Supervisors of Graduate Student Clinicians
http://www.asha.org/slp/supervisortips