

CLINICAL EDUCATION HANDBOOK

**for the Professional Degree Programs:
M.A. /M.S. Speech-Language Pathology
Au.D. Audiology**



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Academic Year 2017- 2018

Modified August 2017

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

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 3. Evaluation of Clinical Teaching Form
 4. Summary of Clinical Hours (SLP) – hard copy of electronic tracking form
 5. Placement Expectation Worksheet

- Professional Information and Materials
 1. 2014 Standards and Implementation for the Certificate of Clinical competency in Speech/Language Pathology.
 2. Scope of Practice in Speech-Language Pathology
 3. Code of Ethics (American Speech Language Hearing Association)

LISTING OF APPENDICES -- Audiology

Appendix A: Clinical Training Action Plan

Appendix B: Supplemental Materials Section

- Formative Assessment of Clinical Competency Forms
 1. Formative Assessment of Clinical Competency: Audiology
 2. Evaluation of Clinical Teaching Form

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- Professional Information and Materials
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★ INTRODUCTION TO REVIEWING CLINICAL EDUCATION HANDBOOK

This manual has been prepared to provide incoming Speech-Language Pathology and Audiology professional degree students (MA-SLP; & AuD) with information about the clinical education policies and expectations of the Communication Science and Disorders (CSD) Department. The manual is intended to be used in conjunction with academic tracking forms, the Typhon clinical tracking system, the University of Pittsburgh graduate handbook, and the Department of Communication Science and Disorders Academic Handbook, and policy/procedure handbooks at individual clinic sites. For your initial review of the **Clinical Education Handbook** it is recommended that you focus on the sections marked with the star icon: ★

All information marked with a star (including the sections on the CSD Clinic Network) should be reviewed by students *before* they begin their first day of practicum experiences. A study guide appears on the next page to help you summarize the “star icon” information. After completing the study guide, check with your fellow students and/or Clinical Instructor to be sure that your answers are correct.

Please note that the remainder of the information in the Clinical Education Handbook should be read 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 CSD Office, for your student file indicating that you have read the complete *Academic Handbook* and *Clinical Education* handbooks. You will also be completing an on-line quiz through the ProSeminar courseweb site (details to be provided by Dr. Ellen Cohn) to ensure that you have read and understand the details outlined in this handbook.

In addition to requirements for the Masters degree in Speech/Language Pathology and the AuD degree in Audiology, the CSD clinical degree programs provide the opportunity for students to meet clinical education requirements for:

- ASHA Clinical Certification www.asha.org
- Pennsylvania State Licensure <http://www.dos.state.pa.us/bpoa>
- Pennsylvania Educational Certification in Speech/Language Impaired (SLP only)
 - <http://www.pde.state.pa.us/>

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 appropriate Clinic Coordinator or the Director of Clinical Education.



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Coordinator of SLP Practicum
Coordinator of PA Ed Certification Speech-Language Impaired
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Audiology Clinical Coordinator
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Self-Study Guide for Initial Review of Clinical Education Handbook

This **Clinical Education Handbook** contains a wealth of information to guide you through the clinical training steps of your graduate training program. We recognize the challenge of sifting through it all during your first weeks here, so the following set of questions were designed to help you learn the “up-front” information that you need to know for your first week of Network practicum. If you can’t answer a question, ask a fellow student! (Clue: the answers can be found in the sections labeled with the star icon).

1. What does the term “CSD NETWORK PRACTICUM” refer to?
- 2a. How/when are graduate student clinical competencies measured?
- 2b. How is my clinic grade determined each semester?
- 3a. Professional Responsibilities include?
- 3b. How is performance on Professional Responsibilities measured?
4. What medical & background clearances are needed before participating in practicum, and how often are they obtained?
5. What is the purpose of HIPAA training and what does it focus on?
6. What are *BASIC CLINICAL COMPETENCIES* and how are they focused on in Network Practicum?
7. What are *NETWORK CORE CLINICAL SKILLS*? When should they be mastered?
8. What are the required learning activities in all network practicum?
- 9a. What are examples of appropriate dress for clinical education?
- 9b. List examples of characteristics that would be considered inappropriate in clinical education settings.
10. Who should I contact if I have questions about clinical education for SLP? For Audiology?

PART I: BACKGROUND TO CLINICAL EDUCATION

Philosophy of Clinical Education

The CSD Department's objective is to help students acquire the knowledge and skills of their discipline through in-depth academic content, sequential 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 information 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 science 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 their knowledge base
- Ethical and responsible professional conduct
- Skills to work in interprofessional settings

The long term result of clinical education is to prepare students with a solid foundation to succeed in diverse educational, healthcare and rehabilitation environments.

Student Role in Clinical Education

When making the transition from undergraduate education to graduate education with a clinical component, it is important that students understand that they are responsible for their own learning. CSD Department faculty and staff are here to facilitate your successful completion of all degree, clinical education, and professional standards. However, we can only help guide you through this process. Students must focus in clinical education on understanding why and how clinical decisions are made. They should be active participants taking initiative to gather information on their own, ask questions of their clinical instructors, and incorporate content from their courses to 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 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 to implement screening, prevention, assessment, and treatment services with patients who have varied types of communication disorders.

When students are having difficulties in clinical education they are required to immediately contact the appropriate Clinic Coordinator 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.

Council on Academic Accreditation Standards

The class entering graduate study in the Fall of 2017 will be following the requirements of the Council on Academic Accreditation (CAA) standards. Copies of the current CAA standards for Audiology and Speech-Language Pathology are available on the ASHA website at:

Students should become familiar with these standards during their first term of study, and review the standards periodically during their graduate program. Under current CAA standards, the CSD department and the students graduating from the program organize formative and summative evidence to demonstrate that the graduates of the program have achieved the level of knowledge and skills needed for entry level professional work (i.e. your first professional year of work; CF position for SLP students).

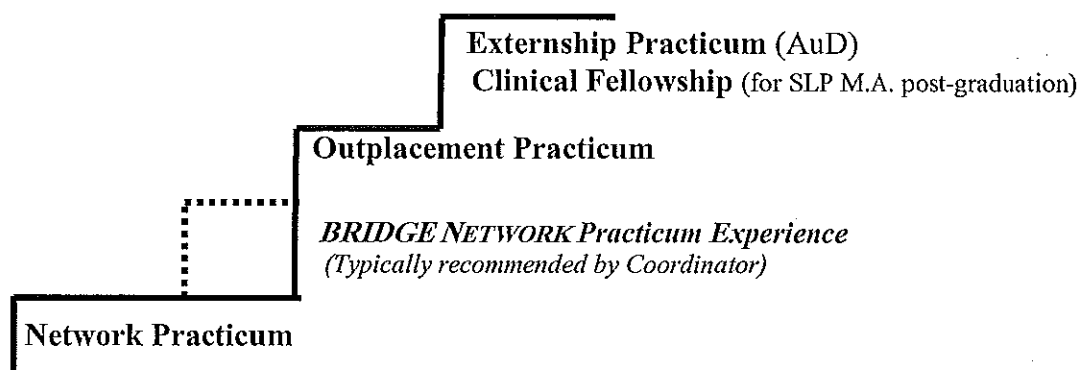
Across the program it is critical for each student to track their progress towards meeting the standards. In practicum experiences, students work with their Clinical Instructors to develop, refine and maintain clinical competencies. Formative assessment of progress is formally conducted at least two times per term in each practicum experience. Electronic case logs (recorded through the Typhon System) are used by students to track their progress meeting clinical hour requirements and demonstrating required clinical competencies. All students will develop an electronic Portfolio in Typhon organizing artifacts each term from their practicum experiences to document acquisition of clinical competencies.

Students will need to work closely with their clinical coordinator, clinical instructors, and academic adviser to help develop ample opportunities to achieve all of the standards. *It is each student's responsibility to monitor their progress (using the plan of study and Typhon) and initiate plans and communication with CSD faculty to facilitate their progress and achievement of ASHA and CAA requirements.*

Sequence of Clinical Education Experiences

The CSD Department 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.

Figure 1. Sequence & Levels of Clinical Experience



Initial practicum experiences take place in the *CSD Clinical Network* working with Network instructors to acquire an understanding of the clinical process and to master *Basic Clinical Competencies*. Students typically remain in the Network for three semesters, with the length of time in Network training determined by a student's individual rate of progress in meeting Network requirements (see PART IV: NETWORK CLINICAL EDUCATION). Some students are recommended for transition to Outplacements in Summer #1 term, while most make that transition in Fall #2 term. In the Network, students receive 1.5-2 hours per week of teaching time with their assigned Network Clinical Instructor and 2 hours of client-contact time. Students typically work with their Clinical Instructor a day per week for .5-1.0 day blocks of time. Assignment schedules vary based on the Clinical Instructor's caseload, schedule, & setting.

Network 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 *Basic Clinical Competencies* and *Network Core Clinical Skills* (see Network Clinical Learning Activities & Requirements). Network 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 the Network participate in a series of required activities (see details in Network Training section) in order to develop the competency level necessary for moving to community based Outplacement assignments.

Students vary in the rate at which they acquire and meet Network requirements and the number of terms they participate in Network clinical education activities. Occasionally a student is able to meet many of the Network requirements, but continues to show difficulties in certain aspects of clinical performance which hampers their ability to successfully transition to Outplacement education. Students who do not meet expectations in Outplacement practicum may also benefit from returning to Network Clinical Education. In those situations, a student may be recommended to participate in a BRIDGE Practicum experience.

The BRIDGE experience provides an interim level of clinical education between Network and Outplacement for students who need extra assistance. It provides a level of training for a student who still may need/benefit from the support of structured teaching time that is not available in Outplacement settings. In a BRIDGE practicum students register for Network practicum and are assigned a Network level experience. As they demonstrate a solid level of competency and require less structured teaching time, the instructor increases the patient contact time while decreasing the teaching time. Increases in level of independence must be demonstrated by the student before the changes can be made. The recommendation for a student to be considered for a BRIDGE experience can be initiated by the student, the current clinical instructor, the Clinic Coordinator or Clinic Director. Approval for the BRIDGE experience will be made by the Coordinator of the Practicum to the Director of Clinical Education with input from the current Clinical Instructor and student. Students recommended to participate in a Network BRIDGE practicum, are required to successfully complete that practicum experience before being considered for further practicum experiences (i.e., Outplacement).

After students have met the requirements and competencies of the CSD Network, they participate in *Outplacement Practicum*. Outplacement clinic typically begins during the 2nd year of graduate education. In Outplacement practicum teaching time is significantly reduced with less intensive direct teaching, while patient contact time is increased (compared to the Network Practicum). Outplacement assignments occur 1-5 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 outplacement during their graduate program each of which includes a 4 day/week experience. Most SLP students participate in School Practicum as one of their pediatric outplacement experiences. AuD students participate in a collection of outplacement clinical experiences across the second and third years of the program. In Outplacement 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 CSD Department has clinical affiliations with an extensive collection of agencies throughout the region (Western Pennsylvania, West Virginia, & Ohio), providing students with a vast range of possible SLP & Audiology Outplacements. Settings include public schools, early intervention sites, private practice offices, not-for-profit agencies, acute care hospitals, rehabilitation centers, community hospitals, home-based services and skilled nursing facilities.

AuD students' clinical education culminates in an externship placement in the 4th year where they work independently with the collaborative oversight of a Clinical Preceptor. Options for AuD 4th Year Externships exist both locally and in geographic areas across the country remote from Pittsburgh (see AuD Externship handbook and Typhon Clinic Directory). 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:

1. Professional Responsibilities
2. Interpersonal Skills
3. Communication Proficiencies: verbal, nonverbal, & written
4. Interviewing & Counseling Competencies
5. Self-Evaluation Skills
6. Assessment Competencies (planning, implementing, post-session)
7. Treatment Competencies (planning, implementing, post-session)

Within each of the above areas a collection of sub-skills are included on the clinical evaluation forms. Skills 1-5 are the same for SLP and AuD students. Evaluation and treatment competencies (6 & 7) are discipline specific. The focus of competencies in the CSD Clinical Education program was developed for each discipline based on the current CAA (Council on Academic Accreditation) standards and Scope of Practice guidelines. Copies of the current Network, Outplacement, and School Practicum Formative Assessment forms for SLP and Audiology practicum are contained in the Supplemental Materials section of this manual and are administered through Typhon. *Clinical evaluation forms &/or grading systems may be modified or changed during the duration of your enrollment in the program.* Students will be informed of any changes made.

Measurement of student performance on clinical competencies is determined using two slightly different 9-point scoring systems (one for Network practicum and a different one for Outplacement Practicum). These systems allow for consideration of the student's quality of implementing a skill and the Clinical Instructor's level of support and guidance. The scoring system (see Table 1 and 2) was developed to provide a method of formative assessment for describing and tracking acquisition of clinical competencies from the first term of clinical education through the end of graduate education. When AuD student's transition to their 4th Year Externships a seven-point system is used to describe and track their skill level (details in AuD Externship Handbook).

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 & CSD department clinical competencies. Students are formally evaluated (in writing and in an oral conference) at least twice per term: at mid-term and at the end of each semester using the Formative Assessment tool for their discipline (SLP; Audiology). 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 CSD department successful completion of a practicum requires a passing grade. Neither the credit, nor the contact hours obtained from a failing practicum experience may be counted toward degree or ASHA requirements. A student receiving a failing grade may be required to successfully complete a Network/Bridge placement before participating in outplacement training. A Clinic remediation plan will be developed by the student and their Clinic

Coordinator 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 (Network, Outplacement, School Practicum &/or Externship practicum) will no longer be permitted to participate in practicum education.* See Academic Handbook regarding options for completing a non-clinical degree.

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 evaluation of student progress on developing clinical competencies. The *Formative Assessment of Clinical Competency* forms (SLP; AUD) are used to provide formal written feedback. Student competency level of relevant behaviors (sub-skills experienced on three or more occasions during the last 4 weeks of the grading period) are scored using the CSD Clinical Skills Scoring System (Tables 1 & 2). Determination of the appropriate score requires that both the Student Clinician Behavior column and the Clinical Instructor Role column are considered when assigning a score to describe competency level.

Students will develop an electronic Portfolio that provides additional supportive evidence of clinical skill acquisition & refinement across the program. Each student is also responsible for tracking acquisition of clinical skills and knowledge required by the CAA standards (details in Academic Handbook). This will be done via the Typhon Tracking case logs.

Table 1. NETWORK SCORING SYSTEM – 9 point (modified July 2010)

Points	STUDENT CLINICIAN PERFORMANCE	CLINICAL INSTRUCTOR SUPPORT
1	ABSENT SKILL or implemented with difficulty. Efforts to modify behavior unsuccessful. Demonstrates incomplete understanding of clinical disorder/process. Observes & assists instructor. Difficulty evaluating self. Difficulty focusing on client's needs.	MAXIMUM INSTRUCTION. Direct instruction, background info and demonstration necessary all/most of time. Client service is provided by clinical educator.
2	EMERGING SKILL. Efforts to modify behavior occ successful. Needs instruction to modify skill. Implements skill if previously discussed/modeled. Focused primarily on own needs not client needs. Limited self-evaluation skills.	CONSTANT DIRECTION. Helps student understand relevant client needs majority of time. Clarifies priorities. Some assistance/demo is needed during session. Provides post-session input to facilitate appropriate follow-up. Facilitates student self-evaluation.
3		
4	INCONSISTENT SKILL. Skill is under-developed. Implemented appropriately but inconsistently. Does not independently modify behavior during session. Post-session, student aware of need to modify behavior, and able to identify <u>some</u> solutions, but may not be optimal methods.	ONGOING GUIDANCE. Oversees session plan. Occasional input needed during session to insure accurate, appropriate, and optimal services. Focus on increasing student awareness of when/how to improve the skill. Instruction frequently required to facilitate understanding of client needs
5		
6	CONSISTENT WITH OCC PROMPTS. Skill implemented appropriately <u>most</u> of the time. Working on refining skill (i.e., increase consistency, efficiency, <u>or</u> effectiveness). During session aware of need for change and modifies behavior <u>some</u> of time. Initiates new suggestions <u>some</u> of the time.	INTERMITTENT PROMPTING. Monitors student performance & plans. Gives prompts regarding client needs & possible alternatives to consider <u>some</u> of time. Seldom intervenes during session.
7		
8	CONSISTENT & CAPABLE. In most situations: implements skills consistently & proficiently; modifies behavior as needed; demonstrates independent clinical problem solving. Generates accurate self-evaluation.	REGULAR OVERSIGHT. Supervisor confirms student hypotheses & plans most of the time. Collaborates with student regarding client needs & suggests alternative areas to consider some of the time. Promotes student independence.
9	EXCEPTIONAL. Skill consistently implemented independently & competently. Takes initiative in case management. Self-evaluation insightful.	COLLABORATIVE INPUT. Supervisor provides input when student indicates they need assistance in a specific area. Supervisor plays role of an advisor. Provides mentoring to support growth.

Table 2. OUTPLACEMENT SCORING SYSTEM (modified July 2010)

Points	STUDENT CLINICIAN PERFORMANCE	CLINICAL INSTRUCTOR SUPPORT
1	EMERGING SKILL. Efforts to modify behavior occasionally successful. Needs instruction to modify skill. Implements skill if previously discussed/modeled. Focused primarily on own needs not client needs. Limited self-evaluation skills.	CONSTANT DIRECTION. Helps student understand relevant client needs majority of time. Clarifies priorities. Some assistance/demo is needed during session. Provides post-session input to facilitate appropriate follow-up. Facilitates student self-evaluation.
2	INCONSISTENT SKILL. Skill is under-developed. Implemented appropriately but inconsistently. Does not independently modify behavior during session. Post-session, student aware of need to modify behavior, and able to identify <u>some</u> solutions, but may not be optimal methods.	ONGOING GUIDANCE. Oversees session plan. Occasional input needed during session to insure accurate, appropriate, and optimal services. Focus on increasing student awareness of when/how to improve the skill. Instruction frequently required to facilitate understanding of client needs
3		
4	CONSISTENT WITH OCCASIONAL PROMPTS. Skill implemented appropriately <u>most</u> of the time. Working on refining skill (i.e., increase consistency, efficiency, <u>or</u> effectiveness). During session aware of need for change and modifies behavior <u>some</u> of time. Initiates new suggestions <u>some</u> of the time.	INTERMITTENT PROMPTING. Monitors student performance & plans. Gives prompts regarding client needs & possible alternatives to consider <u>some</u> of time. Seldom intervenes during session.
5		
6	CONSISTENT & CAPABLE. In most situations: implements skills consistently & proficiently; modifies behavior as needed; demonstrates independent clinical problem solving. Generates accurate self-evaluation.	REGULAR OVERSIGHT. Supervisor confirms student hypotheses & plans most of the time. Collaborates with student regarding client needs & suggests alternative areas to consider some of the time. Promotes student independence.
7		
8	INDEPENDENTLY COMPETENT. Skill implemented independently, competently, & consistently. Takes initiative in case management. Self-evaluation insightful.	COLLABORATIVE INPUT. Supervisor provides input when student indicates they need assistance in a specific area. Supervisor plays role of an external advisor. Provides mentoring to support growth. Serves as licensed professional.
9	EXCEPTIONAL. Highly proficient. Able to problem solve with ease in challenging cases. Automaticity & efficiency in managing caseload. Takes full responsibility & initiative for all duties. Solicits input from colleagues appropriate to areas of expertise.	COLLEGIAL RELATIONSHIP. Instructor seeks advice from student clinician. Discusses clinical challenges. Supports professional growth through guidance towards goals. Creates opportunities for continued learning.

Typhon Allied Health Student Tracking System

The CSD department uses the Typhon Group web-based system for clinic administration and tracking of SLP and AuD clinical education. Annually the department pays a licensing fee for each discipline (SLP, AuD). Students pay a one-time fee that covers their use of the program across their entire graduate program through 5 years post-graduation. Students receive initial training on Typhon during Clinic Orientation prior to the start of the program.

The Typhon system is used for many different purposes, here we will focus on a few of the features which are used frequently by students and Clinic Coordinators/Administrators to help ensure that all clinical education requirements are tracked across the program and met. Across the first term it will be important for you to take time to learn how to use Typhon effectively.

Measurement and Tracking of Clinical Competencies

Formative Assessment. The EASI component of Typhon is used to administer the Formative Assessments of student clinician performance at midterm and end of term. Clinical instructors access the appropriate forms via the web, and students access self-evaluation forms via the EASI link in their Typhon home page. Across a student's program their self-evaluations and clinical instructor's evaluation forms are housed in Typhon 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 Formative Assessment forms) and to communicate with the appropriate Clinic Coordinator 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 objective of the midterm evaluation is to define goals for the remainder of the term. 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. The appropriate Coordinator (AuD; SLP) should be contacted by the student clinician immediately **if an instructor copies the student's self-evaluation form** and submits it as their own evaluation of student performance. 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 supervisor and student will again use the appropriate *Formative Assessment* forms survey to complete an end of term evaluation/self-evaluation. The clinical instructor and student will meet for a discussion of the student's performance. SLP Students are also required to create at least three different artifacts and AuD students are required to create at least 1 artifact. These are uploaded to the Typhon electronic portfolio each term (see details in Electronic Portfolio section).

Although we are moving towards paperless documentation students are required to submit the following original hard-copy items either weekly, or at the end of each term to the Clinical Administrator.

- Signed hours log, with clinical instructor initials and signature on bottom of each page-weekly
- Signed Observation Log – end of term
- Core Clinical Skills form (copy turned in, until the entire form is completed when the original is turned in)- end of term
- Print out of Page 1 of student's *Evaluation of Clinical Teaching* completed on each clinical instructor (due 3 weeks before end of the term with you name on I & turned in to CSD office) – used to track completion of this requirement

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 Clinic Coordinator until all required paperwork has been turned in. Missing paperwork will result in an "I" (incomplete) grade for clinic. Copies of midterm paperwork may also be retained when there are concerns about a student's performance in practicum. *Students are required to make & retain copies of all clinical paperwork for their own files before turning in original items to the Clinic Administrator.* Note that all hours logs (contact time and observation time) must be written and signed in ink, NOT PENCIL, as these are legal documents.

Clinical Competencies. In the Case Logs (see *Tracking Patient/Client Contact Time* section) students will self-report their participation on key skills on a patient by patient basis. SLP & AuD students are required to accurately record the clinical competencies section for 100% of the cases logged in Network and Outplacement clinics (not externship). The major heading categories for competencies in speech/language pathology and audiology are listed on the right hand side of the electronic Case Log forms. Students should click on the broad category names relevant to each case and indicate which sub-skills they have *observed, assisted, or performed independently*. At the end of the graduate program SLP students will attach a summary of the competencies information to their student file to provide evidence of the clinical skills participated in across the graduate program.

Electronic Portfolio. All students will create an electronic portfolio in Typhon to document achievement of clinical competencies. Each semester prior to initiating contact with their new clinical instructor they will update the portfolio. For the Audiology program, the CSD office will provide the instructor with a professional introduction to the student via a link to the student's electronic portfolio.

The Typhon electronic portfolio system includes the option of creating up to 10 different pages of materials. Students often use the Home page to post their updated vita. Examples of common sections in the portfolio used by students in the past are listed in Table 3. Each semester SLP students are required to create at least 3 different artifacts and AuD students are required to create at least 1 artifact, which demonstrates significant areas of growth/accomplishment in their practicum experiences that term. Artifacts should be shown to the clinical instructor at the end of the term (in the wrap-up meeting) with items de-identified in terms of client, supervisor, and site identification to ensure that HIPAA guidelines are followed. **All clinical portfolio items must be de-identified.**

Electronic portfolio items will be reviewed by the Clinic Coordinator during clinical advising sessions and through email exchanges on a periodic basis. At the end of the program the portfolio will be reviewed as part of the clinic check-out process.

TABLE 3. SAMPLE SECTIONS FOR ELECTRONIC PORTFOLIO

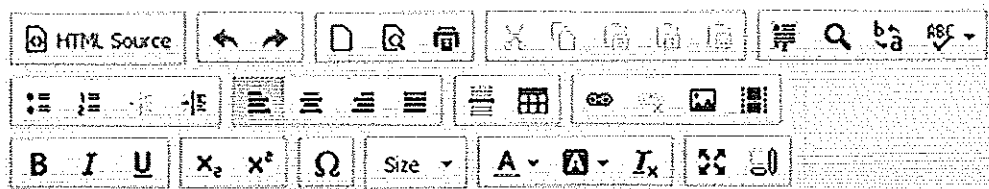
DISCIPLINE	POSSIBLE CONTENT AREAS	EXAMPLES OF ARTIFACTS
SPEECH- LANGUAGE PATHOLOGY	Home Page	<ul style="list-style-type: none"> • Photo (head-shot) • Vita summarizing academic courses and practicum work completed to date (updated each term)
	Diversity of Caseload	<ul style="list-style-type: none"> • Typhon Graphical Summary (PDF) of overall experiences (PDF updated each term) • Excel spread sheet: Clinical Hours tracking form (PDF updated each term) • Document presenting examples of various adult/pediatric cases one has worked with describing disorder type, age, & focus of the clinical services provided
	Cultural Linguistic Diversity	<ul style="list-style-type: none"> • Reference sheet for Somalian speech sound system • Cultural Guidelines: working with families from Orthodox Jewish backgrounds • Sample GFTA-2 results with interpretation incorporating AAE dialectical variation considerations • Diet recommendations related to swallowing disorder with consideration of family's cultural background
	Prevention/ Screening Skills	<ul style="list-style-type: none"> • Screening: Summary describing screening experiences to date (across pediatric & adult practicum & community screens. • List of screening techniques and tools used with self-rating of competency level • Prevention: <ul style="list-style-type: none"> ○ Handout created regarding swallowing recommendations ○ Vocal Hygiene Guidelines (created in Voice Disorders) ○ Phonological Awareness lesson plan for kindergarten class ○ Training program for nurses on swallowing rec. for a patient
	Assessment Skills	<ul style="list-style-type: none"> • Sample dx reports (de-identified) for adults and children • Self-Rating Summary of Diagnostic Tools: summary of dx tools administered (adults; pediatrics) and self-rating on competency level with each tool
	Treatment Skills	<ul style="list-style-type: none"> • Sample progress notes/reports (de-identified) for adults and children • Sample lesson plan for collection of target areas • Sample cueing hierarchies developed for working with children with autism • Description/Listing of treatment techniques used with various populations • Comps case clinical write-up
	School Practicum Artifacts	<ul style="list-style-type: none"> • Sample ER and IEP • Sample group treatment lesson for children with speech sound goals • Sample data collection form for group treatment • Curriculum-based lesson plan for teaching target vocabulary for science lesson on planets (3rd grade level) • Visual schedule system (used in classroom for children with autism)

<u>Audiology</u>	Home Page	<ul style="list-style-type: none"> • Photo (head-shot) • Vita summarizing academic courses and practicum work completed to date (updated each term)
	Diversity of Caseload	<ul style="list-style-type: none"> • Typhon Graphical Summary (PDF) of overall experiences (PDF updated each term) • Excel spread sheet: Clinical Hours tracking form (PDF updated each term)
	Screening Skills	<ul style="list-style-type: none"> • Screening: Summary describing screening experiences to date (across speech/language and hearing screening experiences). • List of screening techniques and tools used with self-rating of competency level
	Assessment Skills	<ul style="list-style-type: none"> • Sample dx reports (de-identified) for adults and children • Self-Rating Summary of Diagnostic Tools: summary of dx tools administered (adults; pediatrics) and self-rating on competency level with each tool • Examples of test findings and interpretation
	Treatment Skills	<ul style="list-style-type: none"> • Sample progress notes/reports (de-identified) for adults and children • Sample treatment plan for collection of target areas • Description/Listing of treatment techniques used with various populations • Description of amplification treatment outcomes

Students in the past have found that there are a few tricks to posting items into the Typhon electronic portfolio. Documents up to 2 MB in size can now be uploaded in Typhon (effective July 2013). Below is information from Typhon regarding how to best format portfolio items:

NEW WYSIWYG FORMATTING PANEL

Take a look at the many new and updated features that now appear in our "WYSIWYG" (What You See Is What You Get) formatting panel in EASI and the My Portfolio system.



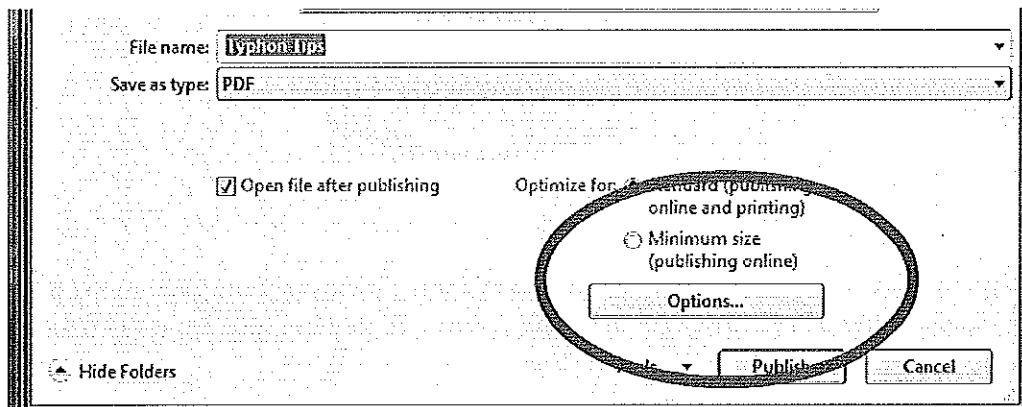
Some of the highlights include:

- Paste from Word with preserved formatting
- Spell check as you type
- Table creation
- Find and replace functions
- Quick embed of media/videos

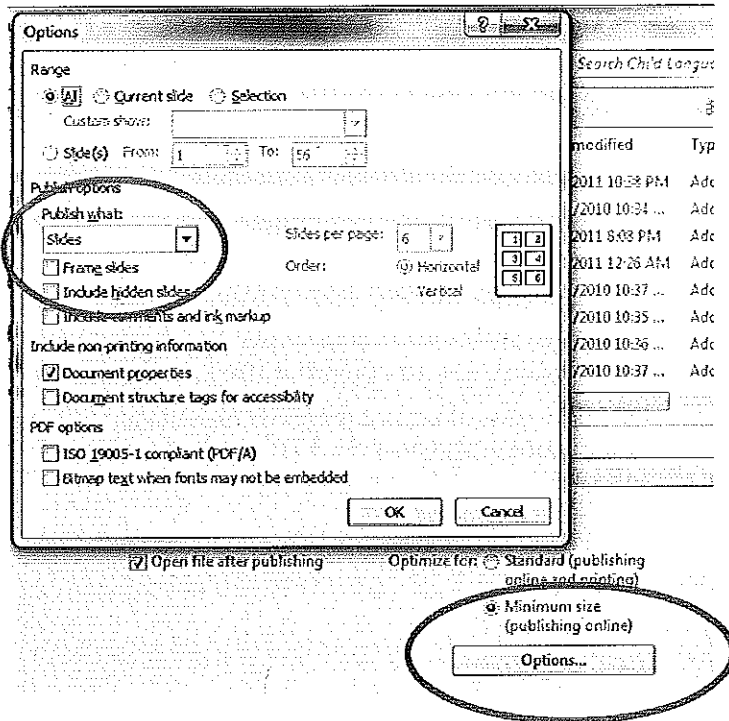
Additionally, the information below was organized by SLP alumni Rebecca Owens to help students input their content into the Typhon Portfolio with ease.

General Tips: Typhon Electronic Portfolio

1. Do NOT copy and paste from Word, formatting will not work properly.
2. Convert documents to PDF files, they will be smaller and will be easier for any individual visiting your site to access.
3. Most Microsoft Office programs will allow you to convert a file to a PDF by selecting Save As --> PDF, once you have made this selection there should be an option to Optimize for: Standard Publishing or Minimum Size. Select minimum size as Typhon has a size restriction of 2 MB.



4. If your file is still too large there are simple steps to try to minimize the size.
 - a. Include only relevant portions of the document.
 - b. Delete any images or use lower resolution media.
 - c. Try using a different program: a brochure that is too large when converted to a PDF from Microsoft Word may be the right size when recreated in Microsoft Publisher and converted to a PDF.
5. When converting power points to PDF documents you can convert them as slides OR as handouts. To convert to a PDF handout, select Save As > PDF then click 'Options' once the 'Options' box has opened find the drop down menu titled 'Publish what' and select Handouts. Again remember to select 'Optimized for Minimum size'.




6. For documents that are not on your computer there are several options: items can be scanned, you can take a picture and paste pictures into a word, or you can use the copy machines in Forbes Tower that convert documents into PDF files.

7. You will need to upload any documents you wish to use to Typhon. You can do this by logging into Typhon, on your home page there is a section titled Other Logs & Reports, in this section select 'My External Documents'. When you upload documents identify the type of document as a 'My Portfolio' document. Typhon will ask you for a brief description of the file. Make sure the description is clear as this will serve as the file title and you will want to be able to quickly and easily identify which document you want when you are making links in your Portfolio. See information on the next page for detailed steps on how to upload documents with links developed by SLP alumni Leah Nestlerode

8. For more information watch the My Portfolio tutorial on the Typhon website, consult with other students, and make use of any sample portfolios made available!

HOW TO UPLOAD DOCUMENTS INTO PORTFOLIO ON TYPHON

- Login to Typhon
- Under '*Other Activities and Reports*': click on **My External Documents**.
- On the top left, click **Add Document**.
- Fill in all of the relevant information regarding the portfolio item (i.e. date created, clinical site, etc.)
- Select **Save Data**.
- Your portfolio item is now saved to your external documents. If you are uploading more than one portfolio item, add all the documents at the same time before going to the next step. It saves you time later.
- Go back to the main menu.
- Click on **My Portfolio** under '*Other Activities and Reports*'.
- Scroll down to '*Page Titles & Editing*'. This is where you will upload the artifacts. You can divide the pages up however you'd like (i.e. clinic site, ax/dx/screen, etc.) I found using clinical sites was easiest, with extra pages for multicultural and screening if needed.
- Choose the page you would like to upload an artifact and select **Edit Page**.
- On the right side of the screen, scroll to the bottom. There will be a list of all of the external documents you have uploaded, with links for each. Select the link and copy it for the artifact you want to upload.
- Type the title of the desired artifact into the blank field on the left. Then you will highlight the title of the artifact, and click on the 'insert link' symbol . A box will appear which is where you paste the link you just copied. Click OK.
- The title you typed should appear in blue, underlined. This means the link is active, and will go to your artifact. Underneath each title of the artifact that you create, type when it was completed, the source, and your rationale for choosing to include it in your portfolio.
 - Here is an example of what it might look like.

Cultural Diversity Observation

Completed: Summer 2013

Source: Pittsburgh Obama PreK Program, Pittsburgh Public Schools

Rationale: This artifact narrates my experience observing in a culturally diverse classroom. I gained a lot of insight from this experience honing in specifically on the diverse children. I was able to get a view of what accommodations are or are not being made for these children in the classroom, how they communicate with their peers, and what changes I would have implemented as a speech-language pathologist to really help these kids succeed.

- Repeat this process for all artifacts, being sure to group them accordingly. When you return to the My Portfolio page, you can preview each page. Do this to be sure you like the way it looks, and the links actually work.

Note: Try to keep your artifacts small. If the documents are too large, they will not upload. You can compress PDF documents if you need to, but it is easier to just avoid it if you can, and choose small, simple artifacts that showcase your abilities.

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 (see Table 6 for SLP hour categories). They are also required to have their instructor confirm the contact time daily in Network placements and weekly in outplacements. Follow the instructions below for SLP and AuD students regarding tracking of daily/weekly hours.

SLP Students: If you are in **paired clinical experiences** – you may only log contact time for hours when YOU are the clinician. If client time is shared between two students it is divided between the two students. Example: if the client is present for 60 minutes, the total time logged between two students cannot exceed 60 minutes (e.g., Student A can get 30 minutes and Student B can get 30 minutes). If there is a situation where you are paired and one of you is working with a parent/spouse and the other student is working with the client – you can each get the time spent with those individuals (example: patient is there for one hour, one student works for 60 minutes with patient and logs that time; other student interviews the parent for 30 minutes and gets 30 minutes).

AUD Students: Recorded clinical practicum hours can include direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. In a clinic session where there is more than one student, the contact time may be credited to both students if each student is engaged simultaneously in different aspects of the patient care (example: patient is seen for 20 minutes, one student is making earmold impressions while a different student is ordering hearing aids and completing record keeping activities).

When you are conducting **group therapy or large group screenings** with multiple patients simultaneously (e.g., group language treatment in a school setting) follow these steps for tracking hours:

- Record the group time on your hard copy or electronic log in one column, clearly indicating “group” where the client initials go.
 - When you create the Typhon case log check the “GROUP” box at the top of the case log form and record it as a “group interaction”.
 - SLP students should maintain a log in your clinic notebook noting each client’s initials AND details about what each patients focus was
 - SLP students should put the initials of the patients involved in that group interaction in the notes section of Typhon case log

INSTRUCTIONS FOR SLP STUDENTS

1. Use the yellow Case Log forms to record your contact time on site daily & have your supervisor initialize the contact time BEFORE you leave the site
 - a. At the end of the week draw a dark (using a marker) vertical line to better delineate one week from the next on the log form
2. At the end of each week, Xerox the current copy of your case log form & turn it into the Alphabetized File folder for SLP students on the counter at the front desk in FT 6035 (or deliver it to the CSD Department drop box if the office is closed). Be sure to put your hour’s documentation into the correct folder. Weekly logs must be turned in within two weeks of being completed
3. For each patient/patient group seen for contact time, create a CASE LOG in Typhon.
 - a. When seeing the same patients across different sessions, be sure to use the “link” feature in Typhon, which will help reduce some of the repetitive fields which need to be completed for each case
 - b. Always put the initials of the client(s) in the NOTES section of the case log

Be sure to go into the Clinical Competency fields to check off which competencies you “observed”, “assisted”, “performed”.

SLP students are provided with an excel Clinic Tracking form that they will update each term, allowing them to track their progress towards meeting department and ASHA contact time requirements.

INSTRUCTIONS FOR AuD STUDENTS

1. RECORD DAILY CONTACT TIME IN ONE OF TWO WAYS:

- Use the **hard copy Hours Log Form** to document the time and competencies associated with each patient so that there is an accurate delineation of clinic time by sub-categories. Have the clinical instructor initial the hours daily to confirm them. Then enter your data into the Typhon Case Log system by the end of the week and bring a print out of the hours for the week to your instructor for their signature
- **On Site Case Log Data Entry.** Students can enter their contact time into Typhon from their smartphone or via the web using the Case Log formats that are in the Typhon System. If the site is amenable to the student using a computer, you can enter the hours into the computer, print it out for the day and have your instructor sign off on the hours for that day
- **IN EITHER CASE YOU MUST TURN IN SIGNED HOURS FROM CLINIC EVERY WEEK OF THE TERM. IF YOU DO NOT HAVE SIGNED HOURS TO TURN IN ON ANY GIVEN WEEK YOU MUST TURN IN AN EXPLANATION OF WHY YOU HAVE NO HOURS TO REPORT E.G “was ill this week, clinic cancelled by instructor, holiday, etc...”.**

2. **Weekly logs, with instructor signature, should be turned in to the File folders** in FT 6035 (or labeled and put in the drop box if the office is closed). Note there is one Alphabetized folder for AuD students. Be sure to put your hour’s documentation into the correct folder. Weekly logs must be turned in within two weeks of being completed. All students enrolled in clinic must turn in either a signed weekly log, or a note/documentation of why no logs were submitted.

3. Case logs from each week of clinic, **or explanation of absence**, are considered a requirement for successful completion of the credits associated with clinic.

4. For each patient/patient group (screenings should be entered as a group) seen for contact time, create a CASE LOG in Typhon.

- c. When seeing the same patients across different sessions, be sure to use the “link” feature in Typhon, which will help reduce some of the repetitive fields which need to be completed for each case
- d. Always put the initials of the client(s) in the NOTES section of the case log
- e. Be sure to go into the Procedures/Skills fields to check off which competencies you “observed”, “assisted”, “performed”.

Please note that the Typhon system is set so that students can only enter contact hours within 7 days of being completed. If a student does not complete their logs within that time frame those hours will be lost. That is, they will not be added into the student’s case logs and will not count towards CSD and ASHA clinical

education requirements. Students should remember to enter all pre-approved “extra” contact time experiences (i.e., community screenings; counter discipline hours with CSD Screening team) within the 7-day window as well. The case logs will be locked (so they cannot be modified) AFTER 10 days from entry.

It is the student’s responsibility to ensure that case logs are current and up to date at all times. Students and clinic administrators are able to track a student’s progress on patient contact time requirements by running “Graphical Summaries” in Typhon, and then filtering those hours by adult-only, and pediatric- only filters. This provides students and the program with up to date information on a student’s progress towards meeting clinic hour requirements across the program. The time stipulations for case log creation and data entry are used to help students keep their contact time up to date.

Note that during the first year of the program (Network Practicum) students do not need to focus on “hours” as much as they need to focus on learning and acquiring Basic Clinical Skills and Core Clinical Skills. For SLP students, beginning when they transition to outplacement practicum, it becomes critical to carefully and frequently monitor contact time progress at each outplacement. For example, when students have their adult outplacement they must monitor their clinic hours frequently to ensure that they meet all adult hour requirements in each area for minimum hour requirements).

SLP students will enter a summary of their clinical hours onto the *Clinical Hours Tracking Form – SLP* (Appendix B) at the end of each term to allow for on-going monitoring of progress on meeting clinical hour requirements (an electronic copy of the excel-based *Clinical Hours Tracking Form* is stored in the ProSem Courseweb site in the Tracking Forms section). If there are challenges getting hours in specific categories students should talk to their Clinical Coordinator and their clinical instructor to see what steps can be taken to help, ensure that they meet the hour requirements. At the same time, students need to focus on meeting clinical competencies and becoming more independent in clinical service delivery.

For AuD students, there is ample time to complete contact hour requirements across Outplacement and Externship practicum experiences. AuD students will want to work with the clinic coordinator to ensure that they obtain a range of different clinical experiences and meet all clinical competencies.

Clinic Administration Tools

Current Contact Information. The Typhon system is used as the primary data base of student contact for current and alumni students in the AuD and MA-SLP programs. **Therefore, it is critical that students keep their contact information up to date in Typhon while in the program and for five years post-graduation.** Students should periodically go to the YOUR ACCOUNT Section on the right side of their Typhon main page and check the information in the *Account Settings & Defaults* link. Contact information including current address, phone numbers, and alternate email addresses should be correct at all times. When you start the program please complete the address, phone number, and alternate email fields. Then make sure you keep this information current, even after you graduate. Be sure to include your alternate email address (at the bottom of that page—scroll down), which will be used for communicating post-graduation information to you from our department.

Tracking of Clinical Paperwork & Post-Graduation Employment. The Typhon system is used to track student paperwork including updated medical examinations, TB testing, clearances (PA Criminal; PA Child Abuse; FBI Clearance), HIPAA training, and CPR certification. Again in the *Account Settings & Defaults* section of Typhon, students should scroll down to see the paperwork requirements which must be current at all times while participating in clinical education activities. The date recorded in the boxes indicates the last date when the paperwork is considered “current”. Additionally, students are required to upload copies of their clearances and certificates for required training modules (CPR, HIPAA, Reporting Child Abuse). **STUDENTS SHOULD NOT UPLOAD ANY FORMS THAT INCLUDE HEALTH /MEDICAL INFORMATION INTO TYPHON.** Hard copies of all required paperwork must be turned in to the CSD department.

According to Pennsylvania law and SHRS Affiliation Contracts with our clinical education sites, information must be current within one year; although some sites require currency within 6 months. Sixty days prior to one of the requirements being considered out of date, you will see a note in the MESSAGE section of your Typhon home page (lower right hand corner). Be sure you scroll down periodically on your home page, so that you notice those announcements. The warnings are there so that you can take the necessary steps to keep your paperwork up to date so that you will be able to remain in clinical education activities across the program. Prior to updating any of the items check in with your Clinic Coordinator to ensure that you have an understanding of which requirements need to be renewed and where/how to renew them – this is important because state and University requirements may change. Students should upload copies of all required clearances/certifications to Typhon. **STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE IN PRACTICUM WHEN THEIR PAPERWORK IS NOT CURRENT AND COMPLETE.** Under these circumstances, clinic absences will be considered **unexcused**. This may result in extending a student’s program. **Additionally, a student’s score in clinic can be lowered if they are unable to attend clinic because they did not ensure that requirements were current and complete at all times. This circumstance puts students at risk for a failing clinic score.**

Clinical Site Directory & Clinical Instructor Directory. Typhon provides the CSD 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 Typhon 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). The *Clinical Instructor Directory* will provide you with the contact information to confirm your placement with a new instructor.

EASI Survey System. In terms of other Typhon features used frequently by students, the EASI section of Typhon provides a vehicle for conducting a variety of survey instruments including the following (in addition to Formative Assessment of Clinical Competencies):

- To request a Clinic Placement for an upcoming term
- To evaluate clinical instructors (Evaluation of Clinical Teaching form)
- To complete required Self-Evaluations of clinical performance two times each term

Students receive an email from the appropriate Coordinator telling them when each of these tasks should be done along with the deadline for completion. Students access the appropriate form through the **My Evaluations & Surveys** section of their Typhon home page. For each of these forms students must remember the following features of Typhon:

- To save the form before exiting Typhon if it is only partially completed
- To click 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. The Typhon System 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 instructor (their email link and phone number should be visible in the **My Schedule** section of Typhon, after clicking on “Upcoming” and “Expand”.

PART II: PREREQUISITES TO CLINICAL EDUCATION

The sections below describe activities and requirements which must be met prior to and throughout participation in clinical education courses.

Email Communication

CSD students are required to use only their University of Pittsburgh email account for communication related to academic and clinical education. **All email communication between the CSD Faculty, Clinical Coordinators, clinical instructors and practicum students will occur only via the Pitt email system.** Students are expected to check their student email account regularly and respond in a timely manner to communications sent by faculty/staff. Faculty are not permitted to communicate with students via personal email accounts such as Gmail or Yahoo. Note that Pitt email forwarded to some accounts (e.g., a Yahoo account) often results in a BOUNCED message, leaving the student uninformed of critical information. Thus, if you are forwarding your Pitt email to another account it is important that you check your Pitt account directly for messages. Additionally, the Pitt accounts allow for limited storage capacity for each student. It is important to empty your Pitt mail account regularly.

Practicum Registration

Only graduate students are eligible for participating in clinical education activities in the CSD program. Students must be enrolled in one of the practicum courses (CSD 2065, 2056, 2066, 2057, 2656, 2659 or 2067) for the number of credits appropriate for their assignment. When enrolled in Network practicum students are typically registered for 1-2 credits. One credit of Network practicum covers one assignment and typically includes approximately two hours of patient contact time and two hours of clinical teaching time per week. The day/time of each Network assignment varies in relation to the Network Instructor's caseload and setting, with placements ranging between ½ to 1 full day/week.

There are different section numbers of Network Practicum courses (CSD 2065 and 2056) for specific Clinical Faculty members. To ensure that students are registered for the correct section of Network Practicum, they should not register for that course until the Clinic Coordinator has made their Network Practicum assignment and told them via the Typhon scheduler 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, section, and credits prior to the add/drop period. Registration errors can lead to an "I" grade (incomplete) or missing grades, resulting in possible graduation delay and/or extra expense.

Outplacement Practicum credit varies in relation to the number of days per week at the site. One credit covers up to one day/week of Outplacement practicum in Fall & Spring terms. When students are enrolled as full-time students during the Fall and Spring terms, they may register for the maximum number of practicum credits possible for the scheduled experience they are assigned without going into "overload" status (over 15 credits). For example, if the student is enrolled in 13 credits of academic coursework, and they want a 3 day/week outplacement, they may register for 2 credits of outplacement practicum but participate in training 3 days per week. Registration for Summer term Outplacement Practicum follows a somewhat different formula as the term is only 12 weeks in length. The formula is: 1 credit = up to 2 day/wk of outplacement practicum, 2 credits = 2 ½ to 5 days/week outplacement practicum.

Observation Requirements

Observations of certified professionals providing services to clients with communication disorders help students develop an understanding of the disorders, the clinical processes and the professional's role. Students

often participate in some observational experiences *before* participating in patient-contact time at the start of a term and observations may occur at other times throughout their clinical training activities. Client observations should be supplemented by post-session discussions with the professionals providing the services, and/or by post-session reflections completed by the graduate student clinician.

Before starting practicum training, CSD students must complete at least 15 hours of observation of clinical activities, with at least 10 of those being within their discipline area (SLP or Audiology). Students who have not met the minimum observation hour requirements prior to the start of the graduate program may not be able to begin clinical education the first term of the graduate program.

Observation activities (live or through video-taped sessions) should include experiences with varied age levels and disorder types, and should include evaluation and treatment activities. Observation hours completed in undergraduate programs or through community visits can count towards the 15-hour requirement if the observations were completed with ASHA certified professionals. A copy of the documentation of observation experiences must be given to the CSD Clinical Administrator (Tonya Martin) for filing in the student's CSD folder before the student participates in practicum training. (See requirements of the documentation below.)

Students are required to document the observation hours completed at each practicum assignment *each term* using an observation log form, turning them in with end-of-the-term paperwork). AS part of CAA requirements SLP students are required to complete a minimum of 25 hours of observation in their discipline. **OBSERVATION HOURS MUST CONTINUE TO BE DOCUMENTED EVEN AFTER MEETING THE 25 HOUR REQUIREMENT.** When a student spends some time with a patient as an observer, and other portions of the time engaged in patient contact time, they record observation time on the Observation Log and contact time on the hard copy Case Log form both of which are then entered into a Typhon Case Log. Observation hours completed without contact time are only documented on the hard-copy observation logs.

Documentation of observation experiences completed *during the graduate program* should minimally include the following information:

- Date (month, day, year)
- Client age characteristics: (I/T = 0-2 yr, PK = 3-5 yr, SA (school age) = 6-18 yr, EA (early adult) = 19-29, MA (middle age) = 30-64, GR (geriatric) = 65+ years)
- Diagnosis/communication disorder
- Length of observation in minutes
- Name, signature, and ASHA certification number of the professional who supervised the observation

Documentation of observation hours are turned in at the end of each semester with copies maintained by the student.

Academic Background

Students must have completed the majority of post-baccalaureate academic requirements at the undergraduate level (see Academic Handbook) prior to enrollment in practicum. SLP students must be enrolled in or have completed the *Introduction to Clinical Decision Making* course when initial practicum experiences begin.

Communication Competency Requirement

Before participating in clinical practicum, students must be able to comprehend and communicate intelligibly and effectively in 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 English writing that is grammatically correct and uses basic rules of technical writing (e.g. punctuation; capitalization) appropriately.

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 Clinic Coordinators/Director 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 appropriate Clinic Coordinator's attention immediately. A student may initiate discussion regarding their 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 (SLP)

Graduate students in speech-language pathology are expected to have an audio-recording device to record speech/language behaviors in clinic. Many students use a recording App on their phone for this purpose. Clients must provide permission before recordings are made and HIPAA guidelines related to recording speech must be met. Audio files should be deleted once the student has recorded the needed data.

Professional Liability Insurance

All student clinicians will carry malpractice insurance through a policy written for the University. Students purchase the policy through the School of Health & Rehabilitation Sciences. The policies run from August 1 through July 31. Students will be charged for this liability insurance on the Fall tuition bill annually. The insurance covers each student for claims up to five hundred thousand dollars (\$500,000). Because this plan is comprehensive and relatively inexpensive, our program has opted to take advantage of the University group insurance. There is no discount for part-time coverage. ***Students may not engage in clinic practice unless this obligation is met each fall.***

Medical Clearances & Drug Screening

All students participating in practicum through the School of Health and Rehabilitation Sciences (SHRS) must have a medical examination by a physician including blood work and appropriate immunizations. Physical exams and TB Mantoux (two-step) test series must be done annually. The CSD department uses an adaptation of the SHRS Health Appraisal form plus a Children's Hospital medical verification form which are sent to students electronically. There is one version of the CSD-SHRS form for the initial physical (used when you begin the program) and one for subsequent annual physicals. Both forms should be completed by a physician with the following steps taken:

- Students will **retain original forms**; some clinical training sites will ask the student to provide this documentation.
- TB testing is required annually (two-step)
- Students must bring a copy of the initial form and annual updates to the CSD Clinic Administrator so that documentation of the date of the physical exam and the TB tests can be entered into Typhon. Students should not upload their medical forms into Typhon.

Documentation requested by clinical sites (e.g., medical; clearances; HIPAA) will be provided by the student to the facility, not by the CSD Department or any department of the University of Pittsburgh. *Students may not engage in clinic practice unless there is a current (within the last 12 months) medical examination form on file at all times.*

An increasing number of 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 may be available through the site, or may need to be obtained at a community site.

Below is a summary of drug screening options (last updated May 2015):

DRUG SCREENING OPTIONS

(Updated 7/19/17)

Students placed at some sites will be required to complete drug screening tests. Currently CRS sites (including UPMC Mercy; UPMC Passavant), Allegheny General and some school districts require drug testing. It seems like they are looking for a **5-STEP PANEL DRUG SCREEN**. Your first steps in the drug screening process include:

- Check your health insurance plan to see what they cover in terms of costs and whether they have specific providers you should go to if using your insurance plan.
- Check with your family physician to see if they have a particular referral source for the drug testing.

Drug screening options in the greater Pittsburgh area include:

1. QUEST DIAGNOSTICS – Requires a physician referral/prescription. Note that Student Health will schedule you with a physician to write a prescription so that you can get it done at quest diagnostics. (The student health visit is free as long as you are a full time student – full-time in the summer for grad students is 9 credits. If you are taking fewer than 9 credits you could pay \$85 fee – whereby you could use Student Health services all summer, and then could get the Rx for the screen.

The drug screen through Quest is covered by Pitt Student Health Insurance. If you have to self-pay for an 8-panel tox screen at Quest they charge \$298.70

To find the Quest Diagnostic location closest to you <http://www.questdiagnostics.com/home/patients.html>. While they take walk-ins, it is recommended that you make an appointment for efficient services.

University Center
 120 Lytton Ave Ste. 100C Pittsburgh, PA 15213
 Phone: (412) 681-7669 Fax: (412) 681-7672
 Hours: 8:00 am - 4:30 pm (Monday-Friday)
 Drug Screen Hours: 10:00 am - 4:30 pm (Monday-Friday)

2. **MED EXPRESS.** A physician referral/prescription is not needed and they do not take insurance. Need a letter from the department confirming you need this for clinical and not for personal needs (the fee will then be \$35). Contact your clinic coordinator for a letter 48 hours before you intend to go

- \$37.50 for a 5-panel drug rapid screen (with Department referral letter)
- \$57.50 for a send out 5-panel drug screen

Closest one to campus is at 5201 Baum Blvd Pittsburgh, (412) 687-3627 <https://www.medexpress.com/>. No appointment needed, but suggested. This site is on the Pitt shuttle bus line.

3. **CONCENTRA URGENT CARE** – near the Holiday Inn in Oakland. Before going over it is recommended that you call to confirm the above details

University Center
120 Lytton Ave Ste. 275 Pittsburgh, PA 15213
Phone: (412) 621-5430 Fax: (412) 621-5460
Hours: 8:00 am - 5:00 pm (Monday-Friday)

Concentra has other locations throughout the USA, including the Pittsburgh area:
<http://maps.concentra.com/corporate/>

Concentra operates on a "private pay" basis -

- \$74.00 for 5-panel (takes 2-3 days to get results back)
- \$70.00 for rapid 5-panel (for immediate results)

Cardio Pulmonary Resuscitation (CPR) Certification

Students participating in practicum through the School of Health and Rehabilitation Sciences (SHRS) are required to have completed a CPR training course, and to maintain current CPR certification. CPR training will be offered by SHRS every year during orientation for incoming and returning students. Documentation of current CPR certification must be uploaded by the student into Typhon. On-line only CPR training programs, or CPR training that focuses only on infants cannot be used to meet the CPR requirement for SHRS.



Clearances (Pennsylvania & FBI) & Mandatory Child Abuse Reporting

The School of Health & Rehabilitation Sciences (SHRS) requires that clinical students meet the background checks required by the state and for the site(s) in which they obtain their clinical education. In the Commonwealth of Pennsylvania anyone working with children or the elderly must have PA criminal background and child-abuse checks (Act 33/34). The Commonwealth of Pennsylvania (effective April 1, 2007) also requires anyone who works/volunteers/engages in interaction in a school setting (public &/or private school settings) or child care facility have current FBI background checks on file, therefore all CSD students are required to have current FBI checks. Changes in a student's status during the year (e.g., change in criminal history) should be reported by the student to the appropriate Clinic Coordinator immediately. *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.

There are several versions of the FBI check that Pennsylvania offers. First year CSD students should have the Department of Human Services (DHS)-FBI check as it is required by Children's Hospital of Pittsburgh, where a majority of our students participate in Network clinical education. During the second year of clinical education recommendations will be made by the Clinic Coordinators regarding whether individual students

should file for the DHS-FBI check or the Department of Education FBI check (required for the schools). The FBI checks can take up to 8-10 weeks to be completed the first time. *These procedures are required annually while enrolled in practicum training experiences in the CSD department.* Copies of clearances are required to be uploaded into Typhon annually by the student. Note that the FBI documentation indicates that it is an “unofficial copy”, as official copies are housed electronically.

State law requires that students and professionals who work with children 16 years old and younger are required to complete a Pennsylvania training module on *Mandated Reporting of Child Abuse/Neglect*. Protecting children from abuse and neglect in Pennsylvania is a shared responsibility. The University of Pittsburgh houses a training module that is used by professionals in western Pennsylvania (to meet Act 31 (of 2014) and Act 126 (of 2013) requirements). Prior to participation in clinic students are required to complete the training module, turn in a copy of the certificate & upload the certificate in Typhon. The training module can be accessed at (to access you will use your Pitt log-in information):

https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_tab_group_id= 2 1

For clearances and training modules students are required to retain the originals and submit a copy of the documentation to the CSD office and upload relevant documents in Typhon. Some practicum training sites (e.g. some skilled nursing facilities; all school settings) will require the student to provide documentation of clearances and training modules.



Student Clinical Laboratory Fee

Students will be billed for a clinic laboratory fee at the beginning of each term in which they are registered for a practicum course. These fees will be paid through registration in the course. The clinical fees are applicable to both speech-language pathology and audiology students. Fees are used to replenish the diagnostic collection and purchase of clinical tools used in graduate student training. Suggestions for acquisition of new materials are welcomed. Submit your ideas in writing to the appropriate Clinic Coordinator.



HIPAA Training

Prior to participating in clinical education or observation activities in the graduate program, students must complete the University of Pittsburgh Medical Center (UPMC) HIPAA training on privacy protection for patients. Students receive information on how to access the web-based training program and certification for UPMC before starting their graduate program. After students have successfully completed the program they should download the HIPAA Certificate and post a PDF copy in Typhon, keeping the original in their own files. Students may need to provide evidence of the HIPAA certification to clinical training sites. Note that students may also be required by practicum sites to complete additional agency-specific HIPAA training.

PART III: CLINICAL EDUCATION GUIDELINES AND EXPECTATIONS



Clinical Coordinators

In the CSD Department Clinical Coordinators oversee clinical practicum as follows:

Linda Sustich 412-383-6536 lsustich@pitt.edu
Coordinator of SLP Clinical Education including SLP Network Practicum for Audiology students
CSD Department Coordinator for PA Educational Certification in Special Ed: Speech/Language Impaired

Elaine Mormer 412-383-6610 emormer@pitt.edu
Coordinator of AuD Network & Outplacement Practicum & AuD Practicum for SLP students

Barbara Vento 412-383-6611 barbv@pitt.edu
Coordinator of AuD 4th Year Externships

Students are encouraged to communicate with the relevant coordinators on a frequent basis and to convey requests, concerns, suggestions, questions or compliments. Coordinators work to develop a clinical education program of the highest quality to meet the needs of all clinical graduate students. Input from students helps to ensure that the clinical education experiences are effective and optimal. Clinical Coordinators are available for clinical advising sessions by appointment. Students are also encouraged to talk to the Director of Clinical Education (Dr. Cheryl Messick) at any time.

CSD Department Clinical Leadership Team

Clinical Education goals, procedures and issues are overseen by the Director of Clinical Education and the Clinical Coordinators with input from appropriate faculty members, as necessary.

The Clinical Education Leadership Team interactions occur via email and periodic meetings as needed. The Team reviews, modifies, and develops guidelines, activities and procedures for clinical education for AuD & SLP clinical (professional) programs. When new guidelines are developed they are discussed with the SLP and AuD Program Directors and then shared with the Department Chair. The Clinical Education Leadership Team 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 team.

Determination of Practicum Assignments (Network, Outplacement and School Practicum)

Before registration each term students should meet with &/or communicate with the appropriate clinical coordinator (in a face-to-face meeting or via email). Students must submit a Practicum Request form (through Typhon) each term by the defined deadline in order to be scheduled for a practicum assignment. Planning for clinical education needs are greatly facilitated through clinical advising sessions with times posted by Coordinators each term. 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 relevant coordinator early in their graduate program so that plans can be developed to meet primary goals.

Students can learn about the range of clinical sites where students are placed using the *Clinic Site Directory* in Typhon. Coordinators will make recommendations to students regarding possible outplacement/externship placements. Guidance regarding optimal sites for an individual's needs and goals will be discussed. Clinic Coordinators have a history of working with sites and can often provide insights on the viability as well as pros and cons of a particular placement or type of clinical setting. Clinical Coordinators have the experience

and the authority to determine the most appropriate placement for each student based on the options available. It is the Clinic Coordinator's responsibility to help develop a series of practicum experiences for each student to enable them to meet ASHA, CAA and CSD Department requirements, and to pursue individual goals. The Clinic Coordinator manages placements for all students in the program, and individual requests cannot always be accommodated. Attempts are made to meet student requests as possible while also meeting the needs of the entire group of current graduate student clinicians.

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 Port Authority Transportation (PAT), 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. With on-going cut-backs in the public transportation system serving the greater Pittsburgh area, it has become increasingly difficult to secure placements that can be reached via public transportation. In the SLP program public transportation can easily be used during the first year of the program. When students transition to outplacement practicum it is highly recommended that they have access to a car, allowing them to access a wider array of clinical options. If relying solely on public transportation a student may not be able to pursue the types of settings, they would prefer to experience.

Clinic assignments must always be arranged by the appropriate clinic coordinator. 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 SHRS staff in conjunction with clinical coordinators.

Enrollment in clinic practicum is dependent on the successful completion (letter grade of C, or pass/fail course grade of S - satisfactory) in coursework and clinic in the prior semester. A failing grade, may preclude the student from participating in clinical practicum. Deficits in performance on professional expectations, including unexcused attendance, 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 and the Clinic Director.

Enrollment in Clinical Practicum

Credit requirements for practicum in each graduate program are defined in the academic handbook. 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 the first fall term, students typically register for one credit of Network Practicum in their discipline area (CSD 2065 for Network Speech Practicum; CSD 2056 for Network Audiology Practicum). In subsequent semesters during the first year, students register for 1 or more clinic credits as determined by the recommendation of the clinic coordinator, the student's academic advisor, and individual time and placement constraints. Typically, 1 credit of Network practicum is equal to 0.5 to 1 day per week. In Outplacement practicum one day/week of practicum is typically 1 credit. Amount of time assigned to a practicum is determined by the site (how much time they can offer or how much time they require), by student request, and overall needs across the graduate program for student placements. There are a number of different practicum courses and registration varies depending on a student's level in clinical education and their discipline as follows:

Table 4. Practicum Courses by Discipline	
SLP PRACTICUM COURSES	AuD PRACTICUM COURSES
CSD 2065 Network Speech Practicum	CSD 2056 Network Audiology Practicum:
CSD 2059 Network Audiology Practicum (Counter Area for SLP students)	CSD 2068 Network Speech Practicum (Counter Area for Audiology students)
CSD 2066 Outplacement Practicum (SLP)	CSD 2057 Outplacement Practicum (AuD)
CSD 2067 School Practicum (SLP)	CSD 2656 Advanced Network Audiology Practicum
	CSD 2659 AuD 4 th Year Externship

All students in the CSD clinical education programs participate in *Counter Area* clinical education requirements that include academic and clinical education experiences. *Counter Area* experiences refer to the acquisition of knowledge/skills in the student's *related* discipline area (audiology background for SLP students; SLP background for audiology students). Counter area coursework and clinical experiences help students to understand the inter-relationship between hearing and communication abilities. It also provides an opportunity for students to understand how hearing impairments impact on communication skills, and how communication disorders manifest themselves and sometimes co-occur with hearing disorders. The *Counter Area* practicum typically occurs either in the first or second term of clinical education.

Counter-area experiences focus on skills within the scope of practice of the student's discipline including screening, prevention, trouble-shooting, describing behaviors, and making appropriate referrals. For example, both audiology and SLP students learn to screen speech, language, & hearing, and to make appropriate referrals. During the first year of the program SLP students achieve counter-area competencies by enrolling in one credit of Network Audiology Practicum (CSD 2056), and audiology students complete one credit of Network SLP Practicum (CSD 2065). In addition to the CSD Clinical Education counter area practicum experience, opportunities will be periodically announced 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.

Practicum for the AuD (Clinical Doctorate in Audiology)

AuD students will follow the general outline for clinical placements as described above for the first two years of study. In year two students are placed in clinical practicum where the focus is on developing independence and speed in administering a basic audiologic test battery. Towards this goal, most students should expect to be assigned to the "VEMP Team" (Vestibular Evoked Myogenic Potential) at the UPMC Center for Audiology for up to two semesters prior to their 4th year Externship.

In the fourth year of the AuD program students move into full-time externships. Prior to Externship assignment they must demonstrate solid skill levels in Audiological Testing and Treatment. Externship assignments are developed with the AuD Externship Coordinator. The process of securing an externship position begins in the student's 3rd year of the AuD program when students receive a copy of the *CSD Audiology Externship Handbook*. Externship positions provide an intensive clinical education experience for students to apply classroom knowledge to complex clinical settings. Students are supervised in their externship experiences by University of Pittsburgh-affiliated master clinicians. Students are encouraged to identify possible externship sites of interest, but the Externship Coordinator *always* makes the initial contact with the facility. Externship placements include options in the greater Pittsburgh area, as well as opportunities throughout the United States. The American Academy of Audiology website has a listing of facilities that are accepting applications for externs and this is a good starting point for students to learn about options across the country.

Fourth year AuD Externship students participate in the ongoing Advanced Clinical Seminar via an online format. This is a required course in the AuD curriculum. AuD externships typically begin no later than June

1 and students must successfully complete 47 weeks of clinical practicum by April of the 4th year in order to graduate in that month. Students who begin AuD externships after June 1 and/or do not successfully complete 47 weeks of practicum before graduation will graduate in subsequent terms (e.g., August/December of the fourth year).

PA Educational Certification for School-Based SLP

Most states require that SLP'S practicing 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. SLP students interested in meeting the requirements for Pennsylvania Educational Certification for Speech-Language Impaired (required for SLPs working in the schools in PA), will need to successfully complete a 4 day/wk School Practicum experience (CSD 2067) during their second year of graduate clinical education. The School Practicum will serve as one of the student's outplacement practicum experiences. Prior to the School Practicum students working towards certification must complete the *School-Based Services* (1 credit) course. The *Checklist for PA Educational Certification in Speech-Language Impaired* provides a summary of the requirements for educational certification.

All SLP students will be required to complete an *Application for Admission to PA Certification* form as a means of documenting the school certification requirements which they complete during the program (including students who do not intend to become school certified in Pennsylvania). Dr. Messick holds a meeting for all SLP students during the winter term of the first year, where the requirements are described and paperwork is distributed. Those students interested in learning about the current school certification requirements prior to Winter term can pick-up the *Checklist for PA Educational Certification* and the *Application for Admission to PA Certification Form* (forms are located in 6034 Forbes Tower). Please refer all questions regarding these requirements to Dr. Messick, who is the CSD Coordinator for PA Certification in speech-language impaired at the University of Pittsburgh.

The *Application for Admission to PA Certification Form* starts the process of documentation and completion of the requirements for the PA educational certification program. Students are advised to periodically check the Pennsylvania Department of Education web site at http://www.teaching.state.pa.us/portal/server.pt/community/pennsylvania_department_of_education/7237 throughout their graduate program to stay abreast of any changes implemented by the state. Students should review the *School Practicum Handbook* for details regarding the requirements for educational certification (included in appendices section of *Clinical Education Handbook*). Students are recommended to take a one credit *School-Based Services* course in their first summer term. This course is a requirement for PA Certification, and provides a solid foundation for students prior to participating in the School Practicum.

A School Practicum experience can serve as a pediatric outplacement option for any SLP student, even if the student is not interested in meeting all of the requirements for school certification in Pennsylvania. School-based practicum experiences provide an exciting and interesting setting for students to acquire and meet pediatric-based clinical competencies with varied populations. Within the school systems there are different types of school placement settings including traditional SLP, early intervention (3-5 year old focus), or special education schools (e.g., Western Pennsylvania School for the Blind; Children's Institute; Friendship Academy). All students are encouraged to participate in a school practicum placement, as one's career interests often change across time. Students should also take time during the first year of the graduate program to arrange observations through the Director of Clinical Education and the School Liaison (Linda Sustich) to visit different types of school settings so that they have a better understanding of the options available.

Students who might seek employment in a school setting in another state should contact the educational certification board for that state to determine the requirements. Many states have reciprocity for those with Pennsylvania Certification. There are some states where ASHA certification is the sole requirement for provision of services in the schools.

Students may apply for educational certification once they have completed all master's degree requirements and PA Certification requirements. Applications for PDE certification in SLP will go through the CSD Department if completed within five years of graduation. As recommended by the University of Pittsburgh School of Education, alumni who apply for certification more than five years after graduation will have to be approved directly through the Pennsylvania Department of Education (PDE), as the University cannot validate competency levels after 5 years have passed. It should be noted that in 2016 the state of Pennsylvania created a second type of educational certificate for speech-language pathologists – the Educational Specialist certificate. We currently have not been approved for this program, but are in the process of completing the application during Fall 2016. Details will follow.



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.

As noted by Dr. Michael Chial, (ASHA Leader) the notion of *Professionalism* refers to “the manner, spirit, and methods of a profession” and reflects the “underlying principles and values of practitioners” including the following:

One accepts that the idea of “on time”, “prepared”, “appropriate”, and “properly” are defined by the situations, by the nature of the task, or by another person.

One places the importance of professional duties, tasks, and problem solving above your own convenience.

One takes active responsibility for expanding the limits of your knowledge, understanding, and skill. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.

Opinions, actions, and relations are developed with others upon sound empirical evidence and upon examined personal values consistent with the discipline

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 formally measured across a standard set of items at midterm and end of term in each practicum experience (see Formative Assessment forms in Appendix B). It should be noted that the Clinic Committee developed the list of Professional Expectations based on the assumption that they were behaviors *required in any work/professional setting*, and that they could and should be demonstrated by all students, including first term Network students. Unacceptable performance on Professional Expectations will result in lowering of a student's clinic score 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 & 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 arenas. 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.



Learning Modules

Students enrolled in clinical education (Network, Outplacement, School Practicum, and AuD Externships) must have working knowledge of a variety of professional constructs that apply to the practice of SLP and audiology services. Areas of knowledge of concern for practicum include the following: *Scope of Practice* of the discipline; the *ASHA Code of Ethics*; *Universal Precautions*; *medical terminology*, and *client confidentiality/HIPAA*. While these topic areas are covered at various points in the curriculum in academic coursework, students will also complete required learning modules on the topics each fall and spring term that they are enrolled in practicum. A quiz will also be completed in CourseWeb during a student's initial weeks of the graduate program focusing on reading and understanding the Academic and Clinical Handbooks.

Students are required to visit the ProSem CourseWeb site (Courseweb.pitt.edu- CSD 2060) to complete the learning modules identified each term. Students are expected to obtain a passing grade (80%) on each learning module. Quizzes may be taken multiple times. A student's grade in practicum may be lowered if they have not satisfactorily completed the required learning modules for that term. The specific topic areas of focus will be indicated on the CourseWeb site. If you have questions about the learning modules contact Dr. Ellen Cohn, who administers and manages Pro-Seminar modules and requirements.



Clinical Grading Procedures

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 & CSD Department clinical requirements. Students are formally evaluated in writing at least twice per term (mid-term and end-of-term). The mid-term grading provides a formal touch-point for identifying student strengths, areas to improve and to develop a plan for the remainder of the term. The final semester grade is based on the student's performance at the end of the semester across the last 3-4 weeks of the term as measured on the relevant clinical competencies.

Each term students and Clinical Instructors receive a Clinic Calendar defining the dates and deadlines for the term, including midterm and end of term evaluations. *Students are expected to schedule their midterm and end of term meeting with their clinical instructor at least one week before the events are to occur.*

CSD Department Clinical Formative Assessment Forms are used to measure student levels of performance on *Professional Expectations* and *Clinical Competencies*. The appropriate clinical evaluation form and scoring system will be made available online for midterm and end of term evaluations. A student's grade in clinic will be determined by the Clinic Coordinator converting the overall percentage score on the end of term into a grade.

A 9-point scoring system is used to describe a student's performance level across a wide array of skills. In our program we have used a grade conversion scale developed from student clinician data across years, using mean and standard deviation scores. These data provide normative guidelines on student performance at specific levels of clinical education (see Table 5). Each student's performance is compared to that of peer

graduate student clinicians who were at the same level of clinical education and there are separate grade conversion scales for each level of student practicum (see below).

Table 5. Grade Conversion Scale	
Network Grade Conversion Scales	Outplacement Grade Conversion Scales
First Network Practicum (SLP & AuD)	First Outplacement Practicum (SLP) School Practicum as first Outplacement (SLP) First and 2 nd Outplacement Practicum (AuD)
Second+ Network Practicum (SLP & AuD)	Second+ SLP Outplacement Practicum (SLP) School Practicum as 2 nd (plus) Outplacement (SLP) Advanced Network Audiology Practicum Third+ AuD Outplacement Practicum (AuD)

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 CSD 9-point scoring system. The CSD Department Clinic Coordinator will convert the score earned into a grade based on our normative guidelines. Your Clinical Instructors will *not* have a copy of how the mean performance scores convert into final grades. Further, students are not permitted to share the grading scale with the instructors. The rationale for clinical instructors to be "blind" to the student's grade in clinic is to allow clinical instructors to focus on giving clear and accurate feedback on student performance without having to consider grades. The grade conversion scales are used to provide students and Clinic Coordinators with a comparison of how the student is doing compared to expectations for their current level of clinic experience based on the past performance of peers. Students' scores are compared to data collected on students at each level of clinical education providing normative type comparisons. This provides students with a metric of how they are performing compared to expectations for their level in the program.

If a student is assigned to more than one practicum site in a term, the grade for practicum is calculated by weighting the grade by the total number of contact time completed at each site. For example, if a student earned 50 hours of contact time at one site and 25 hours at another site, the first site would be weighted at 66% of the student's grade, while the second site would be weighted at 33%. In summer terms it is possible to register for different terms (i.e. Summer II – 6-week term; Summer 12-week term) for different clinic assignments allowing separate grading for each practicum assignment (check with coordinator for details).

It is the student's responsibility to ensure that all paperwork requirements are completed on time. Students who need constant reminders to complete tasks may be placed on a remediation plan. The clinical education program is working towards minimizing reliance of hard-copy documentation and increasing electronic documentation in clinical documentation as possible. Formative Assessment forms completed by clinical instructors, and self-evaluations completed by students are stored on Typhon. 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: signed hours logs; signed observation logs; Core Clinical Skills form; Evaluation of Clinical teaching form. 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 across the program.

Documentation of Clinical Education (Network & Outplacement Practicum)

We are required by CAA and PA Department of Education 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 the Typhon Student Tracking System. For example, students either document their contact time daily with patients using hard-copy CSD log forms on site (with supervisor initials and signatures to confirm the data), and then enter the data into Typhon Case Logs creating an electronic record, enter clinical hours directly into Typhon case logs. Typhon Case Logs provide current data on student progress in meeting patient contact time requirements.

Student acquisition of clinical competencies in Network and Outplacement education is tracked using the Typhon Case Log Clinical Competency listings and Midterm and End of Term Formative Assessment forms. Students also track competencies tied to the case logs in terms of skills observed, assisted and performed.

In the case logs data is entered regarding patient demographics for each client on the following aspects:

- Patient ID: Patient initials
- Site & Instructor
- ICD-10 Codes
- Time: total time with patient; time with instructor (without patient)
- Patient Background: Sex, Age, Severity; race; primary language; impairment type
- Setting of Service (and for SLP cases also *context of service*)
- Contact time by relevant categories (SLP; AuD)
- Clinical Competencies

The Notes session provides a field where students can document a variety of aspects of the case, while maintaining client confidentiality. **Students should always record patient initials as the first item in the Notes field.** Other aspects which might be noted here include: unusual/advanced tools/techniques utilized; unusual patient diagnoses (which may not appear in ICD10 code fields); tx objectives; and 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. Network AuD students use the notes section to store the required clinic experience reflections, using an optional reflection template.

Students in 4th Year AuD Externship practicum document their clinical experiences in Time Logs, not Case Logs (details in Externship Handbook).

Recording Clinic Hours

Client/patient clinical 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
- Time spent programming a device for a specific client's needs. This includes programming of AAC devices, assistive listening devices, hearing aids, etc.

For SLP students, contact time is *not* allowed for planning for sessions, analyzing session data, or documentation activities. For AuD students, recorded hours should reflect time spent during clinical experiences in direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery.

Up to 75 hours of simulations (mock parent/caregiver/client interviews, administering an oral mechanism exam in class, administering a test in a class, and online simulation activities) can be recorded as simulation contact time, but will not be counted as the 375 hours required for ASHA certification by the University of Pittsburgh CSD Program. If you are interested in online simulation activities, please see Linda Sustich. Table 6 includes a description of the 9 disorder types that SLP students are required to demonstrate knowledge and skills with across their program.

Hard Copy Documentation of Contact Time

Students can use the CSD Case Hours Log forms to document their 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 that week.** Alternatively, if they have access to the web they may enter their hours directly into Typhon, 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 6034 Forbes Tower. Hard copy log sheets are turned in weekly, each term, for verification by the clinic administrator. *Make sure you keep a hard copy for your files as well before giving any paperwork to the Clinic Administrator &/or Clinic Coordinator(s).* As described earlier, Observation Hour Logs must be logged on a separate hard copy form and must be documented across the program.

Both SLP and AuD students will code the characteristics of each patient experience as described in the CSD Hard copy logs and the Typhon case logs (see Tables 7 and 8). *These logs ensure that patient confidentiality and HIPAA standards are adhered to.*

It is the *student's responsibility* to be able to use the documentation codes appropriately and independently. In the first terms of clinical education, students should check with their Network Clinical Instructor daily regarding the total patient-contact time AND the sub-categories of that time. By the end of the first term of Network clinical education students should be able to clearly explain the documentation categories & system. When students move to Outplacement practicum their supervisors are typically not as familiar with the various types of information required in current documentation (ASHA/CAA). Please contact the appropriate Clinic Coordinator if you have questions about coding of hours.

Weekly, students are required to turn in a signed copy of the Case Log form to the CSD office so that weekly hours can be tracked. (See earlier instructions re documentation of clinical hours in Typhon).

Electronic Case Logs (Typhon)

The Typhon system will allow entry of case log data up to 7 days from the date of service. **Students who do not enter their contact time within 7 days of the event will lose those hours.** When participating in Network assignments enter your hours daily and for outplacements enter the hours by the end of the week.

Students should enter the case logs into Typhon in the same order in which they appear on the hard copy logs. For individual patient sessions the patient's initials should be recorded into the notes section of Typhon allowing reliability checks on data entry to be completed with ease by Administrative staff. Clients seen multiple times can be linked allowing some of the identifying information to be pre-populated by Typhon and decreasing data entry time.

Table 6. CAA Nine Communication Disorder Categories (SLP)

BROAD AREA	DISORDER TYPE	EXAMPLES (applies to diagnostic & treatment services)
SPEECH	Speech Sound Disorders	Production of phonemes Strategies to improve motor speech production Production of multisyllabic word forms Increase intelligibility
	Fluency	Stuttering behaviors Cluttering Rate of production
	Voice & Resonance including respiration & phonation	Loudness level; hyper-nasality; pitch Intonation variation Vocal hygiene techniques Electro-larynx tx
	Swallowing: oral, pharyngeal, esophageal, related functions including oral function for feeding, orofacial myofunction.	Video fluoroscopy measures Strategies to decrease aspiration Feeding & swallowing strategies
LANGUAGE	Receptive & Expressive Language (phonology, morphology, syntax, semantics, & pragmatics) in speaking, listening, reading, writing & manual modalities	Increasing length & complexity of utterances Expanding expressive/receptive vocabulary Improving communication effectiveness (e.g., through clarifying when assistance is needed)
	Cognitive Aspects of Communication (attention, memory, sequencing, problem-solving, executive functioning)	Cognitive notebook use to improve access of long term memory about family Word retrieval strategies Symbolic play skills Executive functioning strategies
	Social aspects of Communication including challenging behavior, ineffective social skills, lack of communication opportunities	Pragmatic skills; social skills training Behavior management techniques to increase socially appropriate behaviors Developing more effective peer interaction patterns
	Communication Modalities including oral, manual AAC techniques & assistive technology	Identifying appropriate AAC devices & strategies Increasing use of effectiveness of AAC techniques (e.g. PECs; picture notebook; sign language) Programming AAC device for an individual client
AURAL REHAB	Hearing impact on speech & language. Aural rehabilitation	Hearing aid trouble shooting Speech reading skills Speech/voice production as influenced by hearing impairment Language deficits as influenced by hearing impairment
SCREENING	Hearing screening Speech/Language/Swallowing screening	Pure tone hearing screenings Speech/Language screening in headstart program Bedside swallow exam Informal observations on fluency, voice, cognitive areas suggesting normal skills
PREVENTION	Prevention of a possible hearing, speech, language, swallowing disorder Diminishing the effects of a potential hearing/communication/swallowing disorder	Language Stimulation lessons done in a Pre-K or kindergarten class Phonological awareness activities that are not on a client's treatment plan Guidelines to help prevent aspiration developed for family members or other professionals Vocal Hygiene guidelines to reduce vocal abuse behaviors

When a student begins clinical placement for the term, they need to define the default settings in Typhon by going to the “YOUR ACCOUNT” section of their main Typhon page and clicking on *Setup Default Choices*. The fields below should be defined, and then each time you enter a case log for the term those fields will pre-populate.

- Semester (required)
- Course (required)
- Clinical Instructor (required)
- Clinical Site (required)
- Race (optional)
- Notes* (optional) – just enter patient initials here (single patient or for members of a group)

*AuD students should find a clinic reflection template in the Clinical Notes section. Clinic reflections can be copied and pasted or directly entered into the notes section, after the client initials.

Note that other fields in Typhon cannot be pre-populated because they were individually designed by our program.

The hours logs automatically calculate total values in each required category, allowing one to track progress on hours requirements. Note that Clinic Coordinators check student hours when considering placement arrangements and need to be able to see where the gaps are in your clinical education to develop optimum practicum experiences for you. SLP students are also provided with an excel *Clinical Hours Tracking Form* (housed in ProSem website) to provide a quick summary on a term-by-term basis of progress towards meeting the minimum requirements in sub-categories of hours. Electronic Tracking of **clinical competencies** is also done via Typhon Case Logs in the Clinical Competencies drop down menu sections where students indicate activities they have *observed, assisted or performed*. Formative Evaluation measures at midterm/end of term provide a depiction of clinical skill acquisition supplementing student recording of clinical skills in case logs.

When students are in outplacement settings it is particularly important to keep their electronic hours logs current so that they can monitor progress towards meeting hour requirements in anticipation of graduation. In Outplacements students are participating in clinic 1-4 days/week and it is critical that case logs are kept up to date and that hours are not lost because of not meeting the 7-day window for data entry. Data from case logs are maintained on the Typhon web site and it is recommended that students always save a current copy of the Graphical Summary for total hours as well as for Adult-Only and Pediatric-Only hours for themselves. Data entered into case logs from hard copy forms is audited for accuracy by a CSD Clinical Administrative Assistant. Specific directions on Case Log Data entry will be provided during the Typhon Training session.

Table 7 Audiology Typhon Case Data Form (to be completed electronically)

Case #:

▶ = REQUIRED FIELD

Date of Service:

Student Information

- ▶ Semester: _____
- ▶ Course: _____
- ▶ Clinical Instructor: _____
- ▶ Clinical Site: _____
 - ____ Rural Visit
 - ____ Underserved Area Population
 - ____ Public Health

Patient Demographics (Ignore if Care is Inpatient)

- ▶ Age: _____ (Y/M/D or MM/DD/YY)
- ▶ Gender: M/F/T
- ▶ Race: _____

Clinical Information

- ▶ Time with Patient: _____ minutes
- Consult with Clinical Instructor: _____ minutes (not part of patient time)
- ▶ Student Participation: _____
 - ____ Observation only
 - ____ Basic skills used
 - ____ Complex skills used

Patient Education: _____

ICD-10 Diagnosis Codes

S1 _____ S3 _____
S2 _____ S4 _____

Other Questions About This Case

- ▶ Setting: _____
- ▶ Age Group: _____
- ▶ Severity of Communication Impairment: _____
- ▶ Patient's Primary Language: _____
- Evaluation Score: _____
- Treatment: _____
- Amplification & HAT: _____
- Hearing Screening: _____
- Speech Screening: _____

Assessment/Status

Write in process, 100% & 100% completed, as noted on date. Provide a date that is available on main form.

OBS: ASST/DATE: _____ ITEM: _____

Clinical Notes

Table 8. SLP Typhon Case Data Form (to be completed electronically)

Case #:

Date of Service:

▶ = REQUIRED FIELD

Student Information

▶ Semester: _____

▶ Course: _____

▶ Clinical Instructor: _____

▶ Clinical Site: _____

Competencies

Write in competencies and mark observed, assisted or performed. Printable competency list available on main menu.

CBS | ASST | PCRF | _____ ITEM _____

Patient Demographics (Ignore if Group Encounter)

▶ Age: _____ yrs/mos/wks/days

▶ Gender: M / F / T

▶ Race: _____

Clinical Information

▶ Time with Patient: _____ minutes

Consult with Clinical Instructor: _____ minutes (not part of patient time)

Patient Education: _____

Medical Diagnosis/ICD Codes

#1 _____ #3 _____

#2 _____ #4 _____

Clinical Notes:

Other Questions About This Encounter

▶ Setting: _____

▶ Age Group: _____

▶ Severity of Communication Impairment: _____

▶ Patient's primary language: _____

▶ Context: _____

Receptive/Expressive Language TX: _____

Social Communication TX: _____

Cognitive Communication TX: _____

Alternate Modalities TX: _____

Speech Sound TX: _____

Fluency TX: _____

Voice TX: _____

Swallowing TX: _____

Aural Rehabilitation TX: _____

Receptive/Expressive Language DX: _____

Social Communication DX: _____

Cognitive Communication DX: _____

Alternate Modalities DX: _____

Speech Sound DX: _____

Fluency DX: _____

Voice DX: _____

Swallowing DX: _____

Prevention: _____

Speech/Language Screening: _____

Hearing Screening: _____

Clinic Remediation Plan

When a student is having significant difficulties performing satisfactorily in practicum a *Clinic Remediation Plan* will be developed. The Clinic Remediation Plan is a written document that includes a definition of the difficulties being experienced, specific objectives that need to be met, and mechanisms for assisting the student to achieve the objectives (e.g. specific experiences, support, or learning assignments). Difficulties may be in one particular area of performance or may include a number of problems. For example, difficulties may include deficits in clinical skills, reduced rate of improvement, &/or not meeting Professional Responsibilities.

The nature of the *Clinic Remediation Plan* is individually determined and is defined largely by the particular problem(s) a student presents. The Plan may focus intensively on one aspect of clinical work, or may be more general focusing on a broad set of concerns. For example, a remediation plan may focus on professional expectations, clinical competencies, self-evaluation skills, interpersonal difficulties and/or weaknesses in integrating academic information into clinical practice. The student will meet with the Clinic Coordinator in order to help develop and/or review the Remediation goals, objectives, and requirements. The Clinical

Instructor may be asked to contribute to &/or review the plan. The student's academic adviser may be involved in the remediation process; they will be kept informed of the student's progress throughout the term. The student is encouraged to discuss the Remediation Plan with their current Clinical Instructor(s), so that they can help develop learning experiences to assist the student to improve performance in areas of concern. In some cases, members of the Clinical Education Leadership Team and/or CSD Faculty may be asked to review and contribute to the Clinic Remediation Plan.

Once the plan has been developed by the student with the Clinic Coordinator, the student must successfully meet the goals of the Remediation Plan before being permitted to participate in any subsequent practicum experiences. Registration for a Clinic Remediation is typically done under one of the clinical courses (e.g., CSD 2065/2056 Network Practicum).

The student must achieve the set criterion levels defined in the *Clinic Remediation Plan* to obtain a passing grade in practicum before they are permitted to resume the regular sequence of clinical education practicum. During a Remediation Plan if the student is still participating in regular clinical education activities (i.e. Network Practicum; Outplacement practicum) the student's performance in clinic will be evaluated by their Clinical Instructor using the standard *Formative Assessment of Clinical Competencies* form for that practicum. Their performance on the Clinic Remediation Plan will be determined by the Clinic Coordinator, based on the measures defined in the Remediation Plan.

When a student is participating in a *Clinic Remediation Plan*, their grade for practicum is determined as follows:

1. If the student fails to meet the criterion level of the Remediation plan they will receive a failing grade in Practicum (regardless of their performance on the *Formative Assessment of Clinical Competencies*)
2. If they meet the criterion of the Remediation plan, their grade in practicum will be determined by their score on the *Formative Assessment of Clinical Competencies* form

Failure to meet Remediation requirements will be grounds for dismissal from clinical education. Across a student's graduate education program, they will be permitted to participate in no more than two formal clinic Remediation Plans.

Student-Clinical Instructor Problem Solving Procedures

Occasionally a student or clinical instructor will perceive a problem in the clinical instructor/student relationship. If not resolved, such problems may interfere with the clinical education experience and could affect client care. The Clinic Committee has developed procedures for coping with problems between students and clinical instructors to provide early, fair and speedy resolution of problems. These procedures help to ensure fair treatment of students and Clinical Instructors in the problem solving process.

As soon as a student or Clinical Instructor perceives that a problem exists, the following procedures should be implemented:

1. Discuss the problem together - often simple misunderstandings can be resolved by discussion.
2. The Clinic Coordinator should be informed of any issues and can be called in to facilitate problem solving.
3. If discussion does not resolve the problem, the Clinic Coordinator should be re-contacted immediately. The Clinic Coordinator along with the student & Clinic Instructor will formulate a plan using the *Clinical Training Action Plan Form* (Appendix A) to help with changes in the behavior of one or both people. Together the Clinical Instructor and the student should implement the plan and review it regularly to determine their progress. If the plan does not resolve the

problem, the plan should be modified or a new plan initiated. The Clinic Coordinator should remain informed about the plan and the progress made.

4. If both the student and Clinical Instructor feel that they can make no further progress, they may decide to request re-assignment of the student to a new clinical instructor or to consult with the Clinical Coordinator to discuss other mediating options. (Note: options for a new clinic assignment may not be possible until the new term begins.)

If this procedure does not resolve the issues, then the student may wish to bring the problem to the Chair of the Department of Communication Science and Disorders for discussion.

★ Students are recommended to contact their Clinic Coordinator immediately when there are any concerns (even minor ones) and to seek the Coordinator's input on ways to work with and communicate effectively with their clinical instructor. Waiting until the end of a semester to discuss concerns can result in an ineffective practicum experience, whereas early mediation and advice from the Clinic Coordinator can result in improving things before the effects are too serious to repair.

Evaluation of Clinical Teaching

Students are encouraged to maintain open channels of communication with their Clinical Instructor throughout the term. They should talk to the instructor about their clinical education needs, preferences and goals. Students should keep the instructor informed about clinical 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 & Clinic Coordinators.

Approximately four weeks before the end of each semester students will complete the *Evaluation of Clinical Teaching* form via Typhon 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 CSD office by the due date. The hard copy with name is required so that office staff can track who has completed this requirement as the forms themselves do not include student names.

It is critical that it is turned in before your end-of-term wrap-up meeting with your clinical instructor occurs. The information you include on the form provides valuable input to the CSD clinical education program. This information will be organized by the Clinic Administrator, and will be reviewed first by the Director of Clinical Education, and then by the Clinic Coordinator after the end of the term. **The Clinical Instructor Evaluation form will be made available to the Clinical Instructor via Typhon 1-2 semesters after the term ends, and well after clinical grades have been assigned.**

The *Evaluation of Teaching* forms provide the program with one source of information for improving the quality of clinical education that students receive. *Note that students always have the option of providing their Clinical Coordinator or the Director 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 with the Coordinator/Director of Clinical Education as soon as possible. Such information is confidential but could influence our use of an instructor/site in practicum for future students.

Clinic Coordinators and/or the Director of Clinic Education are 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 &/or Clinic Director need to be aware of any issues affecting the clinical education of CSD students. They are also available to help you develop strategies for working more effectively with the Clinical Instructors. Clinic

Coordinators welcome one-on-one insights from students regarding clinical teaching effectiveness, so please be sure to share your thoughts (on strengths and possible areas to improve).

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 clinical instructor as a means of monitoring progress throughout the term. Clinical Practicum Review (CPR) experiences and performance on *Network Core Clinical Skills* (details to follow) provide another format for considering progress in specific areas. Student self-evaluation steps also provide an indication of awareness of strengths and areas to improve.

The primary yardstick for determining progress on clinical skills occurs through the midterm and end-of-term clinical evaluations (formative assessments). Students are encouraged to review their end of term forms to identify areas of achievement and areas to develop further in upcoming terms. Note that a student's performance may vary from term to term due to factors such as the type of setting, type of disorders, 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. Typhon System reports will be used to help students monitor their progress. The end-of-term forms are available via the web. This allows students and Clinic Coordinators a pathway for viewing progress across the program at any time.

Students should play an active role in keeping their clinical instructors, clinical coordinators, 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 7-8 level on the 9-point Outplacement Scoring system before exiting the program for SLP students, and at a *Consistent/Capable* level on the Externship Rating Scale before exiting the program for AuD 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. In the CSD Clinical Education program, clinical competencies are approached in a parallel structure for audiology and SLP students, although the specific focus and requirements vary for each discipline.

Note that the requirements in each discipline represent a minimum level goal. 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 and audiology.

SLP

A minimum of 375 supervised hours of direct client contact plus, plus a minimum of 25 observation hours, is required by ASHA/CAA. The CSD Clinic Committee recommends that SLP students complete at least **425** patient contact hours by the end of their graduate program. Note that contact hours do not include time spent in preparation, post-session analysis, documentation, or conferences with supervisors 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. The Typhon tracking system provides students with an ongoing mechanism to track their progress towards meeting these requirements.

The CSD department has defined minimum hour requirements for students completing clinical training in SLP based on historical ASHA standards. It is important that students meet these minimum hour requirements by sub-categories in order to be eligible for licensure in all states. The minimum requirements are defined in Table 10. They are based on past ASHA requirements to ensure that students will be able to meet licensure requirements in varied states.

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 aural rehab/auditory. (The KASA form is the primary form for documenting completion of all ASHA knowledge & skill requirements).

Table 9. CSD Department Minimum Hour Requirements for SLP Patient Contact Time

	Min Hours	PREVENTION/SCREENING	EVALUATION	TREATMENT
ADULTS	80	10 hours prevention (Ad + Ch) 10 hours SL screening (total across Ch and Adults)**	20 hour speech dx* 20 hr lang dx *	20 hour speech tx* 20 hr lang tx *
PEDIATRIC	80		20 hour speech dx* 20 hr lang dx *	20 hour speech tx* 20 hr lang tx *
9 DISORDER CATEGORIES				
<i>Articulation (Sp)</i>	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. AR : includes Hearing Aid Troubleshooting; speech reading; etc.			
<i>Fluency (Sp)</i>				
<i>Voice (Sp)</i>				
<i>Swallowing (Sp)</i>				
Language (Lang)				
Cognition (Lang)				
Social (Lang)				
Comm Modalities/ AAC (Lang)				
AURAL REHAB				
AUD SCREEN	10**	Competencies must be met for Audiology that are within the Scope of Practice of SLPs		
SETTINGS	Must have at least 50 hours of experience in each of three different types of settings/contexts (e.g., outpatient rehab; school; early intervention; acute care; skilled nursing facility; private practice)			

Note:

*It is required that 20 hrs of speech dx/tx and 20 hrs of language dx/tx be obtained for Adults and for Pediatrics in order to be eligible for licensure across all states.

** Students must meet screening competencies & have artifact evidence to demonstrate competency if they are unable to meet the 10 hour requirement in this category

Audiology

A minimum of 1820 hours of supervised clinical and patient-related administrative activity is required by ASHA/CAA by the end of a student's AuD degree. These hours must be accrued across a variety of clinical practicum experiences in different work settings and with different populations so that students can demonstrate skills across the scope of practice of audiology.

Although ASHA does not specify amounts and/or types of clinical experiences under the current standards, the CSD Department has defined minimum hour requirements for students completing clinical training in Audiology. The minimum requirements are defined in Table 10. These requirements are based on historical ASHA standards to ensure that students will be able to meet licensure requirements in various states. Students must demonstrate skill in providing prevention, screening, evaluation, amplification, and treatment.

Table 10. CSD Department Minimum Hour Requirements for AuD Clinical Training

	Min # Hrs	Evaluation	Amplification & HAT	Treatment	SLP Screening	Hearing Screening
Adults	50	40	10			
Pediatric	50	40	10			
TOTAL	1820	80	80	20	10*	10
Settings	Must have at least 30 hours of experience in each of three different types of settings (i.e., school, private practice, hospital, otology/ENT).					

* Students must meet screening competencies & have artifact evidence to demonstrate competency if they are unable to meet the 10 hour requirement for these categories

General Clinical Procedures

Clinical sites will often have their own *Policies and Procedures Guidelines* which students are expected to follow. Check with your Clinical Instructor when you confirm your placement to determine orientation and orientation requirements that you may need to complete before beginning the placement.

Clinical Instruction/Supervision

When participating in Network clinical education a Clinical Instructor is present with the student close to 100% of the time. In Outplacement settings an assigned Clinical Instructor must be present at all times in the building and a student must receive the level of supervision “needed” for their experience, knowledge, and skill level, while meeting the specifications for supervision of the site. ***It is a CSD Department requirement that outplacement students must be supervised minimally 25% of the time in patient contact time, AND always at a level needed for the student’s experience and knowledge, and at a level appropriate to meet the patient’s needs.*** Note that AuD students in their fourth year will not be directly observed during most contact time with patients after the first months of the Externship, but they will have a Clinical Preceptor who meets with them at least weekly.

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/Preceptor. If problems continue contact the Clinic Coordinator 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 experiences via a link to their electronic portfolio and vita, and discussing their goals for the semester. The *Placement Expectation Worksheet* provides a format for students and clinical instructors to use to structure the discussion regarding communication pathways, logistical expectations, and clinical learning requirements in order to provide a solid foundation for beginning the term with common and well defined expectations. The road to satisfaction in clinical learning is facilitated by

defining expectations from both the clinical instructor and student clinician's viewpoints. See Appendix B for a hardcopy of the *Placement Expectation Worksheet*; an electronic form is housed in ProSem CourseWeb site under tracking forms, and in Typhon Program Documents.



Client Confidentiality

Confidentiality of client information is crucial. In order for students to have a thorough understanding of the issues inherent in client confidentiality they must complete the University of Pittsburgh HIPAA modules and submit a certificate of completion *before* they begin practicum activities. HIPAA modules are current for three years.

Do not discuss clients by name or with other identifying information in any public areas (i.e., hallways, elevators, restaurants, student lounge or waiting room areas). If a familiar patient is discussed in a class, do not convey information related to their identity. **Students should never discuss patient related issues or experiences in online social networking sites or other communication venues. 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 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 was 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., 2015; 2016)
- 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. In order to ensure that students remain aware of client confidentiality guidelines they will complete the *Client Confidentiality* module on the Pro-Seminar CourseWeb site annually in addition to the University of Pittsburgh HIPAA modules which is required to be completed every three years. Students are also directed to their Clinical Instructor and the guidelines of individual clinical sites as other sources of information on this issue.

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

General report writing guidelines are as follows:

- 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 counter-signs all official documentation

Appearance Policy

Students are expected to present a professional, image at all times when representing the Communication Science & Disorders Department, the School of Health & Rehabilitation Sciences, and the University of Pittsburgh. Appearance guidelines for practicum are written to promote a positive public image and to ensure infection control and safety.

Students should ensure that their appearance does not distract the client or family members from participating effectively in clinical services. In clinical settings students work with clients of varied ages and from a range of backgrounds and cultures; students should be aware of how their appearance impacts on others. Extremes of dress are not appropriate for clinic practicum placements. Casual dress style is also inappropriate. When in doubt students should lean towards a more professional, more conservative style of dress. Good grooming and personal hygiene is always essential. The following general guidelines should be followed:

1. **Clothing should be professional:** clean, in good repair, and appropriate in size and length.
 - Clothing must cover shoulders, back, chest, midriff, buttocks, and undergarments *at all times* regardless of body movement or position. Undergarments should never be visible (e.g. extending beyond outerwear, or visible through clothing)
 - Skirts should be no shorter than 2 inches above the knees when standing
 - Clothing should be neither too tight nor excessively baggy
 - Cleavage should not be visible (check for views when you bend at the waist)
 - Footwear must be clean, closed-toe, and not excessively high. Sandals are not permitted.
 - Examples of clothing that should not be worn in practicum: jeans; clothing with prominent logos/advertisements; sleeveless shirts/dresses; shorts; low cut necklines; tank tops; flip flops; leggings; spaghetti strap tops
2. **Jewelry, tattoos and body piercings:**
 - Jewelry should be kept to an absolute minimum
 - Body piercings should not be visible except minimal ear piercing (two per lobe maximum)
 - Dangling earrings or hoops larger than one inch are not permitted
 - Ear gauges are not permitted
 - Facial and oral jewelry is not permitted
 - Tattoos should not be visible
3. **Miscellaneous**
 - Hair should be groomed and well maintained. Long hair (below the collar) should be tied back
 - Cologne, perfume, and aftershave should not be worn due to the allergies of many patients
 - Nails should be well groomed and kept to a length that is not detrimental to patient safety

It should be noted that individual clinical facilities may have additional clothing & appearance guidelines. Students are expected to learn about the dress code before beginning a placement and to follow the guidelines of each site. When students initially contact a clinical instructor they should ask their clinical instructor about the dress guidelines at the facility.

Name/Identification Badge

Students are expected to wear an ID badge AT ALL TIMES at clinical sites. Badge should be worn chest high and be clearly readable. CAA requires that student clinicians wear an ID badge that stipulates professional status as a student, rather than a licensed professional.

All students will receive a CSD department identification badge with their photo, name and University of Pittsburgh affiliation at the beginning of their graduate program. Lost badges will be replaced at a cost of \$5.00 to the student. Students will be provided agency identification badges at some clinic sites, and should wear the agency badge at those sites. When students participate in any clinical activities in the community which are part of their graduate clinical education program (e.g., clinical practicum, observations; community screenings; health fairs) they should always wear their CSD Department ID badge.

Attendance

Student clinicians are expected to attend all scheduled clinic sessions. Unexcused or excessive absences can result in a lowering of the clinic score, leading to possible unsatisfactory (failing) grade. Legitimate absences include illness and pre-approved attendance at professional conferences. During any given semester students accruing more than 3 clinic absences due to illness must provide signed medical documentation. All missed clinic sessions are expected to be made up.

Please check with your Clinical Instructor and make arrangements for how you should reach them if you need to cancel due to illness. Planned absences (e.g. conference attendance), should be known early enough to allow for rescheduling of the clinic time if possible.

Cancellation of clinic practice to study or complete academic course assignments is NEVER acceptable. Comprehensive exams should also not take precedence over clinic practicum schedules. **Students are required to email or call their Clinic Coordinator whenever a clinic absence occurs (planned or unplanned).** Additionally, documentation of clinic absences needs to be submitted each week, in place of clinic case logs. **In the absence of medical documentation, inconsistent attendance in clinic can result in a failing grade. Clinical hours accrued during a failed clinic term cannot be counted towards requirements for graduation or certification.**

Clinic Environment

Please do your part to keep clinical work spaces 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.

Inclement Weather Conditions

In situations of extreme inclement weather students should communicate with their site/clinical instructor to determine whether clinical services are being offered. In the event that the University of Pittsburgh 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 clinical coordinator informed.

Health & Safety Procedures

Universal Precautions

These procedures are designed to protect both the student and the client from transmission of communicable diseases. To minimize risk of transmission of disease, assume that blood and all body fluids from all clients are potentially infected. All clinics will have specific Universal Precaution Guidelines. It is the responsibility of the student clinician to familiarize themselves with the clinic site's policies at the beginning of each term. All students are required to log on to the CSD (2060) Pro-Seminar CourseWeb web site to complete the Universal Precautions on-line module. This quiz must be completed at the beginning of each fall semester of enrollment in practicum.

Routine Hand Washing

The simplest way to control spread of infection is by thorough hand washing. The following website posted by the New England Medical Journal is an excellent website for learning details regarding optimal hand washing: <http://www.nejm.org/doi/full/10.1056/NEJMvcm0903599?emp=marcom>

It is recommended that you wash hands with soap and hot water for at least 20 seconds:

1. *Before and after* each client session
2. After sneezing, coughing or wiping a nose
3. After using the toilet
4. After handling soiled items such as a diaper, used tissues or dirty toys
5. Before preparing or eating food

Use of Disposable Gloves

Wear disposable gloves when you could be in contact with body fluids. At times, hospitals will require professionals working with certain patients to wear gloves in diagnostic services. Examples of this include when an audiologist conducts a hearing screening on an infant, or when a speech-language pathologist conducts an oral mechanism exam or removes a voice prosthesis device.

Hands should be washed before wearing gloves. Gloves should be disposed of after each patient, with hands washed again after removing the gloves. If a student clinician has a break in their skin, it should be covered with a Band-Aid and the use of gloves is strongly recommended.

Protective Eye Wear

Protective eye gear is recommended when doing oral peripheral examinations, and when working with patients who have a laryngectomy. They should be worn in any situation where body fluids may splash.

Disinfection

Any potentially contaminated surface or object will require disinfection. For example:

- Table tops used by clients should be wiped with disinfectant after each session.

- Objects/toys should be wiped with disinfectant after each use
- Mouthed objects should be disinfected immediately. If soiled with blood, feces, or urine the objects should be disinfected or discarded.
- Ear probe tips, probe microphones, specula and ear molds should be disinfected. Many Audiology clinics will have ultrasonic electronic cleaning devices for these items. Some of the items may be single use and should be disposed of properly.
- Earphone cushions should be wiped off with disinfectant after each use.

Student Injuries

If a student is injured while at their clinical setting, they should seek immediate medical attention as needed. Their clinical instructor AND the Clinical Coordinator should be informed about the event as soon as possible, for minor as well as major injurious conditions. It is University policy that injuries which occur within the context of University of Pittsburgh educational activities will be reported to the Chair of the Department and to other required University offices.

PART IV: NETWORK CLINICAL EDUCATION

Background Regarding the CSD Clinical Network

Mission Statement

The CSD Clinic Network provides intensive clinical education to graduate students in their initial practicum experiences to facilitate understanding of the structure of clinical processes and to promote the development of clinical decision making skills. While interactions with patients is a major component of Network education, of equal or more importance, is the intense level of clinical teaching and mentoring provided to students while in Network practicum.

Training Sites in the CSD Network 2017 – 2018 Year

CSD Network sites in the 2016 - 2017 year include the following:

- UPMC Children’s Hospital of Pittsburgh (Lawrenceville, East, North & South satellites)
- Children’s Institute
- Pittsburgh Public Schools – Early Intervention program & School Age program
- Allegheny Intermediate Unit – DART (Early Intervention)
- Mt. Oliver Intermediate Unit
- Nathan Speech Services (private practice specializing in services to people with autism spectrum disorders)
- PLEA – school for children with behavioral & developmental challenges
- River & Associates (private practice)
- Shuman Juvenile Detention Center
- Western PA School for the Deaf
- Allegheny Intermediate Unit #3
- UPMC Center for Assistive Technology
- UPMC Eye and Ear Institute
 - Center for Audiology
 - Swallowing Center
- UPMC Mercy Hospital & UPMC Voice Center at Mercy Hospital
- UPMC Passavant Hospital
- Veteran’s Administration Medical Center of Pittsburgh

Approach to Clinical Teaching

The Network teaching focuses on the development of *Basic Clinical Competencies* and *Network Core Clinical Skills*. Network practicum provides students with an opportunity to work with master clinicians whose primary objective is to provide clinical teaching to beginning level student clinicians in the context of service delivery. The Network Clinical Instructors help students make connections between academic learning and patient services across a range of communication and swallowing disorders.

Student clinicians develop skills through participation in client contact time with their Clinical Instructor. They also receive intensive teaching time to provide background knowledge and build clinical skills needed in their practicum assignment. The CSD Network includes opportunities for all phases of screening, evaluation, treatment, and management of varied communication/swallowing disorders with adults and

children. In the CSD Network students are directly supervised more than 90% of the time and receive mentoring and support to help establish a foundation of clinical competencies.

Network Clinical Learning Activities & Requirements



Basic Clinical Competencies

Basic Clinical Competencies are specific skills that provide a foundation for building the clinical competencies required for professional practice. *Basic Clinical Competencies* are the initial skills that students work to develop in Network Practicum experiences. *Basic Clinical Competencies*:

1. Can be achieved with ease by students in their initial practicum experiences and lab classes
&/OR
2. Must be mastered and maintained by students before they transition to Outplacement Practicum

For SLP students the skills are listed on the *Formative Assessment of Network Clinical Competency: SLP* form. For AuD students the skills are identified on the PDF version of the Audiology Clinical Evaluation form in *italics*.

Each Network Clinical Instructor focuses on the *Basic Clinical Competencies* that can be targeted in their setting. For example, some SLP Network placements include intervention services while other Network placements focus on diagnostic services. Some students are assigned to Network practicum with adult clients while other students are assigned to work with pediatric patients. The various Network settings give students the opportunity to work on different *Basic Clinical Competencies* in each of the Network placements. Network Clinical Instructors work with students to develop realistic clinical education goals that are formally defined in the first weeks of the term, and reviewed approximately every 4-7 weeks. Goals should be developed and modified several times across the term to facilitate student acquisition of **Basic Clinical Competencies** and *Network Core Clinical Skills* (see below).

Prior to transitioning to Outplacement Practicum, a student must perform at a 6-7 score level on the Network 9-point scoring system on a majority of the Basic Clinical Competencies (see Scoring System).



Network Core Clinical Skills

Network Core Clinical Skills are critical skills that a student *must* demonstrate skill in implementing before they begin Outplacement practicum. Each discipline has a defined set of *Network Core Clinical Skills* listed in Table 11. Achievement of a Network Core Clinical Skill is determined by attainment of a score of 6 or better on the skill on at least two separate occasions. Students are expected to maintain their competency level after being signed off on Core Clinical Skills.

A student's competency level in implementing a *Network Core Clinical Skill* must be measured at specific points in time (an *event* measurement) using the Network 1-9 scoring system. The student should pre-arrange to demonstrate the skill to a **Clinical Instructor, Faculty Member, or Lab Instructor** and ask to be scored on their performance. A student's performance level should be demonstrated and scored multiple times, providing formative measures of their development, attainment, and maintenance of the *Network Core Clinical Skill*. The same person may sign off on a *Network Core Clinical Skill* more than once but it must be demonstrated on separate occasions.

Each term the student should focus on developing and demonstrating the *Network Core Clinical Skills* possible in their Network assignment/academic courses and labs. For example, if a student has a diagnostic practicum assignment they should focus on the *Network Core Clinical Skills* that occur through the diagnostic experiences (Audiology Dx Core Skills #1-6, 10 & 11; SLP Dx Core Skills 1, 2, 4-6, 7 & 8).

It is the student's responsibility to make arrangements with the clinical and course instructors to demonstrate a *Network Core Clinical Skill*. The student will ensure that the instructor scores the demonstrated skill and provides their signature on the students *Network Core Clinical Skills* form. It is also the student's responsibility to ensure that they have achieved all *Network Core Clinical Skills* and submit copies of their Core Clinical Skills form each term. They should turn in the original copy to the Clinic Administrator (to be filed in Student Folder) before Outplacement Practicum training begins and once they have achieved all Core Clinical Skill requirements.

Table 11. Network Core Clinical Skills

AUDIOLOGY	SLP
<ol style="list-style-type: none"> 1. Performs a routine listening check of test equipment & trouble shoots difficulties <ol style="list-style-type: none"> a. Pure tone audiometer b. Tympanometer 2. Performs an otoscopic examination 3. Provides appropriate test instructions to a client 4. Administers a basic test battery <ol style="list-style-type: none"> a. SRT b. WRS c. Pure tone thresholds d. Masking 5. Explains test results to a patient or family member 6. Makes appropriate rec. based on test results 7. Makes successful ear mold impressions 8. "Troubleshoots" a hearing aid 9. Completes progress notes according to SOAP format 10. Completes formal clinical report 11. Demonstrates an awareness of limitations in experience & knowledge and asks for clinical instructor's help when appropriate 	<ol style="list-style-type: none"> 1. Able to perform oral-facial examination, detect abnormalities, and summarize the results clearly 2. Appropriately administers, scores, & interprets standardized test according to protocol 3. Records session data accurately 4. Documents treatment effectiveness by analyzing & interpreting session data 5. Writes behavioral objectives for a treatment plan 6. Reviews case history information, summarizes relevant information, and identifies areas requiring further investigation 7. Writes complete summary/description of a client's communication characteristics 8. Completes daily progress note 9. Writes a clinical report (progress; diagnostic; &/or consultation) 10. Discusses the results/recommendations of a session with a patient/family member/professional, or with the clinical instructor in a "mock" counseling session 11. Demonstrates awareness of limitations in experience & knowledge and asks for clinical instructor's help when appropriate.

Required Network Clinical Learning Activities



Clinical Documentation Activities

Each term students in the Network are required to complete **at least 10** written documentation activities/assignments. It is recommended that students participate in documentation activities weekly. These activities may include multiple drafts of a single document or components of one document across time (e.g. 3 drafts of one report; daily progress notes; a written case history of several patients). Students should work with the Clinical Instructor to develop opportunities to practice various types of written documentation each term (e.g. SOAP note format; monthly progress report; consultation report; and/or diagnostic report) as possible in their setting.

Whether a clinical setting involves primarily diagnostic or treatment activities, audiology or speech-language pathology services, pediatric or adult clients, common threads occur in clinical writing activities. All cases contain historical components, gathering, describing and analyzing data by formal and informal means, interpretation of data collected, and decision making or recommendations. The following components are recommended to be included in Network clinical documentation activities to provide students with a foundation for effective written communication skills in their profession:

- Diagnostic Writing Components.
 1. History
 2. Client/family report of symptoms, communication and other related problems
 3. Informal/non-instrumental assessment data gathered
 4. Diagnostic/formal/instrumental assessment data gathered
 5. Formation of diagnostic impressions, diagnosis, prognosis
 6. Recommendations

- Treatment/Intervention Settings Writing Components
 1. Updated case history including history of prior treatment/intervention
 2. Brief description of current communication and related behaviors
 3. Quantitative measures of performance or change during session or over treatment period by target/goal
 4. Formal statement of impressions based on assessment of data gathered and analyzed
 5. Recommendations for next treatment/intervention period

When students' work on clinical documentation outside of their clinical site, they must adhere to HIPAA and client confidentiality guidelines. Items retained for a clinical portfolio must be reviewed and approved by the Clinical Instructor. At the end of the term at least one written documentation artifact should be posted in the electronic portfolio.



Reflective Journals

Students in the Network are required to complete at least 8 Reflective Journal entries focusing on their observations, experiences, concerns, and questions related to Network Practicum. It is recommended that journal reflections be done weekly. The format for reflective journals will be available in Typhon External Documents. AuD students can access the reflective journal template in case log notes for each patient. **Journal reflections must be submitted to and reviewed by Network Clinical Instructors.** Reflective Journal entries provide students with a formal mechanism to begin to develop self-evaluation and analysis skills. Reflective journals help Clinical Instructors to discern student understanding of the clinical process. The reflective journals provide a format for responding to student needs/concerns. They also provide another formative indication of changes in student knowledge and skill.

Students may record their journal entries in an electronic file, in Typhon, or on an electronic or hard copy (preferences should be discussed with their Clinical Instructor). Clinical Instructor's will review the journal entries and send feedback periodically (at least 3 times before the midterm, and 3 times after the midterm).



SLP and Audiology Clinic Practicum Review (SLP/AuD CPR)

SLP students enrolled in Network Practicum will participate in a *Clinical Practicum Review* (CPR) experience each term. The CPR experiences consist of an oral presentation by each student to a group of CSD faculty members and peers, focusing on the Network clinical training experience. The overall purposes of the CPR experiences are:

- To provide students with a formal opportunity to develop oral communication skills including presentation of information and answering of questions posed by faculty
- To provide a format for developing and demonstrating self-evaluation skills
- To create an opportunity to promote integration of content from academic teaching and clinical education
- To provide clinical faculty members with an opportunity to be more familiar with the range of clinical training experiences within the network

The CPR sessions also provide structured opportunities to help students begin to develop competencies necessary for successful performance on the oral comprehensive examination at the end of their graduate program. Students prepare a written outline and present a time limited oral summary. Students are welcome to use a written outline while summarizing their case but should not simply read the presentation. Students present to a group of peers and faculty and questions follow from the audience. The specific goals and requirements of the CPR experience change each term.

The sessions are often video-recorded allowing students to review and critique their performance. Once the self-evaluation has been turned in to the coordinator, the student will receive a copy of the feedback from their CPR experience. The written feedback includes a copy of each faculty member's feedback *and* an overall CPR rating provided by the faculty group as a whole; students also receive the peer feedback forms. A copy of the CPR faculty feedback is attached to the student's department file in the clinical training section along with a copy of the student's self-evaluation.

The CPR sessions (CPR1, CPR2, and CPR3) are done by SLP and AuD students at different points in their program. SLP students complete each experience during the first year of their program (CPR1-Fall #1; SPR-2 Spring #1; CPR3-Summer #1). AuD students complete CPR1 Spring #1, CPR2 Fall #2, and CPR3 Fall #3.

CPR #1. Students prepare an oral summary of a data-based research article. There will be a 5 minute question-answer period following the presentation. The purpose of this experience is:

- To provide students with an opportunity to develop/refine verbal presentation skills.
- To provide students with an opportunity to practice summarizing and critiquing data based research
- To create an opportunity for students to present verbal information to a group of faculty & peers in a formal setting and to respond to "on the spot" questions
- To provide a format for students to learn from their peers, and to practice providing meaningful feedback that will promote the development of oral communication skills

Each student's presentation will vary in content and focus depending on the research article they select. Details on CPR-1 requirements will be provided.

CPR #2. The CPR-2 case presentation focuses on providing a summary of one specific clinical case that the student worked with during the term. The summary should provide an opportunity for the student to demonstrate their ability to describe the client's communication disorder and to discuss the clinical processes used with the client/patient. The verbal presentation should include at least the following components:

1. **Ten-minute** summary of a clinical case the student has worked with that term including description of the communication disorder; summary of diagnostic measures; definition of severity level(s); prognosis for improvement; recommended plan of treatment; summary of progress; and identification of factors influencing patient performance
2. **Five-minute** summary of information from one recent research article that is relevant to the case with a clear description of how the information relates to the case

3. *Ten minutes* will be allotted for question-answers

The specific objectives of the second CPR experience include the following:

- To prepare a well-organized and descriptive summary of one patient seen this term
- To encourage students to evaluate and use current research in the clinical process
- To practice answering questions and expanding verbally on ideas related to a clinical case
- To learn from peers and to practice providing meaningful feedback to classmates to promote their development of oral communication skills
- To assess the strength of communication skills towards readiness of Outplacement expectations

Students who do not perform strongly on their CPR-2 experience may be asked to remediate over the summer term and complete the CPR-2 experience in the following fall/spring term at a satisfactory level. Recommendations regarding readiness for movement to outplacement practicum in the Summer term are partly based on student performance on CPR-2.

CPR-3: CPR-3 is comprised of several parts:

- Students are provided with a brief set of information about a case, with 30 minutes to review the information and prepare for the session
- Students prepare a brief presentation, and make recommendations regarding how they would approach the next session with the patient (i.e. what assessment measures would they do; what additional information do they need; possible approaches to take in treatment with the patient, etc.). The case is then presented by the student to faculty and classmates, followed by Q&A from peers and faculty.
- Audiology only: Students will be handed previously unseen test data and patient information and be asked to immediately interpret results and define recommendations/implications for patient management

The goals of the CPR-3 are to:

1. Assess the student's ability to retrieve information routinely used in audiologic/SLP practice
2. To assess the student's ability to apply routine SLP/audiologic clinical decision making strategies and information to relevant cases
3. To assess the student's ability to field case-related questions from faculty and classmates

Students who do not perform satisfactorily on the CPR-3 may be asked to repeat the experience in the subsequent term. For AuD student's movement to the AuD extern may be influenced by inadequate performance on CPR #3.



Electronic Clinical Portfolio

Students will develop an electronic clinical portfolio in Typhon that provides formative evidence of their acquisition of clinical competencies across the program. At the end of the program student course records and the Typhon clinical tracking reports contribute to evidence that students have achieved the knowledge and skills required by the program and by ASHA. The clinical portfolio provides more qualitative evidence of achievement of clinical competence and can better illustrate the scope and depth of growth achieved across the graduate program.

At the end of each semester each student is required to organize a set of portfolio pieces that demonstrate growth in clinical competencies that term. In Network practicum SLP students will develop a collection of

at least *three* items, while AuD students will develop one item, used to convey information on their major accomplishments for the term. The portfolio items should be prepared and presented at the end-of-term meeting with their Network Clinical Instructor while discussing clinical accomplishments for the term. Portfolio items will be organized into the Typhon portfolio and will be discussed and reviewed by the Clinic Coordinator in clinic advising sessions.

Portfolio items can include a wide variety of materials including copies of feedback from Clinical Instructors, samples of clinical work including lesson plans, data collection systems, clinical, and self-evaluation summaries (See Table 3 for examples). A list of the types of different communication disorders seen might be included and/or a list of diagnostic tools and techniques which have been learned/mastered. Progress notes and sample clinic reports with clinical instructor feedback are also appropriate. Students might develop a section showing progress on achievement of clinical competencies. It is also suggested that students incorporate assignments and accomplishments from academic coursework into their portfolio (e.g. copies of team projects; case based learning assignments; and research papers).

The items should be organized into a cumulative clinical portfolio across the graduate program. Students are free to develop their own organizational system. A well-developed portfolio provides an excellent tool to share with future employers when the student graduates and interviews for jobs. It also provides evidence of achievement of the ASHA standards.

Client-Related Information. Any client-related information from practicum experiences that a student considers for possible use outside of their clinical setting must be modified by the student to ensure that client confidentiality and HIPAA guidelines are STRICTLY met. The following steps will be taken when considering use of client-related information:

1. First check with your Clinical Instructor to determine whether an artifact may be used in a portfolio and determine the agency-specific requirements of its use. If approval is provided, move to the next steps. If approval is not given, a student may NOT use client related information from that site. Note that some sites/supervisors may require review of the final draft of the artifact before it is filed in the portfolio. Please check with your supervisor.
2. Prepare information following the guidelines given earlier in this handbook.

Network Clinical Faculty/Instructors

Network Clinical faculty have a vast array of experience providing clinical service delivery in varied settings. They have a strong interest in educating graduate students to become future clinicians by providing sequenced learning steps. Full-time clinical faculty/staff in the Department of Communication Science and Disorders whose primary duties include clinical training are listed below. Their areas of clinical expertise, sites where supervision is provided, and contact details are also provided.

James Coyle, PhD, CCC-SLP Adult Speech/Language Services; Dysphagia
UPMC - Passavant Hospital & UPMC - Eye & Ear Inst.
Forbes Tower 6074 412-383-6608 or jcoyle@pitt.edu

Katya Hill, PhD, CCC-SLP AAC Services
PLEA School (Wilkinsburg) and the Eye Can Talk Clinic
Forbes Tower 6071 412 383-6659 or mailto:khill@pitt.edu

Deborah Moncrieff, PhD, CCC-A Pediatric Audiology

Shuman Juvenile Detention Center;
Forbes Tower 6060 412-383-6540 or dmoncrie@pitt.edu

Elaine Mormer, PhD, CCC-A Adult Rehabilitative Audiology
University Health Services/Squirrel Hill Health Center
Forbes Tower 6033 412-383-6610 or emormer@pitt.edu

Catherine Palmer, PhD, CCC-A Adult Rehabilitative Audiology
UPMC Center for Audiology and Hearing Aids
Forbes Tower 6041 412-647-2030 or <mailto:palmercv@upmc.edu>

Linda Sustich, M.A., CCC-S Pediatric/School Based Services
Community Screening Program (SLP Screenings with AuD students)
School Liaison
Forbes Tower 6062 412-383-6539 or <mailto:lsustich@pitt.edu>

Barbara Vento, PhD, CCC-A Pediatric Diagnostic Audiology
Children's Hospital of Pittsburgh
Forbes Tower 6038 412-383-6611 or <mailto:barbv@pitt.edu>

Katherine Verdolini, PhD, CCC-SLP Voice Disorders
UPMC Voice Center (at Mercy Hospital)
Forbes Tower 6057 412-383-6544 or <mailto:kav25@pitt.edu>

Part-time University of Pittsburgh faculty/staff supervisors who serve as Clinical Instructors with Network students include the following:

Geoff Fredricks, PhD, CCC-SLP Adult diagnostic & treatment services
Veteran's Administration Medical Center, Oakland
<mailto:gef4@pitt.edu>

Pam Lees, M.A., CCC-SLP CSD Community Screening Team (Fall term)
Speech-language screenings for audiology students
<mailto:jjplees1@verizon.net>

Chris Matthews, CScD., CCC-SLP Adult Acute care diagnostics & treatment
Veteran's Administration Medical Center, Oakland
<mailto:c.matthews@va.gov>

Robin Metzler, M.S., CCC-SLP Pediatric Diagnostic Services
Children's Hospital of Pittsburgh- Bridgeville
metzr@pitt.edu

Reva Rossman, PhD, CCC-A Adult Rehabilitative Audiology
UPMC Center for Assistive Technology
412-647-9676 or rossman@pitt.edu

Katie Vellody CSD Community Screening Team
Audiology Practicum for SLP students
[mailto: TBA](mailto:TBA)

In addition to the above, clinicians from the community serve as Network Clinical Instructors providing clinical teaching in a wide variety of sites and settings in the greater Pittsburgh area.

PART V: CLINICAL OUTPLACEMENT & EXTERNSHIP

When students have achieved the requirements of the Clinical Network they participate in practicum in Outplacement Settings. SLP and Audiology students typically begin Outplacement practicum during their third or fourth terms. Initiation of Outplacement training is individually determined and dependent upon when the requirements of Network education are met.

The greater Pittsburgh area offers a wide variety of settings where students participate in outplacement practicum. Opportunities are available to work in settings such as the public schools, acute care hospitals, rehabilitation facilities, extended care facilities, early intervention programs, and private practice. Students can view information on current outplacement opportunities online via the Typhon *Clinical Site Directory*. New facilities can be recruited for outplacement opportunities; however, an affiliation contract must be completed through the Dean's office of SHRS as initiated by the Clinic Coordinator.

Requirements for Enrollment in Outplacement Practicum

The following requirements must be met before students are eligible for outplacement practicum:

1. Complete a minimum of twenty-five hours of client contact with a passing grade in the Clinical Network
2. Achieve a majority of the Network Basic Clinical Competencies at a 6-7 level
3. Perform at a satisfactory level on Professional Responsibilities
4. Achieve the Network Core Clinical Skills requirements
5. Demonstrate adequate verbal communication skills as indicated by CPR performance
6. Receive the recommendation of current Clinical Instructor(s)
7. Obtain the approval of the appropriate Clinic Coordinator

Below is a summary of the student clinician characteristics indicating that the student is "outplacement ready" as compared to student behaviors suggesting they need to remain in Network practicum.

Table 12. Readiness for Outplacement Practicum – Examples of student characteristics*

Note*: The behaviors below are considered examples. A student would not need to exhibit all of the behaviors within a category. Outplacement readiness is typically indicated by a student exhibiting a good number of behaviors listed in the left hand column below.

BEHAVIORS ASSOCIATED WITH “OUTPLACEMENT READINESS”	BEHAVIORS INDICATING NEED TO REMAIN IN NETWORK PRACTICUM
<ul style="list-style-type: none"> • Shows <u>initiative</u> in clinical planning and decisions (i.e. they give suggestions of recommendations for a client; they propose possible changes in a tx program, some of which are very on-target; they take on extra responsibilities/tasks without being asked to do so; bring in articles relevant to their cases without being asked) • Gives rationale for their ideas – based on their experiences, and info learned in courses (the rationale might not always be correct, but they are able to describe why they think something is a certain way). • Their self-evaluation skills are strong, and they do <u>not</u> overestimate their actual ability level (i.e. they know what they know and know what they don’t know) <ul style="list-style-type: none"> ○ They are able to ID strengths in clinical skills and areas to improve that are not based merely on what you have already told them • Their communication skills are strong – they “appear” comfortable talking to patients, family members, and other professionals • They meet clinical responsibilities and professional expectations without reminders • They bring in content learned in their courses, asking you about the information or sharing the information with you 	<ul style="list-style-type: none"> • The student needs the teaching time to support their learning. This type of student is able to do what they are told, but is not yet showing independent thinking skills on a consistent basis • Student characteristics supporting that a student should remain in the Network include the following examples: <ul style="list-style-type: none"> ▪ Relies on direct instructions &/or modeling of skills/behaviors majority of the time ▪ Utilizes thinking and problem solving skills that are concrete in nature much of the time ▪ Only occasionally gives their own ideas/suggestions regarding clinical cases (e.g., recommendations; changes in treatment plan; ideas from courses/readings) ▪ Waits to be told what to do with a patient most of the time ▪ <u>Appears</u> somewhat timid &/or unconfident when talking with patients, professionals, and/or family members ▪ Does not take initiative in clinical responsibilities most of the time ▪ Demonstrates rate of skill acquisition that is slower than other students at the same level ▪ Uses professional communication skills which are often ineffective or undeveloped ▪ Only occasionally discusses content learned in coursework in relation to clinical work with clients ▪ Only occasionally applies content from courses/readings to their cases ▪ Tends to do what is required, but nothing extra

Outplacement Practicum Placements (2nd year SLP & Audiology)

The Outplacement Practicum experience is designed to facilitate application of principles and procedures gained through academic coursework and clinical observations to the actual delivery of services. In practicum assignments, students gradually develop the clinical skills required for independent functioning as a speech/language pathology clinical fellow, or fourth year audiology extern student.

Student responsibilities during each practicum assignment are determined based on the following: 1) the clinical services provided at the site; 2) the student's level of competence; 3) the Clinical Instructor's guidelines; 4) the guidelines set by the Council on Academic Accreditation (CAA) and the American Speech-Language-Hearing Association (ASHA); and 5) the guidelines/policies of the facility where the student is placed.

When students plan to enroll in Outplacement Practicum they must inform the appropriate clinic coordinator of their intent to participate in practicum assignments by submitting a Practicum Request form within the timeline required.

Speech/Language Practicum Assignments: **Linda Sustich**

Audiology Network & Outplacement Assignments: **Elaine Mormer**

The student schedules a Clinical Advising session with the coordinator and submits a Request for Clinic form (via Typhon) typically around midterm time of the preceding semester. The student should define their upcoming clinical needs in terms of preferred setting type, communication disorders of interest, hours sought (e.g. adult vs. pediatric; diagnostic vs. treatment), and days per week of practicum. Requests can be made for specific sites but there is no guarantee that they will be provided. Actual clinic assignments will be developed by the appropriate clinic coordinator in consultation with the student.

Students will not receive credit for practicum hours obtained under the supervision of a non-approved clinical supervisor. ASHA guidelines state that *students may not make their own arrangements for practicum assignments*. Clinical placements and activities must be assigned by the Clinic Coordinator.

Enrollment in clinical practicum is dependent on the successful completion (grade C (or Satisfactory) or better) of coursework and clinic in the prior semester. A failing grade may preclude the student from participating in clinical practicum. Deficits in performance on professional expectations may also be cause for removal from practicum. Such restrictions from clinical practicum will be made at the discretion of the clinical coordinator and the student's adviser.

Outplacement & School Practicum Handbooks

In this binder you will find a copy of the *Outplacement Handbook* and the *School Practicum Handbook* for graduate student clinicians and their Clinical Instructors. These guides provide suggestions and procedures for optimizing the quality of the clinical teaching experience in outplacement settings. They also include a description of expectations for each of the types of experiences. Graduate student clinicians enrolling in Outplacement Practicum should read the *Outplacement Guidelines* before they begin their first outplacement experience (see Appendix C). Students participating in a school practicum experience should read the *School Practicum Handbook* before they begin their student teaching experience (see Appendix D). Copies of the appropriate handbooks are sent to each supervisor when the student begins the placement.

AuD Fourth Year Externship Placements

Students earning a clinical doctorate degree in audiology (AuD) will complete a full-time fourth year externship. Dr. Barbara Vento oversees all AuD externship arrangements and identifies a site mutually agreed upon with the student, and the site supervisor. Students are encouraged to consult the American Academy of Audiology Registry of Clinical Extern sites for ideas regarding possible options around the country: http://hearcareers.audiology.org/website/36124/index.cfm?_ga=1.137314228.587069830.1403296435

During the summer after year 2 students meet with the externship site coordinator and the placement process will begin. It should be noted that students will typically not be placed in a fourth year externship until all coursework is completed, with the possible exception of part-time students (to be considered on a case-by-case basis). Additionally, students must pass Comprehensive Exam II before engaging in the externship search process. A separate handbook exists defining the expectations and guidelines of AuD 4th Year Externships and will be provided to students by Dr. Vento. The AuD Externship Handbook includes a flow-chart/checklist of the externship site placement process (Appendix D of the AuD Externship Handbook – not included in this handbook).

Externship students must complete and maintain current documentation as defined in the CSD Graduate Manual:

- Complete the Doctoral orientation as required by Ms. Kellie Beach, SHRS Registrar
- Current health/safety requirements (e.g., liability insurance; physical examination requirements as required by SHRS) must be on file with the Student Health Center (SHC). These forms are found at <https://www.shrs.pitt.edu/student-services/forms/>
- Maintain HIPAA training and certification. Complete modules and FAX certificate of completion to Tonya Martin (412-383-6555). Found at <https://cme.hs.pitt.edu/servlet/teachControllerServlet?actiontotake=loadmodule&moduleid=6381>
- Maintain current Bloodborne Pathogen (BBP) training and certification. Go to <https://cme.hs.pitt.edu/servlet/teachControllerServlet?actiontotake=loadmodule&moduleid=1685> ; complete the module; print and FAX the certification to Tonya Martin (412-383-6555).
- Maintain current liability insurance through SHRS
- *Externs must also meet any additional health and safety requirements as well as security clearances required by the site.*





Clinical Training Action Plan

Department of Communication Science and Disorders

Student Clinician: _____ Site: _____

Clinical Instructor: _____ Date of Plan: _____

I. Definition of Concern(s):

II. Identification of Strengths/Weaknesses

CURRENT STATUS	GRADUATE STUDENT CLINICIAN Clinical Skills/Behaviors	CLINICAL INSTRUCTOR Student Training Skills & Behaviors
STRENGTHS		
WEAKNESSES		

III. Definition of steps/objectives which

Identification of steps/objectives which need to be met along with a timeline for completion

Identification of strategies to be used by the Clinical Instructor and the Graduate Student Clinician to facilitate achievement of the steps/objectives

Definition of how progress on steps/objectives will be determined

Arrange a follow-up meeting (date: _____)

IV. Objectives/Steps (define in behavioral terms)

DEFINE MEASURABLE OBJECTIVE/STEPS TO BE TAKEN (be specific)	WHO WILL DO IT / WHEN WILL IT BE DONE	SUMMARY OF RESULTS

V. FINAL OUTCOME (description from Clinic Coordinator, Clinical Instructor and Graduate Student Clinician)



END OF TERM

Formative Assessment Network Clinical Competency: SLP (rev. 7/10)
Communication Science & Disorders Department, University of Pittsburgh

INSTRUCTIONS FOR RATING STUDENT-CLINICIAN PERFORMANCE

The purpose of the midterm evaluation is for you, the Clinical Instructor, to provide written description of the student's performance in practicum up to this point in time. The key to a successful student evaluation is to provide clear and specific feedback regarding the student's level of clinical competency.

The midterm evaluation includes a description of the student's current areas of strength and aspects to improve. The midterm provides an opportunity for you and the student clinician to make sure that there is common understanding of their current level of performance. It also sets the stage for defining realistic goals for the remainder of the term (formative plan in Question #18) and developing teaching strategies to promote the development of the Network Basic Clinical Competencies. Below are the suggested steps for completing the student evaluation.

STEP 1	Review the 1-9 Network Scoring system carefully reading the description of student clinician and Instructor Support characteristics. Keep the scoring system next to you & refer to it as you complete the form.
STEP 2	Review written feedback notes & paperwork from the student's clinical activities as well as journal reflections. Define the student's current areas of strength & areas to improve
STEP 3	Score student's performance on Professional Expectations (Satisfactory; Unsatisfactory)
STEP 4	Use the 9 point Network Scoring System (detailed version in Qustion #5) to score relevant Clinical Skills. Skills which have not been focused on several times this term should be left blank. In scoring the student's performance consider their level of performance and your level of instructional support across the last 3-4 weeks of the grading period . Scores can range between 1-9. Note that a score of "9" (exceptional) should rarely be used, and must include justification in the comment section.
STEP 5	Hold conference with student to discuss their performance and their self evaluation. During the midterm it is recommended that you also ask the student to provide you with feedback on the effectiveness of clinical teaching you are providing.

Midterm evaluations are not converted into a letter grade. Rather they provide an opportunity to discuss progress to date this term and to identify goals for the remainder of the term.

Note: If the student is at an Unsatisfactory level on more than three items across the Professional Expectations section (Step 2) at the end of the term, their final letter grade will be lowered by one letter grade (e.g., B+ becomes B; A- becomes B+).

- Term (Fall, Spring, Summer): -
- Year: -
- Site:
- Clinical Instructor:

I a. Areas of Strength: Provide a listing of the student's strengths as well as major areas of growth & improvement

I b. Areas to Improve/Develop: List areas/skills to improve. Note aspects of concern and skills which are below expectations for the student's level in the program.

II. Professional Expectations. Score the student on professional responsibilities as measured by performance in terms of 1 = *UNSATISFACTORY (&/or inconsistent)*; 2 = *SATISFACTORY (and consistent)*; NA = *not applicable*

1 = Unsat; 2= Satisf NA = not applicable	PROFESSIONAL RESPONSIBILITIES
	1. Has a positive attitude toward clinical education
	2. Keeps personal concerns & problems from interfering with the clinical process
	3. Comes to sessions/meetings well prepared (eg has pen/paper; asks questions; materials are organized)
	4. Completes responsibilities on time (e.g., documentation, session plans, etc)
	5. Is highly familiar with materials & resources at site
	6. Exhibits professional & technical growth
	7. Demonstrates professional maturity & conduct for the situation
	8. Dresses in a manner consistent with the policies/expectations of the site
	9. Is on time for clinical sessions/meetings
	10. Follows agency safety procedures, policies for infection control & universal precautions
	11. Follows HIPAA/Client Confidentiality policies
	12. Adheres to the ASHA Code of Ethics

The following 9-point scoring system is used to score the clinical skill performance of Network student clinicians. Note that consideration of a score is based on the quality and independence level which the **STUDENT CLINICIAN** performs in combination with the **CLINICAL INSTRUCTOR LEVEL OF SUPPORT** used by the supervisor. NOTE: *Score of 1 or 9 on any item requires justification in comments section.

NETWORK 9-POINT SCORING SYSTEM (June 2010)		
Points	STUDENT CLINICIAN PERFORMANCE	CLINICAL INSTRUCTOR SUPPORT
1	ABSENT SKILL or implemented with difficulty. Efforts to modify behavior unsuccessful. Demonstrates incomplete understanding of clinical disorder/process. Observes & assists instructor. Difficulty evaluating self. Difficulty focusing on client's needs.	MAXIMUM INSTRUCTION. Direct instruction, background info and demonstration necessary all/most of time. Client service is provided by clinical educator.
2	EMERGING SKILL. Efforts to modify behavior occ successful. Needs instruction to modify skill. Implements skill if previously discussed/modeled. Focused primarily on own needs not client needs. Limited self-evaluation skills.	CONSTANT DIRECTION. Helps student understand relevant client needs majority of time. Clarifies priorities. Some assistance/demo is needed during session. Provides post-session input to facilitate appropriate follow-up. Facilitates student self-evaluation.
3		
4	INCONSISTENT SKILL. Skill is under-developed. Implemented appropriately but inconsistently. Does not independently modify behavior during session. Post-session, student aware of need to modify behavior, and able to identify <u>some</u> solutions, but may not be optimal methods.	ONGOING GUIDANCE. Oversees session plan. Occasional input needed during session to insure accurate, appropriate, and optimal services. Focus on increasing student awareness of when/how to improve the skill. Instruction frequently required to facilitate understanding of client needs
5		
6	CONSISTENT WITH OCC PROMPTS. Skill implemented appropriately <u>most</u> of the time. Working on refining skill (i.e., increase consistency, efficiency, or effectiveness). During session aware of need for change and modifies behavior <u>some</u> of time. Initiates new suggestions <u>some</u> of the time.	INTERMITTENT PROMPTING. Monitors student performance & plans. Gives prompts regarding client needs & possible alternatives to consider <u>some</u> of time. Seldom intervenes during session.
7		
8	CONSISTENT & CAPABLE. In most situations: implements skills consistently & proficiently; modifies behavior as needed; demonstrates independent clinical problem solving. Generates accurate self-evaluation.	REGULAR OVERSIGHT. Supervisor confirms student hypotheses & plans most of the time. Collaborates with student regarding client needs & suggests alternative areas to consider some of the time. Promotes student independence.
9	EXCEPTIONAL. Skill consistently implemented independently & competently. Takes initiative in case management. Self-evaluation insightful.	COLLABORATIVE INPUT. Supervisor provides input when student indicates they need assistance in a specific area. Supervisor plays role of an advisor. Provides mentoring to support growth.

ABBREVIATED 9-POINT NETWORK SCORING SYSTEM

1*	2	3	4	5	6	7	8	9*
ABSENT SKILL	EMERGING SKILL		INCONSISTENT SKILL		CONSISTENT MOST OF TIME		CONSISTENT & CAPABLE	EXCEPTIONAL
MAXIMUM INSTRUCTION	CONSTANT DIRECTION		ONGOING GUIDANCE		INTERMITTENT PROMPTS		REGULAR OVERSIGHT	COLLABORATIVE INPUT

*Score of 1 or 9 on any item requires justification in comments section.

6. Competency #1. Student demonstrates appropriate interaction & personal skills for professional role

- a. Is approachable & responsive to Clinical Instructor - 1 2 3 4 5 6 7 8 9
- b. Maintains an effective working relationship with patient/client - 1 2 3 4 5 6 7 8 9
- c. Maintains an effective working relationship with family/caregiver & other professionals - 1 2 3 4 5 6 7 8 9
- d. Projects a confident image in clinical setting - 1 2 3 4 5 6 7 8 9

COMMENTS:

7. Competency #2. Student provides counseling & interviews patients & family/caregivers regarding communication / swallowing disorders (if student has not interviewed or counseled clients, skip this section)

- a. Establishes rapport with client - 1 2 3 4 5 6 7 8 9
- b. Establishes rapport with caregiver/professional (eg parent/spouse, SLP; nurse) - 1 2 3 4 5 6 7 8 9
- c. Identifies patient/family's primary concern(s) - 1 2 3 4 5 6 7 8 9
- d. Demonstrates awareness of cultural differences - 1 2 3 4 5 6 7 8 9
- e. Demonstrates the ability to consider the reliability of information reported - 1 2 3 4 5 6 7 8 9

COMMENTS:

8. Competency #3A. Student demonstrates NONVERBAL communication skills appropriate for professional role

- Uses nonverbal communication appropriate for client (e.g. eye contact, gesture, facial expression) - 1 2 3 4 5 6 7 8 9
- Uses nonverbal communication appropriate for family/caregiver(s) - 1 2 3 4 5 6 7 8 9
- Uses nonverbal communication appropriate for other professionals - 1 2 3 4 5 6 7 8 9
- Recognizes nonverbal communication of others (eg patient, family, professionals) - 1 2 3 4 5 6 7 8 9
- e. Modifies own nonverbal communication as needed - 1 2 3 4 5 6 7 8 9

COMMENTS:

9. Competency #3B. Student demonstrates VERBAL communication skills appropriate for professional role:

- a. Greets patient AND family/caregiver by preferred form of address - 1 2 3 4 5 6 7 8 9
- b. Initiates communication with family/caregiver - 1 2 3 4 5 6 7 8 9
- c. Recognizes need to modify communication to ensure understanding - 1 2 3 4 5 6 7 8 9
- d. Modifies communication (style, level, mode) appropriate to client & family needs d. Modifies communication (e.g., mode, language level) appropriate to client/family needs - 1 2 3 4 5 6 7 8 9
- e. Shares observations with instructor, participating ACTIVELY in discussions of patients - 1 2 3 4 5 6 7 8 9
- f. Knows which questions s/he can answer & otherwise refers to Clinical Instructor - 1 2 3 4 5 6 7 8 9

COMMENTS:

ABBREVIATED 9-POINT NETWORK SCORING SYSTEM

1*	2	3	4	5	6	7	8	9*
ABSENT SKILL	EMERGING SKILL		INCONSISTENT SKILL		CONSISTENT MOST OF TIME		CONSISTENT & CAPABLE	EXCEPTIONAL
MAXIMUM INSTRUCTION	CONSTANT DIRECTION		ONGOING GUIDANCE		INTERMITTENT PROMPTS		REGULAR OVERSIGHT	COLLABORATIVE INPUT

*Score of 1 or 9 on any item requires justification in comments section.

10. Competency #3C. Student demonstrates WRITTEN COMMUNICATION & DOCUMENTATION SKILLS appropriate for professional role

- a. Writes accurate & complete daily progress notes - 1 2 3 4 5 6 7 8 9
- b. Writes accurate & complete treatment progress notes - 1 2 3 4 5 6 7 8 9
- c. Writes accurate & complete diagnostic report - 1 2 3 4 5 6 7 8 9
- d. Includes valid, quantifiable data in clinical documentation - 1 2 3 4 5 6 7 8 9
- e. Presents information in an organized & concise manner - 1 2 3 4 5 6 7 8 9
- f. Uses appropriate mechanics of writing (eg spelling, grammar, punctuation) - 1 2 3 4 5 6 7 8 9
- g. Uses vocabulary/terminology appropriately - 1 2 3 4 5 6 7 8 9
- h. Edits & proofreads all documentation - 1 2 3 4 5 6 7 8 9

COMMENTS:

11. Competency #4. Student evaluates own performance; develops & implements a plan of improvement

- a. Identifies areas of strength/areas of concern that are familiar from supervisory discussions - 1 2 3 4 5 6 7 8 9
- b. Identifies areas of strength/areas of concern INDEPENDENT of supervisory input - 1 2 3 4 5 6 7 8 9
- c. Prioritizes clinician goals to focus on - 1 2 3 4 5 6 7 8 9
- d. Identifies & implements strategies to improve clinical skill level - 1 2 3 4 5 6 7 8 9
- e. Alters behavior based on self-evaluation &/or instructor input - 1 2 3 4 5 6 7 8 9
- f. Seeks information to increase knowledge base (eg research, background on new disorder) - 1 2 3 4 5 6 7 8 9

COMMENTS:

12. Competency #5A Student evaluates communication/swallowing disorders: PLANS

ASSESSMENT (Note: if student has not provided assessment/dx services to patients skip competencies 5A, 5B, & 5C)

- a. Reviews available records (eg medical record, IEP, case history) - 1 2 3 4 5 6 7 8 9
- b. Summarizes relevant information from record review - 1 2 3 4 5 6 7 8 9
- c. Develops plan for diagnostic session incorporating standardized & nonstandardized techniques - 1 2 3 4 5 6 7 8 9
- d. Reviews information provided by Clinical Instructor related to the client - 1 2 3 4 5 6 7 8 9
- e. Is prepared to respond to a variety of predicted/unpredicted outcomes - 1 2 3 4 5 6 7 8 9
- f. Identifies a heirarchical plan for prompting responses from client - 1 2 3 4 5 6 7 8 9
- g. Takes initiative in planning for patient's needs (eg seeks info on disorder; reviews tools) - 1 2 3 4 5 6 7 8 9

COMMENTS:

ABBREVIATED 9-POINT NETWORK SCORING SYSTEM

1*	2	3	4	5	6	7	8	9*
ABSENT SKILL	EMERGING SKILL		INCONSISTENT SKILL		CONSISTENT MOST OF TIME		CONSISTENT & CAPABLE	EXCEPTIONAL
MAXIMUM INSTRUCTION	CONSTANT DIRECTION		ONGOING GUIDANCE		INTERMITTENT PROMPTS		REGULAR OVERSIGHT	COLLABORATIVE INPUT

*Score of 1 or 9 on any item requires justification in comments section.

13. Competency #5B Student evaluates communication/swallowing disorders: IMPLEMENTS ASSESSMENT MEASURES

- a. Administers measures according to protocol - 1 2 3 4 5 6 7 8 9
- b. Accurately records client responses - 1 2 3 4 5 6 7 8 9
- c. Records relevant behavioral observations of client behaviors - 1 2 3 4 5 6 7 8 9
- d. Scores data/client responses accurately - 1 2 3 4 5 6 7 8 9
- e. Uses appropriate feedback &/or reinforcement consistent with assessment procedures - 1 2 3 4 5 6 7 8 9
- f. Recognizes changes in client's response patterns during session - 1 2 3 4 5 6 7 8 9
- g. Responds to changes in client's response patterns to facilitate optimal participation - 1 2 3 4 5 6 7 8 9

COMMENTS:

14. Competency #5C Student evaluates communication/swallowing disorders: POST ASSESSMENT

- a. Scores standardized & nonstandardized diagnostic measures - 1 2 3 4 5 6 7 8 9
- b. Interprets standardized & nonstandardized diagnostic measures - 1 2 3 4 5 6 7 8 9
- c. Analyzes nonstandardized measures (e.g., spontaneous language measures) - 1 2 3 4 5 6 7 8 9
- d. Demonstrates awareness of limitations & gaps in measures obtained - 1 2 3 4 5 6 7 8 9
- e. Demonstrates understanding of patient's diagnosis - 1 2 3 4 5 6 7 8 9
- f. Identifies possible etiological/contributing factors impacting patient performance - 1 2 3 4 5 6 7 8 9
- g. Develops accurate clinical impression based on session results - 1 2 3 4 5 6 7 8 9
- h. Uses session data and research literature to support clinical decisions - 1 2 3 4 5 6 7 8 9
- i. Formulates appropriate recommendations - 1 2 3 4 5 6 7 8 9

COMMENTS:

15. Competency #6A. Student provides intervention services: PLANNING INTERVENTION

(Note: if student has not participated in intervention/treatment services with patients, skip competencies 6A, 6B, & 6C)

- a. Reviews & summarizes available records (eg medical record, IEP, case history) - 1 2 3 4 5 6 7 8 9
- b. Reviews information provided by the clinical instructor related to the client - 1 2 3 4 5 6 7 8 9
- c. Develops appropriate long-term goals - 1 2 3 4 5 6 7 8 9
- d. Develops measurable behavioral objectives which are appropriate - 1 2 3 4 5 6 7 8 9
- e. Defines appropriate treatment strategies (eg modeling; placement cues) to achieve objectives - 1 2 3 4 5 6 7 8 9
- f. Develops appropriate activities (for client's age, disorder, objective & interests) - 1 2 3 4 5 6 7 8 9
- g. Develops reinforcement plan for correct/incorrect behaviors - 1 2 3 4 5 6 7 8 9
- h. Develops backup plan for predicted/unpredicted outcomes (i.e., patient ability lower than expected) - 1 2 3 4 5 6 7 8 9
- i. Identifies a heirarchy plan for prompting responses from client (eg least to most difficult level) - 1 2 3 4 5 6 7 8 9
- j. Creates a data collection plan/format to measure patient performance - 1 2 3 4 5 6 7 8 9
- k. Incorporates information from research literature when planning for client's needs - 1 2 3 4 5 6 7 8 9
- l. Takes initiative in planning for session (eg modifies targets; identifies new strategies) - 1 2 3 4 5 6 7 8 9

COMMENTS:

ABBREVIATED 9-POINT NETWORK SCORING SYSTEM

1*	2	3	4	5	6	7	8	9*
ABSENT SKILL	EMERGING SKILL		INCONSISTENT SKILL		CONSISTENT MOST OF TIME		CONSISTENT & CAPABLE	EXCEPTIONAL
MAXIMUM INSTRUCTION	CONSTANT DIRECTION		ONGOING GUIDANCE		INTERMITTENT PROMPTS		REGULAR OVERSIGHT	COLLABORATIVE INPUT

*Score of 1 or 9 on any item requires justification in comments section.

16. Competency #6B. Student provides intervention services: IMPLEMENTS INTERVENTION

- a. Organizes environment to maximize patient performance - 1 2 3 4 5 6 7 8 9
- b. Manages equipment & materials effectively - 1 2 3 4 5 6 7 8 9
- c. Implements intervention strategies to achieve objectives. - 1 2 3 4 5 6 7 8 9
- d. Modifies strategies/procedures during session as needed - 1 2 3 4 5 6 7 8 9
- e. Manages client behavior to achieve session objectives - 1 2 3 4 5 6 7 8 9
- f. Elicits ample number of trials of target behaviors - 1 2 3 4 5 6 7 8 9
- g. Provides appropriate feedback for correct/incorrect/no response behaviors - 1 2 3 4 5 6 7 8 9
- h. Motivates the client - 1 2 3 4 5 6 7 8 9
- i. Adjusts input to client when needed - 1 2 3 4 5 6 7 8 9
- j. Implements hierarchy plan to prompt responses - 1 2 3 4 5 6 7 8 9
- k. Accurately records client responses - 1 2 3 4 5 6 7 8 9
- l. Notes relevant behaviors observed during interaction with the patient - 1 2 3 4 5 6 7 8 9
- m. Targets multiple behaviors across session - 1 2 3 4 5 6 7 8 9

COMMENTS:

17. Competency #6C. Student provides intervention services: POST INTERVENTION

- a. Identifies factors impacting patient performance - 1 2 3 4 5 6 7 8 9
- b. Scores data accurately (eg calculates percentage; summarize patterns) - 1 2 3 4 5 6 7 8 9
- c. Interprets data appropriately - 1 2 3 4 5 6 7 8 9
- d. Uses session data to make clinical decisions - 1 2 3 4 5 6 7 8 9
- e. Uses EBP/research literature to make clinical decisions - 1 2 3 4 5 6 7 8 9
- f. Defines appropriate recommendations for next session/treatment period - 1 2 3 4 5 6 7 8 9
- g. Demonstrates understanding of patient's diagnosis in discussions with clinical instructor - 1 2 3 4 5 6 7 8 9

COMMENTS:

18. If you have any significant concerns about this student's current performance level, their progress this semester, or Professional Expectations behaviors please define the concerns here:

19. I will review this evaluation with the student YES NO

20. Electronic Signature Status of Reviewer: Signature

Communication Science & Disorders Dept/Univ of Pittsburgh: SLP Case Log Form (Typhon)

Student: _____ Term/Year: _____

Site: _____

DATE →	PATIENT DEMOGRAPHI	Patient ID# (if patient at day = 1)	Patient Age	Gender (M,F)	Race	REPORT TIME IN MINUTES
	CLINICAL INFORMATION					
	Total Time with Pt (minutes)					
	Consult time with Instructor					
	Patient Education Time					
	Medical Diagnosis/ ICD Codes					
	ADDITIONAL INFO					
	Severity					
	Primary Language					
	INPAT/OUTP/HOME/EPUC/OTHER					
	CONTACT TIME DETAILS					
	Receptive/Expr Lang TX					
	Social Comm TX					
	Cognitive Comm TX					
	Alternate Modalities TX					
	Speech Sound TX					
	Fluency TX					
	Voice TX					
	Swallowing TX					
	Aural Rehab TX					
	Receptive/Expr Lang DX					
	Social Comm DX					
	Cognitive Comm DX					
	Alternate Modalities DX					
	Speech Sound DX					
	Fluency DX					
	Voice DX					
	Swallowing DX					
	PREVENTION					
	Sp/Lang SCREEN					
	HEARING SCREEN					
	COMPETENCIES (Observed/Assist/Done)					
	INSTRUCTOR INITIALS					

Supervisor Name: _____

Supervisor Signature (sign after sheet completed) _____

ASHA #: _____



EVALUATION OF CLINICAL TEACHING
Communication Sciences & Disorders Department
University of Pittsburgh (Modified 8/14)

1. Provide information below:

- Name of Clinical Instructor
- Site -
- Term -
- Number of days per week of practicum -
- Number of clinical hours obtained at this site this term -

2. Practicum Course for which you are registered in the current term:

3. Did your Clinical Instructor provide supervision at a level that was appropriate for your learning needs?

- Yes/No
- COMMENTS

4. Did the clinical instructor provide supervision at a level appropriate to the needs of the patients/clients?

- Yes/No
- COMMENTS

5. Describe the major strengths of this clinical education experience

6. Provide specific suggestions on how the clinical education experience could be improved. Please focus on aspects that your clinical instructor could change, rather than aspects that are out of his/her control. What could be done/modified to make this an even better experience for future students?

THE FOLLOWING ITEMS ARE RATED USING THE SCALE BELOW:

1 STRONGLY DISAGREE	2 GENERALLY DISAGREE	3 NEUTRAL	4 GENERALLY AGREE	5 STRONGLY AGREE
--	---	----------------------------	--	-----------------------------------

7. Interpersonal Supervisory Skills

- Maintained a supportive relationship promoting student growth - 1 2 3 4 5
- Provided help, when needed, in an effective manner - 1 2 3 4 5
- Was receptive to questions and alternative opinions - 1 2 3 4 5
- Used a positive/supportive style of communication - 1 2 3 4 5
- Was positive about being a clinical instructor - 1 2 3 4 5

6. Organization and Content of Clinical Teaching

- Developed clear objectives to facilitate my growth as a student clinician - 1 2 3 4 5
- Encouraged me to self-evaluate - 1 2 3 4 5
- Stressed important concepts and techniques - 1 2 3 4 5
- Facilitated acquisition of treatment skills - 1 2 3 4 5
- Facilitated acquisition of assessment skills - 1 2 3 4 5
- Facilitated acquisition of data collection skills - 1 2 3 4 5
- Facilitated acquisition of case management/documentation competencies - 1 2 3 4 5
- ~~Contributed to growth in my knowledge and skills - 1 2 3 4 5~~
- Promoted the development of clinical decision making skill - 1 2 3 4 5
- Allowed me to learn by making mistakes - 1 2 3 4 5
- Moved me towards an increased level of independence - 1 2 3 4 5

7. Use of Clinical Teaching Strategies

- Provided clear instructions when needed - 1 2 3 4 5
- Demonstrated/modeled behaviors and procedures - 1 2 3 4 5
- Utilized questioning techniques to promote critical thinking skills - 1 2 3 4 5
- Encouraged use of evidenced-based practice - 1 2 3 4 5
- Provided balanced feedback (included strengths/positives and areas to improve) - 1 2 3 4 5
- Conveyed clear and specific feedback - 1 2 3 4 5
- Provided feedback in a non-judgmental manner - 1 2 3 4 5
- Provided timely feedback so I could modify the behavior appropriately - 1 2 3 4 5
- Encouraged me to self-evaluate - 1 2 3 4 5

8. The following question should ONLY be answered by students in the CSD Network. Outplacement students should skip this question and move on to the next question below. My Network Clinical Instructor:

- Provided appropriate Network teaching time (1.5 – 2 hr/wk when patients are NOT present) - 1 2 3 4 5
- The teaching time was focused to increase my knowledge & clinical skill level
- Facilitated my participation in client/patient contact time - 1 2 3 4 5
- Read my journal reflections and responded to my concerns/comments - 1 2 3 4 5
- Required me to complete Clinical Documentation activities - 1 2 3 4 5
- Provided feedback on my Clinical Documentation - 1 2 3 4 5
- Facilitated my participation in client contact time - 1 2 3 4 5
- Helped me to develop BASIC CLINICAL COMPETENCIES - 1 2 3 4 5
- Allowed me to practice CORE CLINICAL SKILLS - 1 2 3 4 5
- Responded to my requests to demonstrate CORE CLINICAL SKILLS - 1 2 3 4 5
- Created learning activities that promoted my understanding of clinical processes &/or communication disorders - 1 2 3 4 5

9. I would recommend this placement to another student: 1 2 3 4 5

10. Give an overall rating of your clinical education experience with this instructor this term

1	2	3	4
INADEQUATE	ADEQUATE/OK	VERY GOOD	SUPERB

10. Add any other comments you would like to share about this clinical learning experience



SUMMARY OF CLINICAL HOURS: SLP
 Communication Science & Disorders Department - University of Pittsburgh

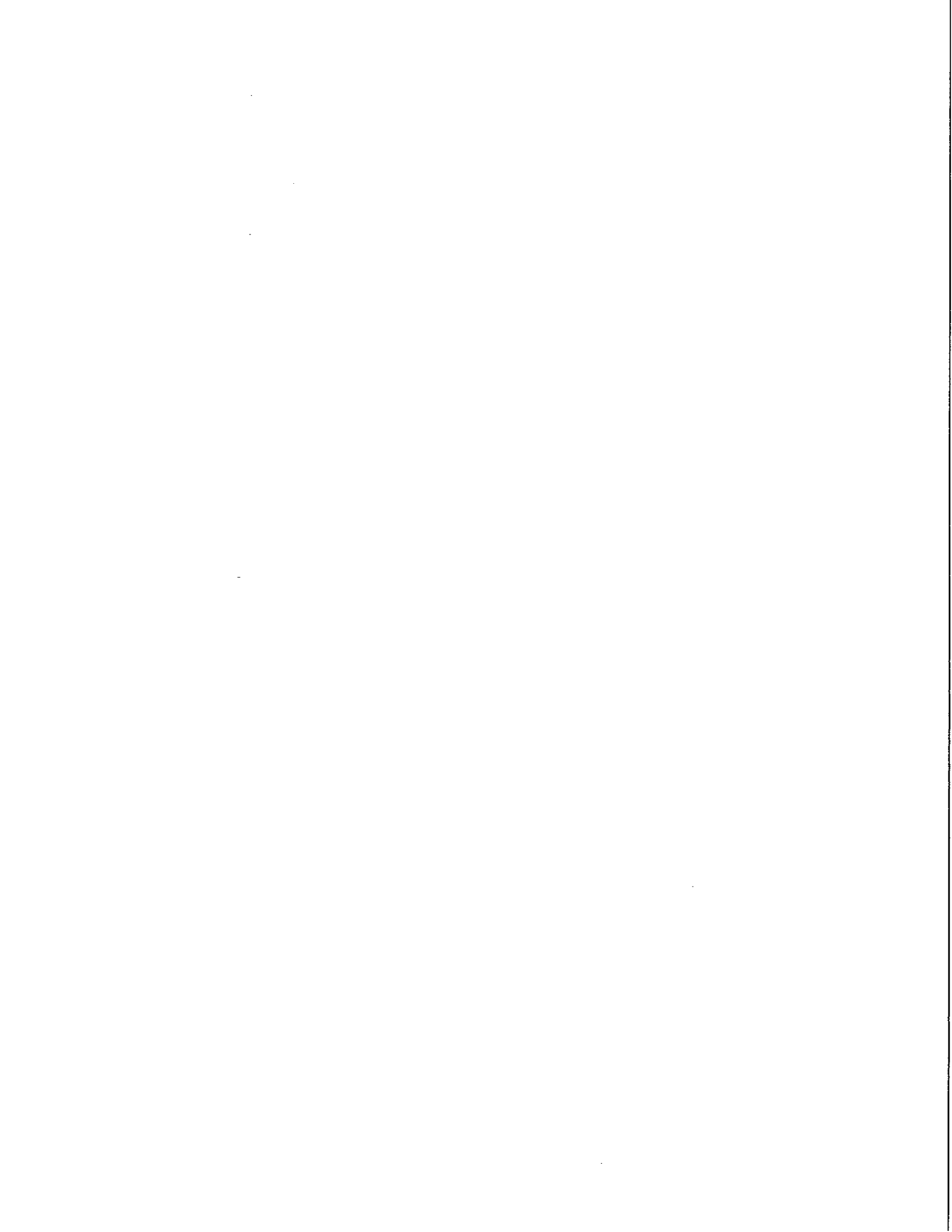
PEDIATRIC SITES	Term/Year	TYPE OF HOURS	STUDENT:										DATE:		Ped Site Totals			
			Recept. Expr. Lang	Social	Cog Comm	AAC	Sp Snd	Fluency	Voice	Swallow	Aural Rehab	Prevent	Spl/Lang Screen	Hearing Screen		TOTAL TX/DX		
		PED TX																0.0
		PED DX																0.0
		PED TX																0.0
		PED DX																0.0
		PED TX																0.0
		PED DX																0.0
		PED TX																0.0
		PED DX																0.0
PED. TOTAL			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PEDIATRIC HRS BY CATEGORIES (20 hr min in ea.):			PED Lang Tx	0.0	PED Lang Dx	0.0	PED Sp Tx	0.0	PED Sp Dx	0.0	PED Sp	0.0	PEDIATRIC TOTAL:	0.0				

ADULT SITES	Term/Year	TYPE OF HOURS	STUDENT:										DATE:		Adult Site Totals			
			Recept. Expr. Lang	Social	Cognitive	AAC	Sp Snd	Fluency	Voice	Swallow	Aural Rehab	Prevent	Spl/Lang Screen	Hearing Screen		TOTAL TX/DX		
		AD TX																0.0
		AD DX																0.0
		AD TX																0.0
		AD DX																0.0
		AD TX																0.0
		AD DX																0.0
		AD TX																0.0
		AD DX																0.0
		AD TX																0.0
		AD DX																0.0
AD. TOTAL			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ADULT HOURS BY CATEGORIES (20 hr min each):			ADULT Lang Tx	0.0	ADULT Lang Dx	0.0	ADULT Sp Tx	0.0	ADULT Sp Dx	0.0	ADULT Sp	0.0	ADULT TOTAL:	0.0				

SETTINGS (require 3 different settings with min. 50 hr ea)	Hours	STUDENT:										DATE:		Grand TOTAL			
		Receptive Expr Lang	Social	Cognitive	AAC	Sp Snd	Fluency	Voice	Swallow	Aural Rehab	Prevent	Spl/Lang Screen	Hearing Screen		TOTAL TX/DX		
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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

Effective Date: September 1, 2014

Introduction

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

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

The 2014 standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology will go into effect for all applications for certification received on or after September 1, 2014. View the SLP Standards Crosswalk [PDF] for more specific information on how the standards will change from the current SLP standards to the 2014 SLP standards.

Citation

cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2012). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved [date] from <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.

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

Standard I—Degree

Standard II—Education Program

Standard III—Program of Study

Standard IV—Knowledge Outcomes

Standard V—Skills Outcomes

Standard VI—Assessment

Standard VII—Speech-Language Pathology Clinical Fellowship

Standard VIII—Maintenance of Certification

Standard I: Degree

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

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

Standard II: Education Program

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

Implementation: If the program of graduate study is initiated and completed in a CAA-accredited program and if the program director or official designee verifies that all knowledge and skills required at that time for application have been met, approval of the application is automatic. Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

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

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

Standard IV: Knowledge Outcomes

Standard IV-A

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

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required.

Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Standard IV-B

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

Standard IV-C

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

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

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

Standard IV-D

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

Standard IV-E

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

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

Standard IV-F

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

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

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

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

Standard IV-H

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

Standard V: Skills Outcomes

Standard V-A

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

Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B

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

1.Evaluation

- a. Conduct screening and prevention procedures (including prevention activities).
- b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
- c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
- d. Adapt evaluation procedures to meet client/patient needs.
- e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- f. Complete administrative and reporting functions necessary to support evaluation.
- g. Refer clients/patients for appropriate services.

2.Intervention

- a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
- c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- d. Measure and evaluate clients'/patients' performance and progress.
- e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- f. Complete administrative and reporting functions necessary to support intervention.
- g. Identify and refer clients/patients for services as appropriate.

3.Interaction and Personal Qualities

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- b. Collaborate with other professionals in case management.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the ASHA Code of Ethics and behave professionally.

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

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

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

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice 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 video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment,

intervention, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

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

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

Standard V-E

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

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical

skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student's level of knowledge, skills, and experience warrants.

Standard V-F

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

Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

Implementation: The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship.

Standard VII-A: Clinical Fellowship Experience

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

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

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

Standard VII-B: Clinical Fellowship Mentorship

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

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

Standard VII-C: Clinical Fellowship Outcomes

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

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

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

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

Standard VIII: Maintenance of Certification

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

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

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



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

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About This Document

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Kenn Apel (chair), Theresa E. Bartolotta, Adam A. Brickell, Lynne E. Hewitt, Ann W. Kummer, Luis F. Riquelme, Jennifer B. Watson, Carole Zangari, Brian B. Shulman (vice president for professional practices in speech-language pathology), Lemmietta McNeilly (ex officio), and Diane R. Paul (consultant). This document was approved by the ASHA Legislative Council on September 4, 2007 (LC 09-07).

Introduction

The *Scope of Practice in Speech-Language Pathology* includes a statement of purpose, a framework for research and clinical practice, qualifications of the speech-language pathologist, professional roles and activities, and practice settings. The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Given the diversity of the client population, ASHA policy requires that these activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimal outcomes for persons with communication and/or swallowing disorders or differences.

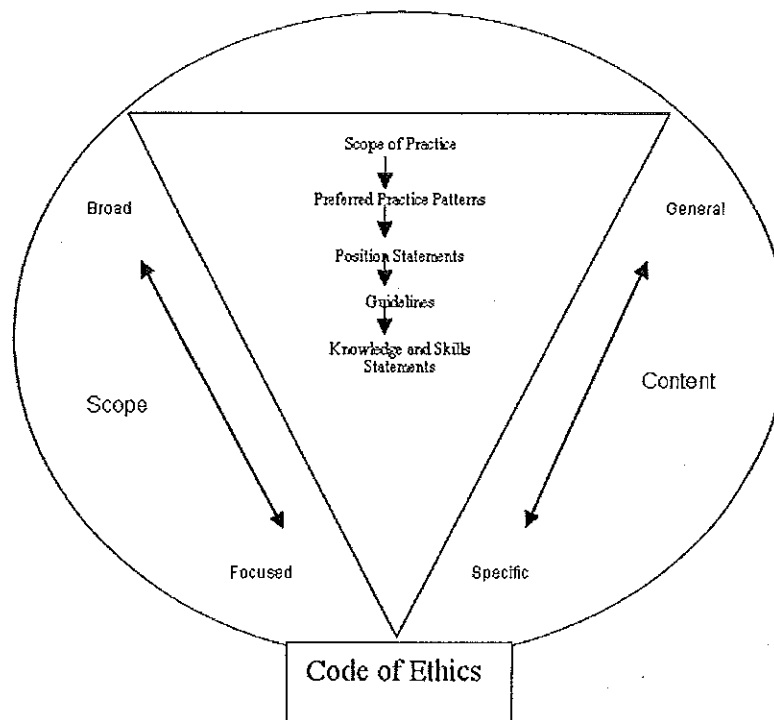
As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee made changes to the previous scope of practice document that reflected recent advances in knowledge, understanding, and research in the discipline. These changes included acknowledging roles and responsibilities that were not mentioned in previous iterations of the *Scope of Practice* (e.g., funding issues, marketing of services, focus on emergency responsiveness, communication wellness). The revised document also was framed squarely on two guiding principles: evidence-based practice and cultural and linguistic diversity.

Statement of Purpose

The purpose of this document is to define the *Scope of Practice in Speech-Language Pathology* to

1. delineate areas of professional practice for speech-language pathologists;
2. inform others (e.g., health care providers, educators, other professionals, consumers, payers, regulators, members of the general public) about professional services offered by speech-language pathologists as qualified providers;
3. support speech-language pathologists in the provision of high-quality, evidence-based services to individuals with concerns about communication or swallowing;
4. support speech-language pathologists in the conduct of research;
5. provide guidance for educational preparation and professional development of speech-language pathologists.

Figure 1. Conceptual Framework of ASHA Practice Documents



This document describes the breadth of professional practice offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. A speech-language pathologist typically does not practice in all areas of the field. As the ASHA Code of Ethics specifies, individuals may practice only in areas in which they are competent (i.e., individuals' scope of competency), based on their education, training, and experience.

In addition to this scope of practice document, other ASHA documents provide more specific guidance for practice areas. Figure 1 illustrates the relationship between the ASHA Code of Ethics, the *Scope of Practice*, and specific practice documents. As shown, the ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to the preservation of the highest standards of integrity and ethical conduct in the practice of speech-language pathology.

Speech-language pathology is a dynamic and continuously developing profession. As such, listing specific areas within this *Scope of Practice* does not exclude emerging areas of practice. Further, speech-language pathologists may provide additional professional services (e.g., interdisciplinary work in a health care setting, collaborative service delivery in schools, transdisciplinary practice in early intervention settings) that are necessary for the well-being of the individual(s) they

Framework for Research and Clinical Practice

are serving but are not addressed in this *Scope of Practice*. In such instances, it is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.

This scope of practice document does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life. As the population profile of the United States continues to become increasingly diverse (U.S. Census Bureau, 2005), speech-language pathologists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech-language pathologists are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing. For example, one aspect of providing culturally and linguistically appropriate services is to determine whether communication difficulties experienced by English language learners are the result of a communication disorder in the native language or a consequence of learning a new language.

Additionally, an important characteristic of the practice of speech-language pathology is that, to the extent possible, clinical decisions are based on best available evidence. ASHA has defined evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise and the individual's preferences and values into the process of clinical decision making (ASHA, 2005). A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services. The research base can be enhanced by increased interaction and communication with researchers across the United States and from other countries. As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., Lombardo, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders can be a means to strengthen research collaboration and improve clinical services.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of

the speech-language pathologist in the prevention, assessment, and habilitation/rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

- Health Conditions
 - Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
 - Activity and Participation: Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.
- Contextual Factors
 - Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.
 - Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person's background or culture that influences his or her reaction to a communication or swallowing disorder.

The framework in speech-language pathology encompasses these health conditions and contextual factors. The health condition component of the ICF can be expressed on a continuum of functioning. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. Speech-language pathologists may influence contextual factors through education and advocacy efforts at local, state, and national levels. Relevant examples in speech-language pathology include a user of an augmentative communication device needing classroom support services for academic success, or the effects of premorbid literacy level on rehabilitation in an adult post brain injury. Speech-language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.

Qualifications

Speech-language pathologists, as defined by ASHA, hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified speech-language pathologists complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards. Demonstration of continued professional development is

Professional Roles and Activities

mandated for the maintenance of the CCC-SLP. Where applicable, speech-language pathologists hold other required credentials (e.g., state licensure, teaching certification).

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with preservice education, clinical practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.

As primary care providers for communication and swallowing disorders, speech-language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. However, individuals frequently benefit from services that include speech-language pathologist collaborations with other professionals.

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas:

- speech sound production
 - articulation
 - apraxia of speech
 - dysarthria
 - ataxia
 - dyskinesia
- resonance
 - hypernasality
 - hyponasality
 - cul-de-sac resonance
 - mixed resonance
- voice
 - phonation quality
 - pitch
 - loudness
 - respiration
- fluency
 - stuttering
 - cluttering
- language (comprehension and expression)
 - phonology
 - morphology
 - syntax
 - semantics
 - pragmatics (language use, social aspects of communication)
 - literacy (reading, writing, spelling)
 - prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
 - paralinguistic communication

- cognition
 - attention
 - memory
 - sequencing
 - problem solving
 - executive functioning
- feeding and swallowing
 - oral, pharyngeal, laryngeal, esophageal
 - orofacial myology (including tongue thrust)
 - oral-motor functions

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention deficit disorder);
- auditory problems (e.g., hearing loss or deafness);
- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral-motor dysfunction);
- respiratory compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome).

The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.

Clinical Services

Speech-language pathologists provide clinical services that include the following:

- prevention and pre-referral
- screening
- assessment/evaluation
- consultation
- diagnosis
- treatment, intervention, management
- counseling
- collaboration
- documentation
- referral

Examples of these clinical services include

1. using data to guide clinical decision making and determine the effectiveness of services;

2. making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;
3. determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
4. documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
5. collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams);
6. screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;
7. providing intervention and support services for children and adults diagnosed with speech and language disorders;
8. providing intervention and support services for children and adults diagnosed with auditory processing disorders;
9. using instrumentation (e.g., videofluoroscopy, electromyography, nasendoscopy, stroboscopy, endoscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;
10. counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;
11. facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;
12. serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams);
13. providing referrals and information to other professionals, agencies, and/or consumer organizations;
14. developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules);
15. providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training for children with cochlear implants and hearing aids; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage);
16. addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;
17. selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists; ASHA, 2004);

Prevention and Advocacy

18. providing services to modify or enhance communication performance (e.g., accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness).

Speech-language pathologists engage in prevention and advocacy activities related to human communication and swallowing. Example activities include

1. improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding);
2. presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups;
3. providing early identification and early intervention services for communication disorders;
4. advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers;
5. advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties;
6. promoting and marketing professional services;
7. advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing;
8. advocating at the local, state, and national levels for funding for research;
9. recruiting potential speech-language pathologists into the profession;
10. participating actively in professional organizations to contribute to best practices in the profession.

Education, Administration, and Research

Speech-language pathologists also serve as educators, administrators, and researchers. Example activities for these roles include

1. educating the public regarding communication and swallowing;
2. educating and providing in-service training to families, caregivers, and other professionals;
3. educating, supervising, and mentoring current and future speech-language pathologists;
4. educating, supervising, and managing speech-language pathology assistants and other support personnel;
5. fostering public awareness of communication and swallowing disorders and their treatment;
6. serving as expert witnesses;
7. administering and managing clinical and academic programs;
8. developing policies, operational procedures, and professional standards;
9. conducting basic and applied/translational research related to communication sciences and disorders, and swallowing.

Practice Settings

Speech-language pathologists provide services in a wide variety of settings, which may include but are not exclusive to

1. public and private schools;

2. early intervention settings, preschools, and day care centers;
3. health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. private practice settings;
5. universities and university clinics;
6. individuals' homes and community residences;
7. supported and competitive employment settings;
8. community, state, and federal agencies and institutions;
9. correctional institutions;
10. research facilities;
11. corporate and industrial settings.

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AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CODE OF ETHICS

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

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PREAMBLE

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

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

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

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

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

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

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

professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

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

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

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

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

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

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

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

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

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

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

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

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

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

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s);

failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

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

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

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

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

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

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

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

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

PRINCIPLE OF ETHICS I

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

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be

allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

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

RULES OF ETHICS

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

PRINCIPLE OF ETHICS IV

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

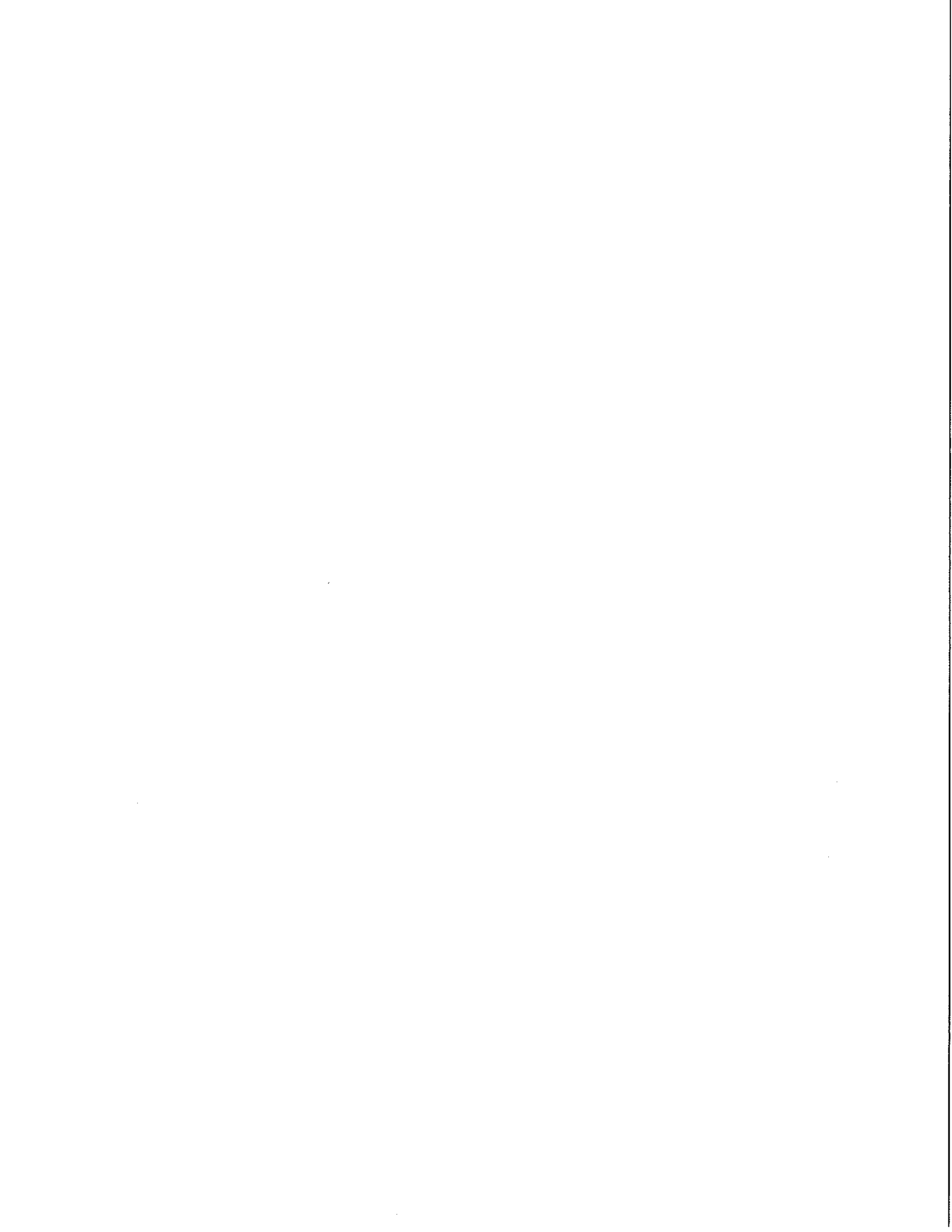
RULES OF ETHICS

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

- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical

harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

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





Clinical Training Action Plan

Department of Communication Science and Disorders

Student Clinician: _____ Site: _____

Clinical Instructor: _____ Date of Plan: _____

I. Definition of Concern(s):

II. Identification of Strengths/Weaknesses

CURRENT STATUS	GRADUATE STUDENT CLINICIAN Clinical Skills/Behaviors	CLINICAL INSTRUCTOR Student Training Skills & Behaviors
STRENGTHS		
WEAKNESSES		

III. **Definition of steps/objectives which**

Identification of steps/objectives which need to be met along with a timeline for completion

Identification of strategies to be used by the Clinical Instructor and the Graduate Student Clinician to facilitate achievement of the steps/objectives

Definition of how progress on steps/objectives will be determined

Arrange a follow-up meeting (date: _____)

IV. **Objectives/Steps (define in behavioral terms)**

DEFINE MEASURABLE OBJECTIVE/STEPS TO BE TAKEN (be specific)	WHO WILL DO IT / WHEN WILL IT BE DONE	SUMMARY OF RESULTS

V. **FINAL OUTCOME** (description from Clinic Coordinator, Clinical Instructor and Graduate Student Clinician)

FORMATIVE ASSESSMENT – AUDIOLOGY



FINAL Assessment of Clinical Competency: Audiology
 Communication Science & Disorders Department, University of Pittsburgh

INSTRUCTIONS FOR RATING GRADUATE STUDENT-CLINICIAN PERFORMANCE

The purpose of the FINAL evaluation is for the Clinical Instructor, to formally describe the student's performance in practicum over the last few weeks of the semester. The key to a successful student evaluation is to provide clear and specific feedback to the student on their performance to date in the experiences they have had. The final evaluation should include written and verbal feedback on the student's current strengths & areas of growth; additionally, clear descriptions of areas of weakness to improve should be provided. The FINAL evaluation provides an opportunity for you and the student clinician to make sure that there is a common understanding of the current level of performance. It also sets the stage for defining realistic goals for future terms, and developing strategies to promote growth and achievement of clinical competencies. Goals should be listed in the Formative Improvement Plan (below).

Please follow the steps below to complete your midterm evaluation:

<i>Step 1</i>	Review written feedback notes and paperwork from the student's training activities and identify the student's current areas of strength and areas to improve.
<i>Step 2</i>	Score student's performance on Professional Expectations & note the standard of performance obtained on Professional Expectations (Unsatisfactory (or inconsistent), Satisfactory (and consistent))
<i>Step 3</i>	Use the Rating Scale (see below) to score relevant clinical competencies on the Formative Assessment form. Those skills that were not relevant to the student's placement should be left blank. Additionally, skills which have not been focused on several times this term can be skipped. In scoring student's performance consider their level of competency as observed across the last three to four weeks of the grading term.
<i>Step 4</i>	Hold conference with student to review their self-ratings and clinical instructor ratings. Provide student with copy of form and have student sign copy of form to be turned in to the CSD Office. It is recommended that you take time during the FINAL evaluation to have the student provide feedback to you on the effectiveness of the clinical teaching you have provided them.

Term (Fall, Spring, Summer): -

Year:

Site:

Total # of Contact Hours Completed This Grading Period:

2. Provide a summary of the student's overall performance by listing CURRENT AREAS OF STRENGTH:

3. Provide suggestions of AREAS TO IMPROVE/DEVELOP

4. If you have any significant concerns regarding this student's performance, progress, or potential for future success describe below:

5. Professional Expectations.

Score the student on professional responsibilities as measured by performance in terms of 1 = UNSATISFACTORY (&/or inconsistent); 2 = SATISFACTORY (and consistent); NA = not applicable

1 = UNSATISFACTORY 2 = SATISFACTORY NA = not applicable	PROFESSIONAL RESPONSIBILITIES
	1. Has a positive attitude toward clinical education
	2. Keeps personal concerns & problems from interfering with the clinical process
	3. Comes to sessions/meetings well prepared (eg has pen/paper; asks questions; materials are organized)
	4. Completes responsibilities on time (e.g., documentation, session plans, etc)
	5. Is highly familiar with materials & resources at site
	6. Exhibits professional & technical growth
	7. Demonstrates professional maturity & conduct for the situation
	8. Dresses in a manner consistent with the policies/expectations of the site
	9. Is on time for clinical sessions/meetings
	10. Follows agency safety procedures, policies for infection control & universal precautions
	11. Follows HIPAA/Client Confidentiality policies
	12. Adheres to the ASHA Code of Ethics

The following 9-point scoring system (see next page) is used to score the clinical skill performance of Network student clinicians. Note that consideration of a score is based on the quality and independence level which the STUDENT CLINICIAN performs in combination with the CLINICAL INSTRUCTOR LEVEL OF SUPPORT used by the supervisor. Items in *italics* are BASIC NETWORK CLINICAL COMPETENCIES

NOTE: *Score of 1 or 9 on any item requires justification in comments section.

OUTPLACEMENT SCORING SYSTEM (June 2010)		
Points	STUDENT CLINICIAN PERFORMANCE	CLINICAL INSTRUCTOR SUPPORT
1	EMERGING SKILL. Efforts to modify behavior occasionally successful. Needs instruction to modify skill. Implements skill if previously discussed/modeled. Focused primarily on own needs not client needs. Limited self-evaluation skills.	CONSTANT DIRECTION. Helps student understand relevant client needs majority of time. Clarifies priorities. Some assistance/demo is needed during session. Provides post-session input to facilitate appropriate follow-up. Facilitates student self-evaluation.
2	INCONSISTENT SKILL. Skills under-developed. Implemented appropriately but inconsistently. Does not independently modify behavior during session. Post-session, student aware of need to modify behavior, and able to identify <u>some</u> solutions, but may not be optimal methods.	ONGOING GUIDANCE. Oversees session plan. Occasional input needed during session to insure accurate, appropriate, and optimal services. Focus on increasing student awareness of when/how to improve the skill. Instruction frequently required to facilitate understanding of client needs
3		
4	CONSISTENT WITH OCCASIONAL PROMPTS. Skill implemented appropriately <u>most</u> of the time. Working on refining skill (i.e., increase consistency, efficiency, or effectiveness). During session aware of need for change and modifies behavior <u>some</u> of time. Initiates new suggestions <u>some</u> of the time.	INTERMITTENT PROMPTING. Monitors student performance & plans. Gives prompts regarding client needs & possible alternatives to consider <u>some</u> of time. Seldom intervenes during session.
5		
6	CONSISTENT & CAPABLE. In most situations: Implements skills consistently & proficiently; modifies behavior as needed; demonstrates independent clinical problem solving. Generates accurate self-evaluation.	REGULAR OVERSIGHT. Supervisor confirms student hypotheses & plans most of the time. Collaborates with student regarding client needs & suggests alternative areas to consider <u>some</u> of the time. Promotes student independence.
7		
8	INDEPENDENTLY COMPETENT. Skill implemented independently, competently, & consistently. Takes initiative in case management. Self-evaluation insightful.	COLLABORATIVE INPUT. Supervisor provides input when student indicates they need assistance in a specific area. Supervisor plays role of an external advisor. Provides mentoring to support growth. Serves as licensed professional.
9	EXCEPTIONAL. Highly proficient. Able to problem solve with ease in challenging cases. Automaticity & efficiency in managing caseload. Takes full responsibility & initiative for all duties. Solicits input from colleagues appropriate to areas of expertise.	COLLEGIAL RELATIONSHIP. Instructor seeks advice from student clinician. Discusses clinical challenges. Supports professional growth through guidance towards goals. Creates opportunities for continued learning.

6. COMMUNICATION SKILLS

- Initiates communication with patient/family - 1 2 3 4 5 6 7 8 9
- Obtains case history 1 2 3 4 5 6 7 8 9
- Obtains relevant secondary/background information - 1 2 3 4 5 6 7 8 9
- Uses appropriate communication technique with patient - 1 2 3 4 5 6 7 8 9
- Displays appropriate verbal communication skills - 1 2 3 4 5 6 7 8 9
- Displays appropriate written communication skills - 1 2 3 4 5 6 7 8 9

COMMENTS:

ABBREVIATED 9-POINT NETWORK SCORING SYSTEM

1*	2	3	4	5	6	7	8	9*
ABSENT SKILL	EMERGING SKILL		INCONSISTENT SKILL		CONSISTENT MOST OF TIME		CONSISTENT & CAPABLE	EXCEPTIONAL
MAXIMUM INSTRUCTION	CONSTANT DIRECTION		ONGOING GUIDANCE		INTERMITTENT PROMPTS		REGULAR OVERSIGHT	COLLABORATIVE INPUT

*Score of 1 or 9 on any item requires justification in comments section.

7. IIIA. EVALUATION: Assessment Skills

- Evaluates referral information for assessment planning - 1 2 3 4 5 6 7 8 9
- Performs hearing conservation activity - 1 2 3 4 5 6 7 8 9
- Screens for speech/language* - 1 2 3 4 5 6 7 8 9
- Performs otoscopy* - 1 2 3 4 5 6 7 8 9
- Conducts pure tone air/bone thresholds* - 1 2 3 4 5 6 7 8 9
- Completes air/bone with masking - 1 2 3 4 5 6 7 8 9
- Conducts speech audiometry* - 1 2 3 4 5 6 7 8 9
- Conducts OAE audiometry - 1 2 3 4 5 6 7 8 9
- Conducts immitance audiometry* - 1 2 3 4 5 6 7 8 9
- Conducts electro diagnostic testing - 1 2 3 4 5 6 7 8 9
- Conducts vestibular evaluation - 1 2 3 4 5 6 7 8 9
- Conducts CAPD evaluation - 1 2 3 4 5 6 7 8 9
- Conducts AR Assessment* - 1 2 3 4 5 6 7 8 9
- Evaluation Skill not listed above (specify in comment box) - 1 2 3 4 5 6 7 8 9

COMMENTS:

8. IIIB. EVALUATION: Information Management and Communication Skills

- Documents procedures and results - 1 2 3 4 5 6 7 8 9
- Interprets results to establish type & severity of disorder - 1 2 3 4 5 6 7 8 9
- Counsels patient/family re: results & treatment recommendations - 1 2 3 4 5 6 7 8 9
- Generates appropriate recommendations and referrals - 1 2 3 4 5 6 7 8 9

COMMENTS:

9. IVA. TREATMENT: Preparation / Planning Skills

- Develops appropriate treatment plan - 1 2 3 4 5 6 7 8 9
- Determines need for cerumen removal - 1 2 3 4 5 6 7 8 9
- Establishes treatment admission & discharge criteria - 1 2 3 4 5 6 7 8 9

COMMENTS:

ABBREVIATED 9-POINT NETWORK SCORING SYSTEM

1*	2	3	4	5	6	7	8	9*
ABSENT SKILL	EMERGING SKILL		INCONSISTENT SKILL		CONSISTENT MOST OF TIME		CONSISTENT & CAPABLE	EXCEPTIONAL
MAXIMUM INSTRUCTION	CONSTANT DIRECTION		ONGOING GUIDANCE		INTERMITTENT PROMPTS		REGULAR OVERSIGHT	COLLABORATIVE INPUT

*Score of 1 or 9 on any item requires justification in comments section.

10. IVB. TREATMENT: Intervention Procedures - Amplification & AR Skills

- Conducts hearing aid evaluation - 1 2 3 4 5 6 7 8 9
- Selects & recommends appropriate amplification - 1 2 3 4 5 6 7 8 9
- Fits & dispenses amplification - 1 2 3 4 5 6 7 8 9
- Assesses amplification system - electroacoustic analysis - 1 2 3 4 5 6 7 8 9
- Assesses amplification system - real ear measures - 1 2 3 4 5 6 7 8 9
- Assesses amplification system - subjective/behavioral - 1 2 3 4 5 6 7 8 9
- Provides aural rehabilitation - 1 2 3 4 5 6 7 8 9
- Assesses for, counsels, & fits other assistive devices - 1 2 3 4 5 6 7 8 9
- Assesses for, counsels, & manages other sensory devices (CI) - 1 2 3 4 5 6 7 8 9 5
- Develops / implements treatment plan based on appropriate data - 1 2 3 4 5 6 7 8 9
- Treatment Skill not listed above (specify below) - 1 2 3 4 5 6 7 8 9

COMMENTS:

11. IVC. TREATMENT: Information Management & Communication Skills

- Documents treatment procedures & results - 1 2 3 4 5 6 7 8 9
- Assesses treatment efficacy - 1 2 3 4 5 6 7 8 9
- Monitors & summarizes treatment outcomes - 1 2 3 4 5 6 7 8 9
- Counsels patient/family/other re: treatment outcomes - 1 2 3 4 5 6 7 8 9
- Generates appropriate recommendations and referrals - 1 2 3 4 5 6 7 8 9

COMMENTS:

12. VA. GENERAL CLINICAL SKILLS: Special Populations

- Conducts newborn hearing screening - 1 2 3 4 5 6 7 8 9
- Conducts Play audiometry - 1 2 3 4 5 6 7 8 9
- Administers Visual reinforcement audiometry - 1 2 3 4 5 6 7 8 9
- Modifies techniques for pediatric patients - 1 2 3 4 5 6 7 8 9
- Modifies techniques for geriatric patients - 1 2 3 4 5 6 7 8 9
- Modifies techniques for difficult-to-test patients - 1 2 3 4 5 6 7 8 9

COMMENTS:



EVALUATION OF CLINICAL TEACHING
 Communication Sciences & Disorders Department
 University of Pittsburgh (Modified 8/14)

1. Provide information below:

- Name of Clinical Instructor
- Site -
- Term -
- Number of days per week of practicum -
- Number of clinical hours obtained at this site this term -

2. Practicum Course for which you are registered in the current term:

3. Did your Clinical Instructor provide supervision at a level that was appropriate for your learning needs?

- Yes/No
- COMMENTS

4. Did the clinical instructor provide supervision at a level appropriate to the needs of the patients/clients?

- Yes/No
- COMMENTS

5. Describe the major strengths of this clinical education experience

6. Provide specific suggestions on how the clinical education experience could be improved. Please focus on aspects that your clinical instructor could change, rather than aspects that are out of his/her control. What could be done/modified to make this an even better experience for future students?

THE FOLLOWING ITEMS ARE RATED USING THE SCALE BELOW:

1 STRONGLY DISAGREE	2 GENERALLY DISAGREE	3 NEUTRAL	4 GENERALLY AGREE	5 STRONGLY AGREE
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7. Interpersonal Supervisory Skills

- Maintained a supportive relationship promoting student growth - 1 2 3 4 5
- Provided help, when needed, in an effective manner - 1 2 3 4 5
- Was receptive to questions and alternative opinions - 1 2 3 4 5
- Used a positive/supportive style of communication - 1 2 3 4 5
- Was positive about being a clinical instructor - 1 2 3 4 5

6. Organization and Content of Clinical Teaching

- Developed clear objectives to facilitate my growth as a student clinician - 1 2 3 4 5
- Encouraged me to self-evaluate - 1 2 3 4 5
- Stressed important concepts and techniques - 1 2 3 4 5
- Facilitated acquisition of treatment skills - 1 2 3 4 5
- Facilitated acquisition of assessment skills - 1 2 3 4 5
- Facilitated acquisition of data collection skills - 1 2 3 4 5
- Facilitated acquisition of case management/documentation competencies - 1 2 3 4 5
- ~~Contributed to growth in my knowledge and skills - 1 2 3 4 5~~
- Promoted the development of clinical decision making skill - 1 2 3 4 5
- Allowed me to learn by making mistakes - 1 2 3 4 5
- Moved me towards an increased level of independence - 1 2 3 4 5

7. Use of Clinical Teaching Strategies

- Provided clear instructions when needed - 1 2 3 4 5
- Demonstrated/modeled behaviors and procedures - 1 2 3 4 5
- Utilized questioning techniques to promote critical thinking skills - 1 2 3 4 5
- Encouraged use of evidenced-based practice - 1 2 3 4 5
- Provided balanced feedback (included strengths/positives and areas to improve) - 1 2 3 4 5
- Conveyed clear and specific feedback - 1 2 3 4 5
- Provided feedback in a non-judgmental manner - 1 2 3 4 5
- Provided timely feedback so I could modify the behavior appropriately - 1 2 3 4 5
- Encouraged me to self-evaluate - 1 2 3 4 5

8. *The following question should ONLY be answered by students in the CSD Network. Outplacement students should skip this question and move on to the next question below.* My Network Clinical Instructor:

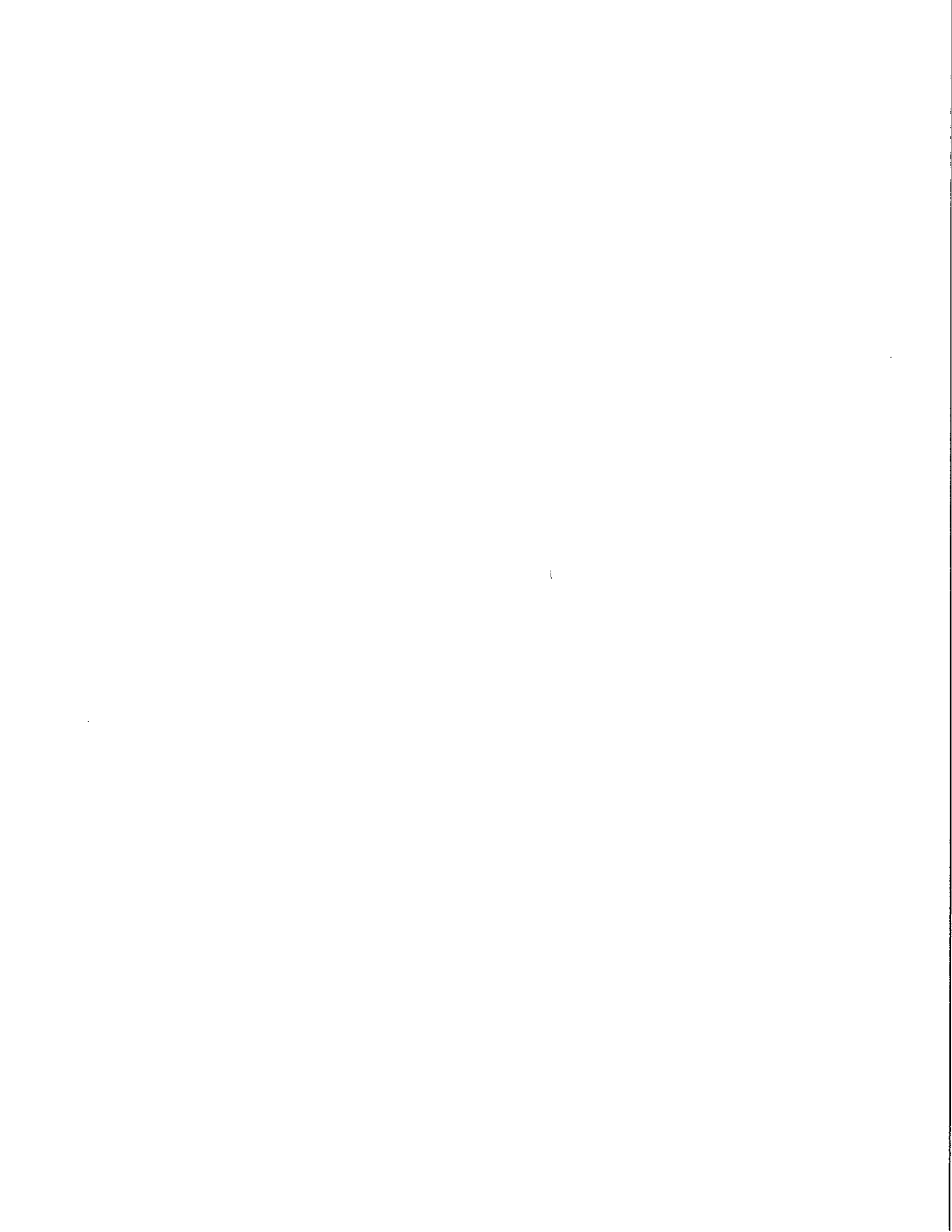
- Provided appropriate Network teaching time (1.5 – 2 hr/wk when patients are NOT present) - 1 2 3 4 5
- The teaching time was focused to increase my knowledge & clinical skill level
- Facilitated my participation in client/patient contact time - 1 2 3 4 5
- Read my journal reflections and responded to my concerns/comments - 1 2 3 4 5
- Required me to complete Clinical Documentation activities - 1 2 3 4 5
- Provided feedback on my Clinical Documentation - 1 2 3 4 5
- Facilitated my participation in client contact time - 1 2 3 4 5
- Helped me to develop BASIC CLINICAL COMPETENCIES - 1 2 3 4 5
- Allowed me to practice CORE CLINICAL SKILLS - 1 2 3 4 5
- Responded to my requests to demonstrate CORE CLINICAL SKILLS - 1 2 3 4 5
- Created learning activities that promoted my understanding of clinical processes &/or communication disorders - 1 2 3 4 5

9. I would recommend this placement to another student: 1 2 3 4 5

10. Give an overall rating of your clinical education experience with this instructor this term

1	2	3	4
INADEQUATE	ADEQUATE/OK	VERY GOOD	SUPERB

10. Add any other comments you would like to share about this clinical learning experience





University of Pittsburgh

Placement Expectation Worksheet

(Adapted from Jorgensen, 2010 and Roe, 2008)

COMMUNICATION		
Names	1. Clinical Instructor(s)	
Rec. Methods of Reaching Clinical Instructor & contact info (phone, email)	1. Emergency Cancellation procedure (i.e., clinician illness; death in family)	
	2. Contact info at work	
	3. Contact at home (preferred or not?):	
What happens if...	1. I am ill	
	2. Clinical Instructor is ill/absent from work	
	3. Inclement weather	
	4. Professional absence (ie attend conference)	
Preferred form of Address Supervisor/Self	1. Clinical Instructor	
	2. Clinical Instructor in front of patient	
	3. Self (to patients)	
Background Knowledge	1. Student - coursework; past experiences; strengths; goals (Typhon portfolio; send student vita)	
	2. Clinical Instructor - clinical experiences; areas of expertise; supervisory experiences	
LOGISTICS		
Pre-Placement Requirements (e.g., orientation; badge; computer access)	1. What needs to be done; where/how and with whom	
Schedule	1. Specific days/times of clinic placement	
	2. Expected arrival & departure time (in relation to anticipated client services)	
Attire	1. Appropriate/Suggested	
	2. Inappropriate	
Materials	1. Materials/supplies student should bring	
	2. Materials/supplies available for student to use (what & where kept)	

Meals	Availability of food on site; refrigerator; locations for eating; eat with other staff?	
Restrooms	Locations	
Introduction to other key staff	1. Other Aud/SLP staff on site 2. Support staff (names; roles)	
Scheduling	1. Where to get schedule	
	2. What happens if client cancels?	
	3. How to know appt type?	
	4. what to do when running behind?	
CLINICAL LEARNING		
Schedule & Typical types of appointments	1. Instructor's responsibilities and typical schedule and clinical services provided (that student will be involved with)	
Role in seeing patients/clients	1. Weeks 1-2	
	2. Weeks 3-5	
	3. Weeks 6-10	
	4. Weeks 11-16	
Feedback	CLINICAL INSTRUCTOR TO STUDENT	
	1. Provide feedback on learning goals	
	2. Feedback during session/appoint.	
	3. Feedback after session/appoint.	
	4. Scheduled discussions (end of day; end of week?)	
	STUDENT TO CLINICAL INSTRUCTOR	
	1. Preferred mode of receiving feedback	
	2. Preferred timing of feedback	
3. Plan for student to provide feedback on supervisory techniques that are helpful/not helpful		

Other Notes/Comments:

2012 Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology

Effective January 1, 2012

Introduction

A Practice and Curriculum Analysis of the Profession of Audiology was conducted in 2007 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the Council For Clinical Certification in Audiology and Speech-Language Pathology (CFCC). Respondents were asked to rate clinical activity statements and foundational knowledge areas in terms of importance and in terms of where the activity should be learned (in graduate school versus on the job). The respondents were also able to indicate whether an activity or area would not be performed by a newly graduated doctoral level audiologist.

The CFCC reviewed the survey data and determined that the standards for clinical certification and the Praxis examination blueprint needed revision in order to be in line with the results of the survey. It is noteworthy that because there is no longer a period of supervised practice following the completion of graduate school, activities that are an essential part of clinical practice must be included in graduate education and in the certification standards. The Scope of Practice in Audiology and the Preferred Practice Patterns for the Profession of Audiology documents also served as resources in the development of the new standards. The proposed Standards were distributed for select and widespread peer review in 2008 and all comments were considered in the final version of the document. The CFCC approved the new standards in July 2009 and set an implementation date of January 1, 2012.

Citation

cite as: Council For Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2012). 2012 Standards for the Certificate of Clinical Competence in Audiology. Retrieved [date] from <http://www.asha.org/Certification/2012-Audiology-Certification-Standards/>.

The Standards for the Certificate of Clinical Competence in Audiology are shown in bold. The Council For Clinical Certification implementation procedures follow each standard.

Standard I—Degree

Standard II—Education Program

Standard III—Program of Study

Standard IV—Knowledge and Skills Outcomes

Standard V—Assessment

Standard VI—Maintenance of Certification

Standard I: Degree

Applicants for certification must have a doctoral degree. The course of study must address the knowledge and skills necessary to independently practice in the profession of audiology.

Implementation:

Verification of the graduate degree is required of the applicant before the certificate is awarded. Degree verification is accomplished by submitting (a) an application signed by the director of the graduate program, indicating the degree date, and (b) an official transcript showing that the degree has been awarded, or a letter from the university registrar verifying completion of requirements for the degree.

Individuals educated outside the United States or its territories must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations are typically conducted by credential evaluation services agencies recognized by the National Association of Credential Evaluation Services (NACES). Information that must be provided is (a) confirmation that the degree

earned is equivalent to a U.S. doctoral degree, (b) translation of academic coursework into the American semester hour system, and (c) indication as to which courses were completed at the graduate level.

The CFCC has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

The graduate degree must be granted by a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation:

Applicants whose graduate degree was awarded by a U.S. institution of higher education must have graduated from a program holding CAA accreditation in audiology.

Satisfactory completion of academic course work, clinical practicum, and knowledge and skills requirements must be verified by the signature of the program director or official designee of a CAA-accredited program or a program admitted to CAA candidacy.

Standard III: Program of Study

Applicants for certification must complete a program of study that includes academic course work and a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in Standard IV. The supervision must be provided by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Audiology.

Implementation:

The program of study must address the knowledge and skills pertinent to the field of audiology. Clinical practicum must be approved by the academic program from which the student intends to graduate. The student must maintain documentation of time spent in supervised practicum, verified by the academic program in accordance with Standard IV.

Students shall participate in practicum only after they have had sufficient preparation to qualify for such experience. Students must obtain a variety of clinical practicum experiences in different work settings and with different populations so that they can demonstrate skills across the scope of practice in audiology. Acceptable clinical practicum experience includes clinical and administrative activities directly related to patient care. Clinical practicum is defined as direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Time spent in clinical practicum experiences should occur throughout the graduate program.

Supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the ASHA Code of Ethics. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. The amount of supervision must also be appropriate to the student's level of training, education, experience, and competence.

Supervisors must hold a current ASHA CCC in the appropriate area of practice. The supervised activities must be within the scope of practice of audiology to count toward certification.

Standard IV: Knowledge and Skills Outcomes

Applicants for certification must have acquired knowledge and developed skills in six areas: foundations of practice, prevention/identification, assessment, (re)habilitation, advocacy/consultation, and education/research/administration.

Implementation:

This standard distinguishes between acquisition of knowledge for Standards IV-A.1–21 and IV-C.1, and the acquisition of knowledge and skills for Standards IV-A.22–29, IV-B, IV-C.2–11, IV-D, IV-E, and IV-F. The applicant must submit a completed application for certification signed by the academic program

director verifying successful completion of all knowledge and skills in all six areas of Standard IV. The applicant must maintain copies of transcripts, and documentation of academic course work and clinical practicum.

Standard IV-A: Foundations of Practice

The applicant must have knowledge of:

A1. Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology

A2. Genetics and associated syndromes related to hearing and balance

A3. Normal aspects of auditory physiology and behavior over the life span

A4. Normal development of speech and language

A5. Language and speech characteristics and their development across the life span

A6. Phonologic, morphologic, syntactic, and pragmatic aspects of human communication associated with hearing impairment

A7. Effects of hearing loss on communication and educational, vocational, social, and psychological functioning

A8. Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems

A9. Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services

A10. Pathologies related to hearing and balance and their medical diagnosis and treatment

A11. Principles, methods, and applications of psychometrics

A12. Principles, methods, and applications of psychoacoustics

A13. Instrumentation and bioelectrical hazards

A14. Physical characteristics and measurement of electric and other nonacoustic stimuli

A15. Assistive technology

A16. Effects of cultural diversity and family systems on professional practice

A17. American Sign Language and other visual communication systems

A18. Principles and practices of research, including experimental design, statistical methods, and application to clinical populations

A19. Legal and ethical practices (e.g., standards for professional conduct, patient rights, credentialing, and legislative and regulatory mandates)

A20. Health care and educational delivery systems

A21. Universal precautions and infectious/contagious diseases

The applicant must have knowledge and skills in:

A22. Oral and written forms of communication

A23. Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to:

a. occupational and industrial environments

b. community noise

c. classroom and other educational environments

d. workplace environments

A24. The use of instrumentation according to manufacturer's specifications and recommendations

A25. Determining whether instrumentation is in calibration according to accepted standards

A26. Principles and applications of counseling

A27. Use of interpreters and translators for both spoken and visual communication

A28. Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management

A29. Consultation with professionals in related and/or allied service areas

Standard IV-B: Prevention and Identification

The applicant must have the knowledge and skills necessary to:

B1. Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems

B2. Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs

B3. Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures

B4. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures

B5. Educate individuals on potential causes and effects of vestibular loss

B6. Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services

Standard IV-C: Assessment

The applicant must have knowledge of:

C1. Measuring and interpreting sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment

The applicant must have knowledge and skills in:

C2. Assessing individuals with suspected disorders of hearing, communication, balance, and related systems

C3. Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning

C4. Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral

C5. Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function

C6. Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems

C7. Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)

C8. Evaluating auditory-related processing disorders

C9. Evaluating functional use of hearing

C10. Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiologic treatment/management plan

C11. Referring to other professions, agencies, and/or consumer organizations

Standard IV-D: Intervention (Treatment)

The applicant must have knowledge and skills in:

D1. The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication

D2. Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following:

a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology

b. Determination of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiologic rehabilitation to optimize device use

c. Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence

d. Provision of comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems

D3. Determination of candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments

D4. Treatment and audiologic management of tinnitus

D5. Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)

D6. Management of the selection, purchase, installation, and evaluation of large-area amplification systems

D7. Evaluation of the efficacy of intervention (treatment) services

Standard IV-E: Advocacy/Consultation

The applicant must have knowledge and skills in:

E1. Educating and advocating for communication needs of all individuals that may include advocating for the programmatic needs, rights, and funding of services for those with hearing loss, other auditory dysfunction, or vestibular disorders

E2. Consulting about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services

E3. Identifying underserved populations and promoting access to care

Standard IV-F: Education/Research/Administration

The applicant must have knowledge and skills in:

F1. Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services

F2. Applying research findings in the provision of patient care (evidence-based practice)

F3. Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence

F4. Administering clinical programs and providing supervision of professionals as well as support personnel

F5. Identifying internal programmatic needs and developing new programs

F6. Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies

Standard V: Assessment

Applicants for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard IV by means of both formative and summative assessments.

Standard V-A: Formative Assessment

The applicant must meet the education program's requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills.

Implementation:

Applicants and program faculties should use the ongoing assessment to help the applicant achieve requisite knowledge and skills. Thus, assessments should be followed by implementation strategies for acquisition of knowledge and skills.

Standard V-B: Summative Assessment

The applicant must pass the national examination adopted by ASHA for purposes of certification in audiology.

Implementation:

Evidence of a passing score on the ASHA-approved national examination in audiology must be submitted to the ASHA National Office by the testing agency administering the examination. Acceptable exam results are those submitted for initial certification in audiology that have been obtained no more than 5 years prior to the submission of the certification application, and no more than 2 years after the application for certification is received by the Certification Unit of the ASHA National Office.

Standard VI: Maintenance of Certification

Demonstration of continued professional development is mandated for maintenance of the Certificate of Clinical Competence (CCC) in Audiology. The renewal period will be three (3) years. This standard will apply to all certificate holders, regardless of the date of initial certification.

Implementation:

Once certification is awarded, maintenance of that certification is dependent upon accumulation of the requisite professional development hours every three years. Payment of annual dues and/or certification fees is also a requirement of certification maintenance. A certificate holder whose dues and/or fees are in arrears on August 31, will have allowed their certification to expire on that date.

Individuals who hold the CCC in Audiology must accumulate 30 contact hours of professional development over the 3-year period and must submit a compliance form in order to meet this standard. Individuals will be subject to random review of their professional development activities.

If certification maintenance requirements are not met, certification will lapse. Reinstatement of certification will be required, and certification reinstatement standards in effect at the time of submission of the reinstatement application must be met.



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Scope of Practice in Audiology

Ad Hoc Committee on Scope of Practice in Audiology

This scope of practice in audiology statement is an official policy of the American Speech-Language-Hearing Association (ASHA). The document was developed by the Coordinating Committee for the ASHA vice president for professional practices in audiology and approved in 2003 by the Legislative Council (11-03). Members of the coordinating committee include Donna Fisher Smiley (chair), Michael Bergen, and Jean-Pierre Gagné with Vic S. Gladstone and Tina R. Mullins (ex officios). Susan Brannen, ASHA vice president for professional practices in audiology (2001-2003), served as monitoring vice president. This statement supersedes the Scope of Practice in Audiology statement (LC 08-95), (ASHA, 1996).

Statement of Purpose

The purpose of this document is to define the scope of practice in audiology in order to (a) describe the services offered by qualified audiologists as primary service providers, case managers, and/or members of multidisciplinary and interdisciplinary teams; (b) serve as a reference for health care, education, and other professionals, and for consumers, members of the general public, and policy makers concerned with legislation, regulation, licensure, and third party reimbursement; and (c) inform members of ASHA, certificate holders, and students of the activities for which certification in audiology is required in accordance with the ASHA Code of Ethics.

Audiologists provide comprehensive diagnostic and treatment/rehabilitative services for auditory, vestibular, and related impairments. These services are provided to individuals across the entire age span from birth through

adulthood; to individuals from diverse language, ethnic, cultural, and socioeconomic backgrounds; and to individuals who have multiple disabilities. This position statement is not intended to be exhaustive; however, the activities described reflect current practice within the profession. Practice activities related to emerging clinical, technological, and scientific developments are not precluded from consideration as part of the scope of practice of an audiologist. Such innovations and advances will result in the periodic revision and updating of this document. It is also recognized that specialty areas identified within the scope of practice will vary among the individual providers. ASHA also recognizes that credentialed professionals in related fields may have knowledge, skills, and experience that could be applied to some areas within the scope of audiology practice. Defining the scope of practice of audiologists is not meant to exclude other appropriately credentialed postgraduate professionals from rendering services in common practice areas.

Audiologists serve diverse populations. The patient/client population includes persons of different race, age, gender, religion, national origin, and sexual orientation. Audiologists' caseloads include individuals from diverse ethnic, cultural, or linguistic backgrounds, and persons with disabilities. Although audiologists are prohibited from discriminating in the provision of professional services based on these factors, in some cases such factors may be relevant to the development of an appropriate treatment plan. These factors may be considered in treatment plans only when firmly grounded in scientific and professional knowledge.

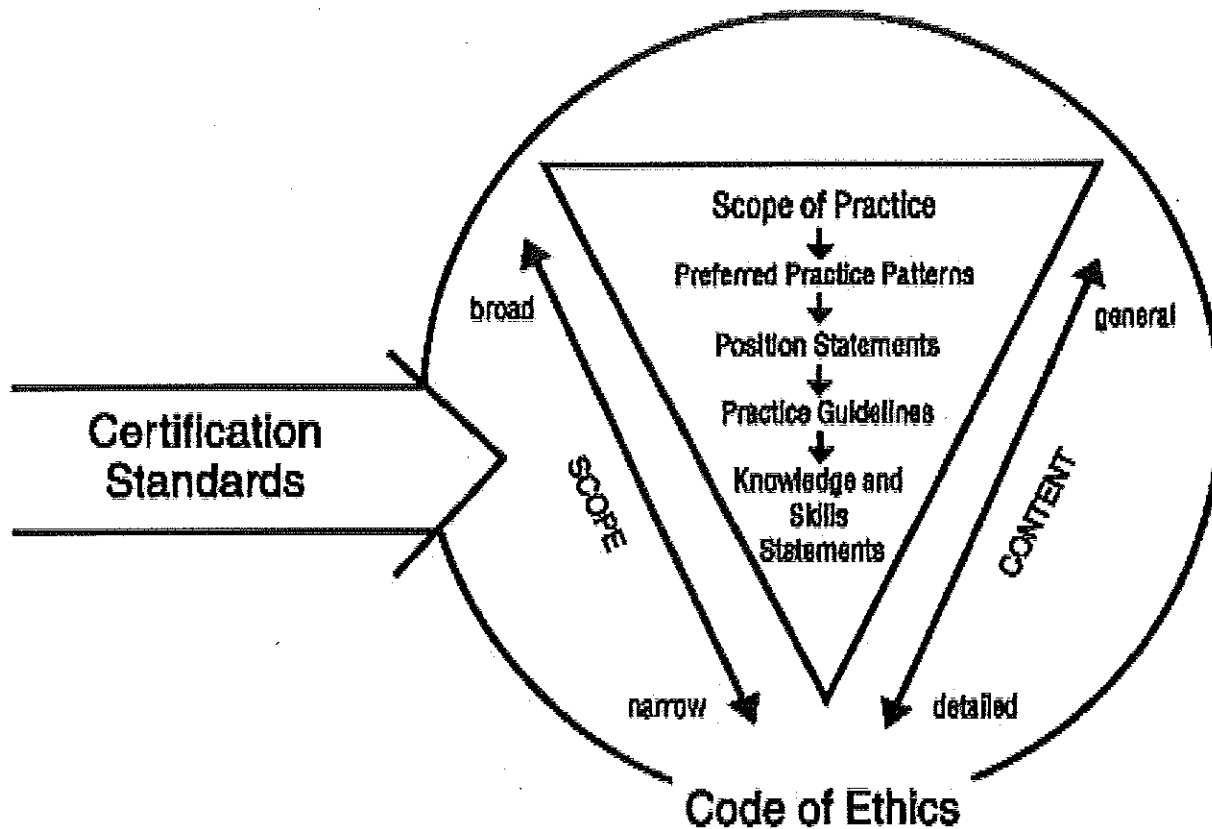
This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

Reference this material as: American Speech-Language-Hearing Association. (2004). Scope of practice in audiology. *ASHA Supplement 24*, in press.

Index terms: ASHA reference products, AUD education and qualifications, AUD practice settings, AUD roles and activities, audiology, practice scope and patterns, World Health Organization (WHO) framework

Document type: practice guidelines and policies

Figure 1. Conceptual Framework of ASHA Standards and Policy Statements



The schema in Figure 1 depicts the relationship of the scope of practice to ASHA's policy documents that address current and emerging audiology practice areas; that is, preferred practice patterns, guidelines, and position statements. ASHA members and ASHA-certified professionals are bound by the ASHA Code of Ethics to provide services that are consistent with the scope of their competence, education, and experience (ASHA, 2003). There are other existing legislative and regulatory bodies that govern the practice of audiology.

Framework for Practice

The practice of audiology includes both the prevention of and assessment of auditory, vestibular, and related impairments as well as the habilitation/rehabilitation and maintenance of persons with these impairments. The overall goal of the provision of audiology services should be to optimize and enhance the ability of an individual to hear, as well as to communicate in his/her everyday or natural environment. In addition, audiologists provide compre-

hensive services to individuals with normal hearing who interact with persons with a hearing impairment. The overall goal of audiology services is to improve the quality of life for all of these individuals.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the role of audiologists in the prevention, assessment, and habilitation/rehabilitation of auditory, vestibular, and other related impairments and restrictions or limitations of functioning.

The ICF is organized into two parts. The first part deals with Functioning and Disability while the second part deals with Contextual Factors. Each part has two components. The components of Functioning and Disability are:

- **Body Functions and Structures:** Body Functions are the physiological functions of body systems and

Body Structures are the anatomical parts of the body and their components. Impairments are limitations or variations in Body Function or Structure such as a deviation or loss. An example of a Body Function that might be evaluated by an audiologist would be hearing sensitivity. The use of tympanometry to assess the mobility of the tympanic membrane is an example of a Body Structure that might be evaluated by an audiologist.

- **Activity/Participation:** In the ICF, Activity and Participation are realized as one list. Activity refers to the execution of a task or action by an individual. Participation is the involvement in a life situation. Activity limitations are difficulties an individual may experience while executing a given activity. Participation restrictions are difficulties that may limit an individual's involvement in life situations. The Activity/Participation construct thus represents the effects that hearing, vestibular, and related impairments could have on the life of an individual. These effects could include the ability to hold conversations, participate in sports, attend religious services, understand a teacher in a classroom, and walk up and down stairs.

The components of Contextual Factors are:

- **Environmental Factors:** Environmental Factors make up the physical, social, and attitudinal environment in which people live and conduct their lives. Examples of Environmental Factors, as they relate to audiology, include the acoustical properties of a given space and any type of hearing assistive technology.
- **Personal Factors:** Personal Factors are the internal influences on an individual's functioning and disability and are not a part of the health condition. These factors may include but are not limited to age, gender, social background, and profession.

Functioning and Disability are interactive and evolutionary processes. Figure 2 on the following page illustrates the interaction of the various components of the ICF. Each component of the ICF can be expressed on a continuum of function. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. Contextual Factors (Environmental and Personal Factors) may interact with any of the components of functioning and disability. Environmental and Personal Factors may act as facilitators or barriers to functioning.

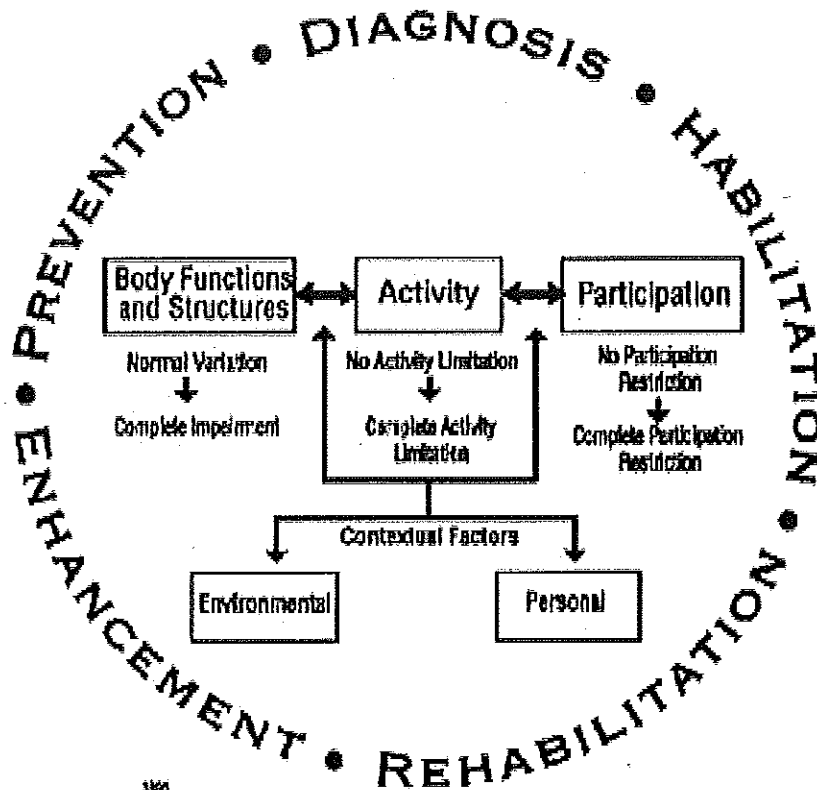
The scope of practice in audiology encompasses all of the components of the ICF. During the assessment phase, audiologists perform tests of Body Function and Structure. Examples of these types of tests include otoscopic examination, pure-tone audiometry, tympanometry, otoacoustic emissions measurements, and speech audiometry. Activ-

ity/Participation limitations and restrictions are sometimes addressed by audiologists through case history, interview, questionnaire, and counseling. For example, a question such as "Do you have trouble understanding while on the telephone?" or "Can you describe the difficulties you experience when you participate in a conversation with someone who is not familiar to you?" would be considered an assessment of Activity/Participation limitation or restriction. Questionnaires that require clients to report the magnitude of difficulty that they experience in certain specified settings can sometimes be used to measure aspects of Activity/Participation. For example: "Because of my hearing problems, I have difficulty conversing with others in a restaurant." In addition, Environmental and Personal Factors also need to be taken into consideration by audiologists as they treat individuals with auditory, vestibular, and other related impairments. In the above question regarding conversation in a restaurant, if the factor of "noise" (i.e., a noisy restaurant) is added to the question, this represents an Environmental Factor. Examples of Personal Factors might include a person's background or culture that influences his or her reaction to the use of a hearing aid or cochlear implant. The use of the ICF framework (WHO, 2001) may help audiologists broaden their perspective concerning their role in evaluating a client's needs or when designing and providing comprehensive services to their clients. Overall, audiologists work to improve quality of life by reducing impairments of body functions and structures, Activity limitations/Participation restrictions and Environmental barriers of the individuals they serve.

Definition of an Audiologist

Audiologists are professionals engaged in autonomous practice to promote healthy hearing, communication competency, and quality of life for persons of all ages through the prevention, identification, assessment, and rehabilitation of hearing, auditory function, balance, and other related systems. They facilitate prevention through the fitting of hearing protective devices, education programs for industry and the public, hearing screening/conservation programs, and research. The audiologist is the professional responsible for the identification of impairments and dysfunction of the auditory, balance, and other related systems. Their unique education and training provides them with the skills to assess and diagnose dysfunction in hearing, auditory function, balance, and related disorders. The delivery of audiologic (re)habilitation services includes not only the selecting, fitting, and dispensing of hearing aids and other hearing assistive devices, but also the assessment and follow-up services for persons with cochlear implants. The audiologist providing audiologic (re)habilitation does so through a comprehensive program of therapeutic services, devices, counseling, and other management strategies. Functional diagnosis of

Figure 2. Application of WHO (2001) Framework to the Practice of Audiology



vestibular disorders and management of balance rehabilitation is another aspect of the professional responsibilities of the audiologist. Audiologists engage in research pertinent to all of these domains.

Audiologists currently hold a master's or doctoral degree in audiology from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association. ASHA-certified audiologists complete a supervised postgraduate professional experience or a similar supervised professional experience during the completion of the doctoral degree as described in the ASHA certification standards. Beginning January 1, 2012, all applicants for the Certificate of Clinical Competence in Audiology must have a doctoral degree from a CAA-accredited university program. Demonstration

of continued professional development is mandated for the maintenance of the Certificate of Clinical Competence in Audiology. Where required, audiologists are licensed or registered by the state in which they practice.

Professional Roles and Activities

Audiologists serve a diverse population and may function in one or more of a variety of activities. The practice of audiology includes:

A. Prevention

1. Promotion of hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating occupational, school, and community hearing conservation and identification programs;

2. Participation in noise measurements of the acoustic environment to improve accessibility and to promote hearing wellness.

B. Identification

1. Activities that identify dysfunction in hearing, balance, and other auditory-related systems;
2. Supervision, implementation, and follow-up of newborn and school hearing screening programs;
3. Screening for speech, orofacial myofunctional disorders, language, cognitive communication disorders, and/or preferred communication modalities that may affect education, health, development or communication and may result in recommendations for rescreening or comprehensive speech-language pathology assessment or in referral for other examinations or services;
4. Identification of populations and individuals with or at risk for hearing loss and other auditory dysfunction, balance impairments, tinnitus, and associated communication impairments as well as of those with normal hearing;
5. In collaboration with speech-language pathologists, identification of populations and individuals at risk for developing speech-language impairments.

C. Assessment

1. The conduct and interpretation of behavioral, electroacoustic, and/or electrophysiologic methods to assess hearing, auditory function, balance, and related systems;
2. Measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment;
3. Evaluation and management of children and adults with auditory-related processing disorders;
4. Performance of otoscopy for appropriate audiological management or to provide a basis for medical referral;
5. Cerumen management to prevent obstruction of the external ear canal and of amplification devices;
6. Preparation of a report including interpreting data, summarizing findings, generating recommendations and developing an audiological treatment/management plan;
7. Referrals to other professions, agencies, and/or consumer organizations.

D. Rehabilitation

1. As part of the comprehensive audiological (re)habilitation program, evaluates, selects, fits and

dispenses hearing assistive technology devices to include hearing aids;

2. Assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, mapping, and audiologic rehabilitation to optimize device use;

3. Development of a culturally appropriate, audiological rehabilitative management plan including, when appropriate:

- a. Recommendations for fitting and dispensing, and educating the consumer and family/caregivers in the use of and adjustment to sensory aids, hearing assistive devices, alerting systems, and captioning devices;
- b. Availability of counseling relating to psychosocial aspects of hearing loss, and other auditory dysfunction, and processes to enhance communication competence;
- c. Skills training and consultation concerning environmental modifications to facilitate development of receptive and expressive communication;
- d. Evaluation and modification of the audiological management plan.

4. Provision of comprehensive audiological rehabilitation services, including management procedures for speech and language habilitation and/or rehabilitation for persons with hearing loss or other auditory dysfunction, including but not exclusive to speechreading, auditory training, communication strategies, manual communication and counseling for psychosocial adjustment for persons with hearing loss or other auditory dysfunction and their families/caregivers;

5. Consultation and provision of vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments;

6. Assessment and non-medical management of tinnitus using biofeedback, behavioral management, masking, hearing aids, education, and counseling;

7. Provision of training for professionals of related and/or allied services when needed;

8. Participation in the development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old;

9. Provision of in-service programs for school personnel, and advising school districts in planning educational programs and accessibility for students with hearing loss and other auditory dysfunction;

10. Measurement of noise levels and provision of recommendations for environmental modifications in order to reduce the noise level;

11. Management of the selection, purchase, installation, and evaluation of large-area amplification systems.

E. Advocacy/ Consultation

1. Advocacy for communication needs of all individuals that may include advocating for the rights/funding of services for those with hearing loss, auditory, or vestibular disorders;

2. Advocacy for issues (i.e., acoustic accessibility) that affect the rights of individuals with normal hearing;

3. Consultation with professionals of related and/or allied services when needed;

4. Consultation in development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old;

5. Consultation to educators as members of interdisciplinary teams about communication management, educational implications of hearing loss and other auditory dysfunction, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss and other auditory dysfunction;

6. Consultation about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services;

7. Consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiology findings, effects of hearing loss and other auditory dysfunction, balance system impairments, and relevant noise-related considerations;

8. Case management and service as a liaison for the consumer, family, and agencies in order to monitor audiological status and management and to make recommendations about educational and vocational programming;

9. Consultation to industry on the development of products and instrumentation related to the measurement and management of auditory or balance function.

F. Education/ Research/Administration

1. Education, supervision, and administration for audiology graduate and other professional education programs;

2. Measurement of functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiological services;

3. Design and conduct of basic and applied audiological research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy, effectiveness, and efficiency of assessment and treatment paradigms; disseminate research findings to other professionals and to the public;

4. Participation in the development of professional and technical standards;

5. Participation in quality improvement programs;

6. Program administration and supervision of professionals as well as support personnel.

Practice Settings

Audiologists provide services in private practice; medical settings such as hospitals and physicians' offices; community and university hearing and speech centers; managed care systems; industry; the military; various state agencies; home health, subacute rehabilitation, long-term care, and intermediate-care facilities; and school systems. Audiologists provide academic education to students and practitioners in universities, to medical and surgical students and residents, and to other related professionals. Such education pertains to the identification, functional diagnosis/assessment, and non-medical treatment/management of auditory, vestibular, balance, and related impairments.

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AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CODE OF ETHICS

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

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PREAMBLE

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

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

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

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

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

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

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

professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

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

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

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

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

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

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

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

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

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

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

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

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

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

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s);

failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

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

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

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

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

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

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

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

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

PRINCIPLE OF ETHICS I

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

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be

- allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
 - Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
 - R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
 - S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
 - T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

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

RULES OF ETHICS

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

PRINCIPLE OF ETHICS IV

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

RULES OF ETHICS

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

- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical

harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

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

