

SLP Student Handbook



College of Health Sciences, Education and Rehabilitation



Department of Speech-Language Pathology

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SLP Student Handbook

Mission of the Department:

The mission of the Department of Speech-Language Pathology is to educate and train graduate-level students to become exemplary professionals in speech-language pathology who provide excellence in service delivery to individuals with communication and swallowing disorders, and who engage in and promote interprofessional education and practice, lifelong learning and prevention of communication and swallowing disorders.

Mission of the College:

The mission of the College of Health Sciences, Education and Rehabilitation (CHER) is to develop and offer graduate programs preparing highly qualified professionals to support individuals who have, or are at risk for, disabilities, by creating an interprofessional environment of practitioners committed to lifelong learning, critical thinking, and dedication to the individuals and communities they serve.

Mission of the University:

Advancing integrated health care through innovative education, research and clinical services.

SLP Student Handbook

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SLP STUDENT HANDBOOK

This handbook, required as a text for the student enrolled in the program, is intended to serve as a guide concerning the policies and procedures of the program at Salus University. Explanations and examples of requirements, formats, and information pertinent to the student's successful completion of the program are included. If, at any time, a student is uncertain about policies or procedures, or finds requirements unclear, they are strongly encouraged to seek clarification from the program director, the director of clinical education, faculty, or clinical supervisors.

Should any change or update in this handbook be required, the program director will provide it as an addendum.

SLP Student Handbook

DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY OFFICES

Faculty & Staff	Location	Role
Bergstrom, Jennifer	W329	Assistant Professor
Brown, Arielle	N2113	Clinical Educator
Cafarella, Kimberly	W337B	Coordinator Post-Baccalaureate Program-SLP; Assistant Professor
Cardamone, Erika	N2113	Clinical Educator
Catalini, Jacquelyn	N2113	Clinical Educator
Condon, Rachael	N2113	Clinical Educator
DeMilia, Susan	N2113	Clinical Educator
Downs, Jennifer	N2113	Clinical Educator
Evans, Taylor	N2104	SLI Office Manager
Finkelstein, Alison	N2113	Clinical Educator
Goldynia, Kristine	N2113	Clinical Educator
Grogg, M. Jill	N2113	Clinical Educator
Jett, Emily	N2113	Clinical Educator
Kelly, Susanne	N2113	Clinical Educator
Koza, Judith	N2113	Clinical Educator
Lant, Christine	3W Reception Area	Administrative Assistant
Lustig, Amy	W337A	Assistant Professor
Maharay, Kara	W334	Director of Clinical Education;

SLP Student Handbook

		Assistant Professor
Mayro, Patricia	W331	Assistant Professor
Pittam, Jacqueline	N2113	Clinical Educator
Ruckdeschel, Anne Marie	W332	Instructor
Salmon, Kelly	W328	Associate Professor
Serianni, Robert	W333	Chair/Program Director; Associate Professor
Slott, Shelley	N2113	Clinical Educator
Smith, Eric	N2113	Clinical Educator
Vesay, Joanne	N2113	Clinical Educator
Ward, Regina	N2113	Clinical Educator

SLP Student Handbook

TABLE OF CONTENTS

	<u>PAGE</u>
<u>Section 1.</u>	
Introduction to Clinical Education	12
Roles and Responsibilities	13
Student Responsibilities	13
Clinical Educator Responsibilities	13
Academic Advisor Responsibilities	13
Director of Clinical Education Responsibilities	13
Program Director Responsibilities	13
Amount of Supervision	14
The Clinical Practicum	14
Clinical Supervisors	14
Practicum Assignments	15
Clinic Time Expectations	15
Mandatory Meetings/Orientation	15
Clinical Clock Hour Requirements	15
Transfer of Clinical Clock Hours	16
Clinical Clock Hour Records	16
Activities that count as clock hours include	16
Activities that do not count as clock hours	16
CALIPSO	16
Registration – Initial Use	16
Instructions for CALIPSO	17
CALIPSO Scoring	17
Practicum Grading	17
Sequencing of Course Content and Clinical Experiences	18
Academic and Clinical Performance and Student Responsibilities	18
Grades	19
Program Review and Remediation Plans	19
Academic Remediation Plans	19
Clinical Remediation Plans	20
Faculty Review	20
<u>Section 2.</u>	
Protocols for Services	21
Scheduling and Pre-Evaluation Information	21
Procedures Prior to the Evaluation Session	21
Procedures on the Day of the Evaluation	22
Procedures During the Evaluation	22
Procedures Following the Evaluation	23
Scheduling for Treatment Sessions	24
Preparation	24

SLP Student Handbook

Procedures Prior to the Treatment Session	24
Procedures During the Treatment Session	24
Procedures Following the Treatment Session	25
Formal Treatment Reports	25
Clinic Appropriate Activities	25
Front Desk Assignments	27
Quality Assurance	27
 <u>Section 3.</u>	
CAA Contact	28
Criteria	28
Submission Requirements	28
Academic Rules and Student Integrity	29
Non-Harassment and Anti-Discrimination Policy	29
Suspected Abuse/Neglect	30
Confidentiality	30
HIPAA Overview & Training	31
FERPA Memorandum	31
Whistleblower Policy	31
Drug and Alcohol Abuse Policy	31
Smoking Policy	31
Dependability	32
Attendance	32
Absentee Procedure for Clinic	32
Lateness Procedure for Clinic	32
Early Departure for Clinic	33
Supervisor Absences	33
Clinic Closing/Cancellations	33
Salus Time	33
Semester Break	33
Jury Duty	33
Holidays	33
Dress Code	34
Identification Badge	34
Forms of Address	34
Immunization Records	35
Criminal Background Check	35

SLP Student Handbook

Drug Testing	35
Cardiopulmonary Resuscitation (CPR) Training	35
Liability Insurance	35
Health Insurance	35
Transportation	36
Gifts/Gratuities	36
Cell Phone Usage	36
Electronic Communication and Social Media	36
Blackboard	36
Photocopier Procedures	36
Video Recordings	37
Disability Statement	37
Students Who Speak English with Accents and Non-Standard Dialects	37
Student Organization	37
Safety and Security	37
Emergency Text Messaging System	38
Parking	38
Infection Control Procedures	38
Environmental Infection Control & Basic Housekeeping Practices	39
Surface Disinfection	38
Surface disinfection will incorporate the following steps	39
Controlling the Human Source of Infection	39
Hand Washing	39
Personal Protective Equipment (Gloves, Gowns, and Masks)	39
Gloves	39
Gowns	40
Masks/Eye Protection	40
First Aid Kits	40
Eye Wash Station	40
Spill Clean Up	40
Material Safety Data Sheet (MSDS)	40
Client Accident/Illness Response Procedures	41
Crisis Services	41
Clinical Materials	42
Other Campus Resources	43
Technology and Library Services (TLS)	43
The Learning Resource Center	43
Alcon Lab	44

SLP Student Handbook

Bennett Career Services Center	44
Other Support Services	44

Section 4.

Certification Licensure	44
ASHA Certification	44
National Examination	45
Clinical Fellowship Year	45
School Certification	45
Appendix A: Sequence of Education Experiences	46
Appendix B: Course Descriptions	47
Appendix C: Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology	53
Appendix D: 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology	54
Appendix E: ASHA Scope of Practice for Speech-Language Pathology	65
Appendix F: ASHA Code of Ethics	80
Appendix G: Clinical Supervision in Speech-Language Pathology and Audiology	88
Appendix H: Essential Functions	96
Appendix I: Forms	99
Consent for Evaluation and Treatment	100
Consent to Use Food in Session	106
Client Intake and Schedule	107
Child Case History Form	115
Adult Case History Form	119
Peds Evaluation Outline	120
Adult Evaluation Outline	121
Treatment Note (SOAP Format)	122
Progress Note/Discharge Summary Outline	123
Speech-Language Pathology Superbill	124
Advance Beneficiary Notice (ABN)	126
Client Satisfaction Survey	127
Therapy Plan	129
Clinical Reflection Tool	130
Student Self-Reflection of Evaluation Session	131
Student Self-Reflection of Treatment Session	132
Session Observation Form	133
Description of Observation Experience	134
Remediation Plan	136
Clinical Practicum Progress Log	137
Absence from Clinical Practicum	139
Material Reservation Log	140

SLP Student Handbook

Materials Tracking Log	141
Clinic Room Reservation	142
Practicum Request Questionnaire	143
Site Orientation Checklist	144
FERPA Memorandum	145
Communication Proficiency Screener	146
Graduate Student Portfolio Guidelines	147
Appendix J: State and National Resources	148
Acknowledgement Statement	149
Program Participant Agreement Statement	149
The Oath to Professionalism in the Health Sciences	150

SLP Student Handbook

Welcome to the Department of Speech-Language Pathology!

The faculty and staff of the Department of Speech-Language Pathology in the College of Health Sciences, Education and Rehabilitation at Salus University are excited that you will be joining us for your graduate studies! We will make every effort to provide you with a high-quality learning experience that exposes you to the depth and breadth of the profession across a variety of settings.

The purpose of the handbook is to support student learning during your education in the Master's program. The faculty has developed this handbook as a resource containing the guidelines relevant to the program as well as the Speech-Language Institute (SLI) and beyond. You will find information about the policies and procedures associated with the program, along with some details about what you need to do to prepare for professional practice after you graduate.

So, please look through the handbook carefully and become familiar with its contents.

When you have questions about the program, we encourage you to consult the handbook first – there's a very good chance that you'll find the answers to your questions right here! Of course, if the answers aren't evident, just let us know. We'll be happy to assist you in achieving the goal to provide a quality experience for our students.

SLP Student Handbook

INTRODUCTION TO CLINICAL EDUCATION

Supervised clinical practice is an integral part of the graduate program in the Department of Speech-Language Pathology within the College of Health Sciences, Education and Rehabilitation at Salus University. Supervision provides the student with an opportunity to apply knowledge to the evaluation and management of individuals with a wide variety of communication disorders.

The primary goal of clinical education is to prepare speech-language pathologists who will demonstrate general competence across the scope of practice in nine communication disorders areas from infancy to geriatrics of culturally and linguistically diverse populations. Clinical experiences (a minimum of 400 clock hours) are required in each of the following areas:

- **Articulation**, including production of phonemes, strategies to improve motor speech production, production of multisyllabic word forms.
- **Fluency**, including stuttering behaviors, cluttering and rate of production.
- **Voice and resonance**, including respiration and phonation, pitch and intonation variations.
- **Receptive and expressive language** (morphology, phonology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing and manual modalities, including increased length and complexity of utterances, expanding expressive/receptive vocabulary, measurements/treatment of phonological use.
- **Hearing**, and its impact on speech and language and aural (re)habilitation, including hearing aid troubleshooting, hearing screening, speech reading skills, speech/voice production and language deficits as influenced by hearing impairment.
- **Swallowing disorders**, including oral, pharyngeal, esophageal, and related functions as well as oral function for feeding; may include modified barium swallow measures, fiber optic evaluation of swallowing, and strategies to decrease aspiration.
- **Cognitive aspects of communication** (attention, memory, sequencing, problem-solving and executive functioning), including cognitive notebook use to improve access to long-term memory about family and word retrieval strategies.
- **Social aspects of communication** for challenging behavior, ineffective social skills, and lack of communicative opportunities, including behavior management techniques and developing more effective peer interaction patterns.
- **Communication modalities**, including oral, manual, augmentative and alternative communication (AAC) techniques and assistive technology, identifying appropriate AAC devices and strategies, increasing use of effectiveness of AAC techniques.

Through sequenced clinical experiences and assignments, the student will learn to:

- Analyze, synthesize and evaluate an extensive body of knowledge in communication sciences and disorders.
- Use evidence-based practices in the selection of evaluation and treatment protocols.
- Achieve high levels of competency in prevention, screening, diagnosis, and treatment of clients with varied communication disorders.
- Communicate effectively and professionally, orally and in writing.
- Demonstrate ethical and responsible professional conduct.

The ultimate goal of clinical education is to provide the student with the knowledge and skills to practice as a speech-language pathologist in diverse clinical settings across the lifespan.

SLP Student Handbook

ROLES AND RESPONSIBILITIES IN CLINICAL EDUCATION

Student Responsibilities

The student is expected to conform to the policies and procedures of the site at which the practicum takes place. Essentially, the student learns the role of the professional by following the model of the supervisor. The rules and expectations will be discussed at the beginning of the assignment and will vary depending on the site. The student will:

- Assist the supervisor in selecting and administering the appropriate diagnostic tools
- Set realistic and appropriate therapy objectives
- Select techniques and materials for implementing the therapy objectives
- Manage client behavior
- Motivate clients
- Document session with professional notes/reports
- Counsel clients and parents/caregivers
- Implement suggestions made by supervisors in a timely fashion
- Act as a member of the profession

Clinical Educator Responsibilities

The clinical educator will discuss the expectations for the student as early as possible in the practicum. This will allow students time to address any concerns regarding supervision approach, methods of feedback, and administrative matters. In order to assure that the student is competent, the clinical supervisor will:

- Observe assessment and therapy sessions as required by CFCC guidelines
- Provide feedback (both written and oral) about assessment protocols, treatment plans, therapy sessions and documentation in real-time and during weekly meetings
- Demonstrate techniques to facilitate student learning
- Suggest alternatives for achieving goals
- Participate in counseling sessions
- Give the student support and direction while allowing the student independence to plan and problem solve
- Assist the clinical director in formalizing mid-term and final grades

Recommendations regarding care of the client or to the parent/caregiver are the responsibility of the clinical educator.

Academic Advisor Responsibilities

The academic advisor will be responsible for advising the student in both didactic and clinical education. The advisor will provide support to the student, the clinical educator and other supervisors during the student's practicum experience.

Director of Clinical Education Responsibilities

The director of clinical education will be responsible for coordinating all clinical activities for the students, both on and off-campus. The director or designee will observe sessions to determine the effectiveness of the practicum for both the student and the supervisor and make suggestions for any adjustment to the practicum. The director will submit grades for all practicum courses.

Program Director Responsibilities

The program director will be responsible for overseeing the entirety of the program and guiding the students towards meeting the requirements for graduation.

SLP Student Handbook

Amount of Supervision

According to Standard V-E of the *2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology*:

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of nine months of full-time clinical experience, and (2) a minimum of two hours of professional development in clinical instruction/supervision.

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 individual receiving services. (ASHA, 2020)

THE CLINICAL PRACTICUM

Throughout the course of studies, the student must complete a minimum of 400 clinical hours. The student completes at least 25 hours of observation and at least 375 hours of direct client contact. These clinical hours are to be achieved through a variety of practice settings with a diversity of clients. For all students, clinical educators will determine when students are able to move from supervised observation into supervised clinical service delivery. This decision will differ depending upon the knowledge and abilities of the student and the specific clinical procedures performed. Typically, coursework related to a procedure should be concurrent or completed prior to clinical participation involving that procedure. All students will rotate through placements in the on-campus clinic and formally approved off-campus sites. Students may only attend sites that are approved by the program, for which a current affiliation agreement is in place.

When a student enrolls in a clinical practicum, it is expected that the student will participate through the end of the designated clinical assignment (i.e., one semester).

Throughout the program, students will meet with the director of clinical education, the academic advisor and the supervisor(s) to discuss on-campus and off-campus clinical placements. Determination of the clinical placements will depend on knowledge, skills, abilities, and schedule. Students may expect to be placed in the on-campus clinic for three semesters before consideration of off-campus placements. The director of clinical education or designee will make the initial contact to inquire if an off-campus site is willing to supervise a student extern. Once the site has indicated willingness to supervise a student and the program has verified that a signed agreement is in place, the student will be offered the name and contact information so that he or she may further discuss the placement and set up any needed preliminary interview or site visit.

Clinical Supervisors

All supervisors will hold the American Speech-Language Hearing Association (ASHA) Certificate of Clinical Competence. ASHA certification will be verified by the program's administrative assistant, working closely with the director of clinical education, through the ASHA website. Verification will occur prior to the first placement of students with a supervisor and then occur on an annual basis, on or about January 1.

All supervisors of students will also be required to maintain state licensure and/or certification, as applicable, in the state where the practicum occurs. This too will be verified by the program's

SLP Student Handbook

administrative assistant, working closely with the director of clinical education. Verification will occur prior to the first placement of students with a supervisor and then occur annually, on or about August 1.

Supervisors will also be asked to provide a signed declaration that they have and will maintain ASHA certification and state licensure and/or certification while supervising as well as abide by the ASHA Code of Ethics and Scope of Practice within their specialty(ies) and clinical setting. Supervisors will also be required to verify that they have completed a minimum of 9 months of full-time, post-certification (or its part-time equivalent) clinical experience, and participated in at least two hours of professional development/continuing education in clinical supervision. Any changes to credentialing during the student's placement must be brought to the program's attention immediately.

Finally, supervisors' contact information and credentialing will be placed in CALIPSO (see below), and updated regularly.

Practicum Assignments

Students will follow the sequence of learning practicum assignments outlined by the program, in the order specified. Practicum assignments will be sent via email to the student, the supervisor and the program chair two to four weeks before the new semester. The program will maintain regular contact with the student and the site throughout the semester to ensure onsite supervision and clinical caseload is appropriate for each level.

Different disorders may be encountered at different rotation settings each semester depending on the clients/students/patients served. It is noted that depending on the type of setting, vocabulary and terminology will vary, and the student is expected to know and use the terminology of the setting. For example, in a medical setting, those receiving services are referred to as patients, but in a school setting, they are referred to as students, and in a private practice or clinic setting, those receiving services are referred to as clients.

Clinic Time Expectations

Enrollment in clinic practicum and externships will place significant time demands on students during the week. It is mandatory for students to remain in the clinic for the duration of the assignment block. For each assignment, students should be prepared to devote approximately 15 to 20 hours per week during internship and up to 40 hours per week during externship to planning, implementing, and evaluating the clinical experiences.

Mandatory Meetings/Orientation

Many clinical practicum sites require meetings prior to beginning or at the onset of the assignment, including an interview, shadowing hours, and site orientation. If a student misses the required meetings, then it is at the discretion of the program whether to allow the student into the practicum. Students are responsible for attending all meetings as part of their clinical education.

Clinical Clock Hour Requirements

The Department of Speech-Language Pathology abides by the practicum requirements as prescribed by ASHA for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), as well as requirements for state licensure and certification. Thus, students will need to meet the following minimum requirements for clinical practicum hours:

SLP Student Handbook

Total Patient/Client Contact	400 hours
Supervised Clinical Observation	25 hours (prerequisite requirement)
Patient/Client Contact	375 hours

Please note that other states may require a minimum number of clinical clock hours in evaluation and treatment of children and adults. Students will be responsible for identifying and tracking those requirements.

Transfer of Clinical Clock Hours

Salus University will accept the transfer of clinical hours earned at the undergraduate level. A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program.

Clinical Clock Hour Records

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) defines 1 clinical practicum hour as equal to 60 minutes. When counting clinical practicum hours for purposes of ASHA certification, experiences/sessions that total less than 60 minutes (e.g., 45 minutes or 50 minutes) cannot be rounded up to count as 1 hour.

Students may count only those hours for which they have provided direct client care.

Activities that count as clock hours include: Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward the practicum requirement.

Activities that do not count as clock hours: Time spent on documentation, preparing for a session, preparing material, scoring and analyzing tests, calling client/family to make appointments, conferencing on client with the supervisor, team meetings, or in rounds, observing a session or an IEP/IFSP meeting.

At the end of each semester, clinical clock hours will be verified by the supervisor and the director of clinical education and signed off by the department chair. Students should maintain a paper/hard copy of their signed clinical hours for their personal records.

The student's failure to submit clinical hours within the assigned time frame will result in a failure (F) for the clinical practicum course.

CALIPSO

The Department of Speech-Language Pathology has adopted the Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations (CALIPSO), a competency-based application that manages student clinical learning. To access Salus' CALIPSO website, go to the CALIPSO login page and search for Salus University under the *School Login* tab.

Registration

To gain access to the CALIPSO system, the student will be emailed a one-time PIN number by the director of clinical education. With the PIN number, the student will receive step-by-step instructions for using the system.

SLP Student Handbook

Instructions for CALIPSO

Students will find instructions for approving clock hours and submitting students' midterm and final evaluations on the CALIPSO website. All clock hours should be approved prior to the end of each semester by the supervising clinician.

CALIPSO Scoring

CALIPSO scoring is a competency-based program and adheres to the standards set forth by the Council on Academic Accreditation (CAA), and the Council for Clinical Certification (CFCC). This means that students have to demonstrate specified clinical competencies in order to qualify for graduation. Competencies on a standard are met when a student's average on the standard reaches the minimum score as outlined in the course syllabus.

Competency-Based Scores:

1. Absent – supervisor modeling and intervention needed
2. Emerging – supervisor intervention needed
3. Evident – with supervisor support and feedback
4. Independent – given occasional feedback
5. Clinical Fellowship (CF)-ready – consultation with supervisor

The purpose of the rating system is to provide feedback on specific clinical competency areas and guide decisions in which students need practice or support. The supervisor will evaluate and grade the student's performance at midterm and at the end of the placement.

A pass in a practicum course indicates that the student has met at least minimum requirements to count clinical clock hours. Students will be evaluated across three major domains: (1) Evaluation, (2) Intervention and (3) Preparedness, Interaction and Personal Qualities. In order to receive a passing grade for the practicum, the student must have a minimum average competency in each domain as outlined in the course syllabus. Students may not count clinical hours towards the minimum required hours for graduation during a term when a failing grade is received.

PRACTICUM GRADING

Satisfactory clinical performance is an integral part of the program's expectation of students. Each student must enroll in clinical practicum each semester. Only the director of clinical education or department chair, with approval from the dean, can waive this requirement.

As part of the assessment process, students will be required to reflect on and write about their clinical experiences, including their self-perceived strengths and areas for improvement. These reflections will be discussed with the clinical educator. The student's assessments will be compared with the supervisor's rating scale at mid-term and within the final two or three weeks of their clinical placement. The self-reflections may also be discussed during formal advising sessions. The clinical supervisor and academic advisor will communicate as needed regarding the student's performance.

At the midterm point of the semester, the clinical supervisor may provide formal assessment to strengthen or improve observed areas of weakness and reinforce the student's strengths.

At the close of the semester, the supervisor provides summative assessment information to

SLP Student Handbook

improve observed areas of weakness and reinforce the student's strengths. This exchange occurs during the final conference between the student and the clinical supervisor. Clinical educators recommend a grade for the student's work during the semester. *The director of clinical education, in consultation with the student's supervisors, assigns the final grade.*

Satisfactory clinical performance (i.e., direct client care) is an integral part of the program's expectation of students. Students who receive a practicum grade below B- in any clinical assignment will be placed on clinical probation and a remediation plan will be developed. Failure in clinical performance will result in failure of the course.

Again, clinical hours obtained during an unsuccessful clinical experience will not count toward the minimum required clock hours for graduation.

SEQUENCING OF COURSE CONTENT AND CLINICAL EXPERIENCES

Each supervisor is informed of the courses and clinical experiences the student has had in speech-language pathology. This will ensure that the supervisor knows each student's background and will allow the supervisor to provide the requisite level of supervision.

In general, students are assigned clinical cases once they have completed or are concurrently taking the appropriate course work. However, since undergraduate preparation is diverse, it is the practice of the clinic to provide support to all students, including:

- Students will be provided with individual teaching, clinical modeling, and/or co-treatment with the supervisor.
- Peer-mentoring may occur. Experiences may include an opportunity to observe, ask questions of students, and review prior semester's recording of therapy.
- Students will be directed to resources to determine and implement evidence-based practice.
- When appropriate, students will be encouraged to collaborate with the expert(s) in the area of treatment.
- Readings (such as articles and book chapters addressing various diagnoses, treatment strategies, etc.) will be provided/recommended by the supervisor for specific areas of need.
- Grand Round presentations will be required in order to increase students' exposure to different client profiles, current treatment strategies, evidence-based practice and problem solving for additional treatment strategies and approaches to clinical questions.

In summary, supervision of each student is based upon the student's knowledge and skills. Greater amounts of supervision will be provided to the new clinicians and gradually decreased as appropriate. Regular meetings between clinical supervisors and students will allow for discussion, evaluation of progress and further development of clinical critical thinking skills.

ACADEMIC AND CLINICAL PERFORMANCE AND STUDENT RESPONSIBILITIES

The program makes every effort to support students academically and clinically. The following sections outline academic and clinical performance and student responsibilities.

SLP Student Handbook

Grades

All courses, didactic and clinical, are taken for a letter grade. Courses in which a student has earned a grade of C+ or lower may not be counted towards completion of program requirements and should be repeated for appropriate credit. Note that these performance standards differ from the general standards specified in the College of Health Sciences, Education and Rehabilitation (CHER) academic policies. Please refer to the CHER handbook for information regarding academic standing and academic probation.

Program Review and Remediation Plans

All students are reviewed each semester at mid-semester and semester's end by the faculty at large during a formal faculty meeting. Following this review, if a student fails to achieve Course Competencies, Program Learning Outcomes, or CAA Standards, as measured in clinical and academic coursework, the student will be provided with a written remediation plan outlining specific expectations for the student's successful completion of the standards or learning outcomes. Remediation plans are implemented when a student earns a grade below B- in any didactic course or clinical assignment.

If a student requires remediation there are several steps that will be followed: 1.) The instructor will inform the student that he or she did not meet a Course Competency, Program Learning Outcome, or CAA Standard. 2.) The instructor and student will meet to discuss the plan for remediation and a written remediation plan will be created. The plan will identify areas of weakness, specific expectations for improved performance, and a specific timeline for completion of improvements. 3.) The program director, student, instructor, and/or advisor will meet to discuss the remediation plan and will each sign a copy of the remediation plan. 4.) A copy of the remediation plan will be provided to the student and the signed original will be placed in the student's file. 5.) Successful completion of the remediation plan will indicate that the student has met Course Competency, Program Learning Outcome, or CAA Standard. Successful completion will be documented in the student's file.

If the student does not successfully complete the remediation plan or the student elects not to complete the remediation plan, then the student will not be recommended for continuation in the program, graduation from the program, or ASHA certification as a speech-language pathologist.

Academic Remediation Plans

If a student has difficulty achieving Course Competencies, Program Learning Outcomes, or CAA Standards, the instructor, program director, and/or advisor will formally meet with the student to identify the area of knowledge or skill that is deficient. The instructor, in consultation with the student, and supported by the program director or advisor will design a written remediation plan with specific tasks, outcomes, and timelines. The student's knowledge and/or skills will be re-evaluated at the completion of the remediation plan by the instructor as needed. If necessary, the student's final grade may be deferred until competency is demonstrated. (Refer to the Program Plan for Student Remediation found in Appendix I.)

Examples of academic remediation may include one or more of the following:

- opportunities to repeat assignments or exams
- additional readings or written assignments
- faculty advisement on subject matter
- other activities as determined by the course instructor

SLP Student Handbook

Selection of the above activities will be individualized to the needs of the students and determined by the instructor to guide the student to successful completion of the plan. The remediation plan will be written, approved and signed by the student and program director and copied for the student's file. Regular meetings between the instructor and student will be held to evaluate student progress until (a) the remediation plan is successfully completed and the student functions under the program's expectation or (b) during the course of the plan it is determined that the only action is to have the student repeat the course.

If the student does not successfully complete the remediation plan or the student elects not to complete the remediation plan, then the student will not be recommended for continuation in the program, graduation from the program, or ASHA certification as a speech-language pathologist.

Clinical Remediation Plans

If a student has difficulty achieving Clinical Competencies, Program Learning Outcomes, or CAA Standards, the clinical educator, director of clinical education, and/or program director will formally meet with the student to identify the area of knowledge or skill that is deficient. The supervisor, in consultation with the student, and supported by the clinical director will design a written remediation plan with specific tasks, outcomes, and timelines. The student's knowledge and/or skills will be re-evaluated at the completion of the remediation plan by the supervisor and clinical director as needed. If necessary, the students' final grade may be deferred until competency is demonstrated. (Refer to the Program Plan for Student Remediation found in Appendix I.)

Plans for clinical remediation may include one or more of the following:

- opportunities to observe clinical sessions
- additional readings or written assignments
- faculty advisement on subject matter
- role-playing with peers/actors
- computer simulation
- review and evaluation of recorded sessions
- co-treatment with supervisor and/or clinical director
- other activities as determined by the supervisor and/or clinical director

Selection of the above activities will be individualized to the needs of the students and determined by the supervisor and the clinical director to guide the student to successful completion of the plan. The remediation plan will be written, approved and signed by the student, clinical director and/or program director and copied for the student's file. Regular meetings with the supervisor and student, facilitated by the clinical director or designee, will be held to evaluate student progress until (a) the remediation plan is successfully completed and the student functions under the practicum's expectation or (b) during the course of the plan it is determined that the only action is to dismiss the student from the site and then having the student repeat the practicum before continuing with more advanced clinical placements.

Students who do not successfully complete a remediation plan will be required to repeat the clinical experience during the following semester. Students who elect to not repeat the practicum will not be recommended for continuation in the program, graduation from the program, or ASHA certification as a speech-language pathologist.

Faculty Review

The program chair and faculty will periodically review all remediation plans to ensure that the plans are applied across students for fairness, appropriateness and consistency. The faculty will

SLP Student Handbook

consider the plan in the context of the consistency of requirements, timeline, and outcomes of previous student remediation plans.

Every effort is made to identify students who are struggling during the semester so that instructors or clinical supervisors can work with the student to assure successful completion of the semester. However, if successful semester completion of a course and/or clinical experience is not possible, the student may be expected to repeat a course and/or clinical experience. In this case, the student is placed on a modified plan of study and his/her graduation date may be delayed.

University-wide student support services (e.g., the Center for Personal and Professional Development) are also reviewed with any student who is assigned a remediation plan in order to be certain that the student is aware of and can take advantage of services available and is receiving the support that he/she needs to be successful.

PROTOCOLS FOR SERVICES

The following protocols were established as a general guideline for procedures associated with assessment and treatment of clients at the clinic. Supervisor-specific requirements or those that are adapted to meet the needs of individual clients will be discussed during clinic orientation or the planning stages of the session.

Scheduling and Pre-Evaluation Information:

Evaluations are generally scheduled week days between 8:00 a.m. and 6:00 p.m. and Saturdays between 8:00 a.m. and 12:00 p.m.

The office manager will schedule and assign supervisors and students to incoming clients. The office manager or the student will confirm the date and time of the assessment session two-three days prior to the scheduled appointment.

The client will have completed all required forms before the evaluation begins.

Procedures Prior to the Evaluation Session:

The student will:

- Review all available information concerning the client.
- Look up any professional or medical terminology used with which he/she is unfamiliar.
- Determine if additional information is needed prior to the evaluation session (e.g., results of previous testing, teacher consultation, etc.) and discuss with the supervisor during the planning session.
- Estimate approximate levels of functioning in the various areas covered on the written case history form.
- Determine the reason for the referral and determine the testing that will need to be completed.
- Devise and outline, in writing, a plan for the evaluation session including information to be obtained, tests to be administered and testing priorities. Alternative plans should be formulated and may be implemented based on client responses during the evaluation session. Areas typically screened or assessed during an evaluation include:
 - Hearing
 - Oral-motor structure and function
 - Receptive language
 - Expressive language
 - Speech

SLP Student Handbook

- Fluency
- Voice

- Other areas, which may be screened or assessed, might include:
 - Literacy (reading/writing)
 - Augmentative/Alternative communication
 - Swallowing
 - Cognition

- Discuss the outlined plans with the clinical educator during the evaluation planning session.
- Reserve all testing materials needed by writing the names of the tests, date, and time needed, and the student clinician's name in the Schedule Book.
- Review and thoroughly prepare for the administration and scoring of all testing materials to be used during the evaluation.

Procedures on the Day of the Evaluation:

The student will check out all testing materials and take them to the exam room prior to the evaluation. The student should obtain the diagnostic protocols from the diagnostic room.

The student will have a working penlight, personal protective equipment and reinforcement materials set up in the testing room.

The student should meet the client and the parent/caregiver (if applicable) in the waiting room and escort the client to the treatment room for a brief explanation of the procedures and appointment length. The parent/caregiver may be asked to accompany a client to the testing room or to remain in the waiting room. Parents/caregivers of children under sixteen or of adults who require assistance of any kind must be told that they may not leave the building during the session.

Procedures during the Evaluation:

The student will interview the client and/or the parent/caregiver during the evaluation session. In addition to discussing general case history information, an interview scale may be administered.

Questions generic to most evaluations would involve information regarding:

- Birth, developmental, and medical histories
- Environmental, educational and/or employment background
- Behavioral considerations
- Results of previous speech/language, hearing, educational, medical, psychological or career testing.

The student should reiterate the reason for the assessment with the client and/or the parent/caregiver. Additionally, the student should understand what the client and/or parent/caregiver expects to learn from the assessment session.

The student should never leave a child or a dependent adult in the testing room alone. At no time should a child or a dependent adult be away from the student's line of vision.

Tests should be administered in the same order established prior to the evaluation. Flexibility is important, however, in re-ordering priorities or following alternative plans depending upon the client's responses during the evaluation and input from the supervisor. All tests should be

SLP Student Handbook

administered and scored according to the standardized procedures described in the test manual. The student should record all items (correct and incorrect) for analysis purposes. The clinical supervisor will observe the evaluation and be available for consultation at all times.

When the evaluation has been completed, the student will escort the client back to the waiting room. The student may request that the client and/or parent/caregiver wait to discuss the findings and recommendations from the evaluation, or offer a time to schedule a follow-up visit.

The student will score the tests administered, review the behaviors observed and information obtained during the interview, formulate his/her diagnostic impressions and determine recommendations. The findings, conclusions and recommendations must then be discussed with the supervisor prior to any discussion with the client and/or parent/caregiver.

The student should complete the documentation/coding in the Electronic Health Record (EHR).

The student and/or supervisor will provide feedback to the client and/or caregiver concerning the findings, conclusions and recommendations from the evaluation. If treatment is recommended, specifically state the frequency and duration of treatment recommended. During the initial portion of students' training, both a clinical supervisor and the student will give feedback. Later in training, the student will be expected to give feedback without the clinical supervisor's physical presence. The supervisor, however, will be observing and will be available at all times if problems should arise or if additional consultation is needed.

Procedures Following the Evaluation:

Immediately following the evaluation, all materials used during the evaluation should be returned to the appropriate storage locations.

The student will:

- re-check scoring of all testing and complete the identifying information (i.e., client's name, date of birth, date of evaluation, graduate student's name) on every test form paper used.
- transcribe the language sample (if appropriate) and complete the language analysis specified by the supervisor.
- submit the report, based on the supervisor's instructions and submit all test forms and papers, and any recordings to the supervisor within two working days of the evaluation.

Typically, a report will include:

- the client's identifying information.
- an introductory paragraph, including the referral question.
- a description of the client's behavior during the testing session.
- a listing of formal tests administered, including the expected Standard Scores or percentiles for each test, and the client's actual scores.
- an interpretation of the client's performance in the specific areas assessed, substantiating the clinical impressions with formal test data and clinical observations.
- an assessment summary of the client's overall performance and prognostic statement.
- specific recommendations, including goals if referred for therapy and client education.

The student will make an appointment as needed with the supervisor to discuss the development of clinical and professional skills. These discussions may take place during planning sessions for future evaluations.

Scheduling for Treatment Sessions:

SLP Student Handbook

As recommended, the office manager will schedule the client for sessions. Students may be assigned to clients at any point during the semester. The office manager will document the client's schedule using the clinic's EHR and ensure the accuracy of the client's personal information.

Schedule changes are to be made only when absolutely necessary and must have prior approval by the DCE or Office Manager. If a scheduling change is approved, the new date(s) and times(s) will be recorded in the EHR by the Office Manager.

Preparation:

The student will:

- identify the client's communication deficit and prioritize the areas to be addressed in writing prior to meeting with the supervisor or seeing the client.
- formulate plans for treatment sessions in writing prior to meeting with the supervisor or seeing the client.
- review course notes, professional journals and current research data for information regarding the client's disorder.

Procedures Prior to the Treatment Session:

The student will:

- prepare a daily treatment plan on the appropriate form.
- place all stimulus, reinforcement and personal protective equipment in the treatment room prior to meeting the client.
- secure the supervisor's approval in advance for the administration of any formal tests during a treatment session.

Procedures During the Treatment Session:

The student will:

- be punctual in meeting the client and in terminating the session.
- meet the client in the waiting area. The student will walk the client (and parent/caregiver) to the treatment room and briefly explain what will be occurring during the session. The student should continue this process throughout the semester.
- ensure that parent/caregivers of a child or an adult client who requires significant assistance not leave the clinic and remain in the waiting room.
- never leave a child or dependent adult in the treatment room alone. If there is an emergency and the student must leave the treatment room, the client will go with the student. At no time will a child or dependent adult be away from the student's line of vision.

Parents/caregivers may observe sessions and participate in a treatment session as directed by the supervisor.

To avoid the possibility of allergic reactions, the student will not give children edible reinforcement without prior permission in writing from the parent/caregiver. Additionally, the student will not provide foods or liquids to clients diagnosed as presenting dysphagia without prior permission from the supervisor.

SLP Student Handbook

The student should maintain open lines of communication with parent/caregivers by providing information regarding the client's progress, home practice activities, etc. only as pre-approved by the supervisor.

Procedures Following the Treatment Session:

The student will:

- clean all materials and surfaces of the room
- immediately return all materials to the appropriate locations
- calculate percentages from logs and write summary comments
- complete session (i.e., SOAP) note
- review video recording and any written evaluation forms from the supervisor
- schedule an appointment with the supervisor prior to the next scheduled client session to review any areas of need
- complete session reflection paper, as directed.

Formal Treatment Reports:

After the session with the client, or on a date otherwise designated by the supervisor, the student will submit a copy of the therapy plan to the supervisor. A typical therapy plan will include:

- the client's identifying information
- a summary of the client's original diagnosis
- a summary of the client's current level of functioning
- a list of the specific objectives, the condition, the criterion level, and procedure to be used.

The supervisor will make corrections and return to the student. The student will adjust the plan according to supervisory input and submit the revised report and enter into the EHR, as directed by the supervisor.

One week prior to the completion of the semester, on a date otherwise designated by the supervisor, or one-week following a client's discharge, the student will submit a copy of the progress report/discharge summary to the supervisor. The supervisor will make corrections and return the progress report. A typical progress report/discharge summary will include the following:

- the client's identifying information
- quantitative report of progress on the specific objectives indicated on the long-term treatment plan
- summary of client's overall improvement in communication
- number of sessions attended over number of sessions scheduled (graduate student cancellations or holidays are not considered to be scheduled sessions)
- specific recommendations

CLINIC APPROPRIATE ACTIVITIES

When not providing direct client care, or in the preparation, debrief or documentation of sessions, students may engage in the following activities:

SLP Student Handbook

Related to Direct Client Care:

- Practice with the Electronic Health Record (EHR)
- Plan ahead for upcoming sessions with clients – i.e. preparing home programs or other therapy activities
- Verify all of the documentation in the client's file is accurate and complete.
 - Fix anything that is not accurate, under the direction of the clinical educator.
- Meet with supervisor to discuss upcoming sessions
- Contact other SLPs and professionals to obtain more information about clients
- Write SOAP notes directly after appointments
- Learn about the client's country of origin and associated cultures and any potential impact to client care
- Summarize ASHA's position statement on the client's disorder
- Go to the literature and pull studies and/or reports on clinical issues dealt with in the sessions and be prepared to discuss with the supervisor and/or write a 2-page review
- Investigate one of the other student clinician's clients and provide a brief synopsis/possible activity/goal that could be attempted with that client; give constructive criticism and make suggestions
- Identify additional Evidence-Based Practice (EBP) resources/references

Related to Clinical Education:

- Practice real-life language sampling
 - Watch another student's session or go back and watch previous sessions
- Create core vocabularies for games and activities based on the materials
 - Come up with words that practice certain speech sound combinations
 - Write them down and keep with the activity
- Practice giving diagnostic tests
 - Understand what the test purports to diagnose
 - Understand scoring according to the guidelines of the test manual.
- Prepare a case presentation of one of their clients at a meeting timed to take place towards the end of their clinic block
- Learn about low-incidence cases that they may not have an opportunity to see very often, such as stuttering, Childhood Apraxia of Speech, etc.
 - Use subscriptions to SpeechPathology.com, Master Clinician Network or SimuCase or access journal articles and learn more about some of these diagnoses
 - Find the best evidence for treatment approaches for various disorders
- Become familiar with the ASHA website and tools that are available
- Read up on various disorders, treatment theories, and practices
- Investigate a diagnosis that the supervisor provides to broaden knowledge base
- Create a database of workbooks, organized by category
- Inventory tests and supplies
- Create a database of test descriptions that can be utilized in evaluation reports:
 - Ex: "The Goldman-Fristoe Test of Articulation 3 (GFTA-3) assesses a student's ability to correctly articulate sounds in single words in the initial, medial, and final positions.... the average standard score is 100 with a standard deviation of 15. The average standard score range is 85-115" etc.
- Review speech websites: organize by material sources vs informational websites
- Research and organize an application (app) database by disorder
- Have a supervisor create a mock chart for a simulated client for students to complete a chart review in order to utilize some of the medical terminology, etc. to triage a patient and find a starting point for evaluation and therapy
- Create general education materials

SLP Student Handbook

FRONT DESK ASSIGNMENTS

Students should have a general understanding of how the clinic operates from an administrative aspect.

Students should be able to:

- Greet and check in clients
 - Clients and parents/caregivers should be greeted as they walk into the clinic.
Example:
 - “Good morning/afternoon. May I ask your name to check you in?” **OR**
 - “Good morning/afternoon. May I ask which student you work with so that I can let them know you’re here?”
- Answer the clinic phone
 - The clinic phone should be answered in a professional manner each time it rings.
 - Example: “Thank you for calling the Speech-Language Institute at Salus University, this is [name] speaking, how may I help you?”
- Check the clinic voicemail
 - If the red light on the top right corner of the phone is lit, there is a voicemail that needs to be checked. Pick up the phone and press the message (letter) button. When prompted, enter the clinic access code found on the phone. Next, press “1” for messages. After writing down the message, press “7” to delete the message. If necessary, alert the appropriate clinical educator and student.
- Complete client intake sheet for a new client evaluation
- Confirm, cancel, or reschedule client appointments and alert the assigned clinical educator
 - Dial (area code) (phone number) to call a client. When the client answers, identify yourself as “Hi, this is [name], calling from the Speech-Language Institute at Salus University”.
- Locate client forms including client handbook, case history, and consent forms

QUALITY ASSURANCE

The Department of Speech-Language Pathology at Salus University is committed to maintaining the highest level of professionalism and has developed a quality assurance program to ensure that we are meeting or exceeding all requirements. The Speech-Language Institute utilizes various analytical tools to ensure client satisfaction and functional outcomes such as:

- Surveys: The Department will collect and analyze client satisfaction data to ensure the services provided are meeting the needs of the client. Surveys are distributed following an evaluation and/or at the conclusion of each semester. Data is reported back to the clinical educators, students and staff and performance improvement plans are implemented, as indicated.
- Continuing Education: All supervisors participate in ongoing continuing education to maintain clinical skills and to support evidence-based practice.

SLP Student Handbook

Our goal is to stay at the forefront of Speech-Language Pathology services. We uphold this standard by requiring high level continuing education, focusing on therapeutic outcomes and investing in our staff through mentoring programs for professional development and advancement.

COUNCIL ON ACADEMIC ACCREDITATION CONTACT

Concerns and questions relative to the academic and clinical training issues of the Department of Speech-Language Pathology's accredited program should be directed first to the Department Chair and/or the dean of the College of Health Sciences, Education and Rehabilitation. Students (as well as faculty, staff or the general public) may also contact the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). The CAA is obligated by federal regulations to review complaints it receives about any accredited program or program in candidacy status. Before filing a complaint, it is strongly recommended that you read Chapter XIII: Complaints in the Accreditation Handbook.

CRITERIA

Complaints about programs must meet all of the following criteria:

- Be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology
- Relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology in effect at the time that the conduct for the complaint occurred, including the relationship of the complaint to the accreditation standards
- Be clearly described, including the specific nature of the charge and the data to support the charge
- Be within the timelines specified below:
 - If the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint
 - If the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred
 - If the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed

*Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded.

SUBMISSION REQUIREMENTS

- Complaints against a program must be filed in writing using the CAA's official Complaint Form. The Complaint Form must be completed in its entirety, which includes submitting a waiver of confidentiality with the complaint. Failure to provide a signed waiver of confidentiality will result in dismissal of the complaint. The CAA does not accept complaints over the phone.
- The complainant's name, address, and telephone contact information and the complainant's relationship to the program must be included in order for the Accreditation

SLP Student Handbook

Office staff to verify the source of the information. The CAA does not accept anonymous complaints.

- The complaint must include verification, if the complaint is from a student or faculty/staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA.
- Documented evidence in support of the complaint must be appended, including as appropriate relevant policies/procedures, relevant correspondence (including email), timelines of referenced events, etc. Do not enclose entire documents, such as a handbook or catalog; only the specific pages should be included that present content germane to the complaint. Page numbers to these appendices should be referenced in the complaint. Materials may be returned to the complainant if not properly organized to support the complaint.
- The complaint must be complete at the time of submission, including the complaint, waiver, and all appendices; if a complainant submits an amended complaint, including providing additional appendices, it will void the original submission and initiate a new process and timeline.
- All complaints and supporting evidence must be submitted in English, consistent with the business practices of the CAA.
- The complaint must be signed and submitted with any relevant appendices via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to:

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

The complainant's burden of proof is a preponderance, or greater weight, of the evidence. It is expected that the complaint includes all relevant documentation at the time of submission.

Copies of the CAA's complaint procedures, relevant Standards for Accreditation, and the Complaint Form are available in paper form by contacting the Accreditation Office at accreditation@asha.org or 800-498-2071. All complaint materials (completed and signed complaint form and relevant appendices) must be typewritten or printed from a computer.

ACADEMIC RULES AND STUDENT ACADEMIC INTEGRITY

Please refer to the description in the *Salus University Student Handbook*, found on the Student Affairs page within MySalus:

<https://www.salus.edu/Salus/media/Files/SLP-AP-9-2021.pdf>

NON-HARASSMENT ANTI-DISCRIMINATION POLICY

Please refer to the description in the *Salus University Student Handbook*, found on the Student Affairs page within MySalus:

[http://www.salus.edu/getattachment/About/University-Policies/University-Policies/Non-Harassment-and-Anti-Discrimination-Policy-2018-\(2\).pdf.aspx](http://www.salus.edu/getattachment/About/University-Policies/University-Policies/Non-Harassment-and-Anti-Discrimination-Policy-2018-(2).pdf.aspx)

SUSPECTED ABUSE/NEGLECT

Should any student or supervisor suspect that a client is either being abused and/or neglected, the student or supervisor should report this directly to the Director of Clinical Education and take steps

SLP Student Handbook

to appropriately report suspected abuse/neglect to the authorities and any outside agency.

CHILD PROTECTIVE SERVICES, OFFICE OF CHILDREN AND YOUTH

- If the child is in immediate danger, call 911
- File an electronic report of suspected child abuse at www.compass.state.pa.us/cwis
- ChildLine: 800-932-0313

ADULT PROTECTIVE SERVICES, OFFICE OF AGING AND ADULT SERVICES

- 24-hour Montgomery County Elder Abuse Hotline number. 800-734-2020
- Protective Services Hotline: 800-490-8505

CONFIDENTIALITY

1. All information concerning clients is confidential. Instruction in specific guidelines regarding Protected Health Information (PHI) as it relates to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will occur during orientation and throughout the graduate education.
2. Clients may be discussed with supervisors, faculty members, and fellow students only when such discussions serve a clinical or educational purpose.
3. Clients are not to be identified or discussed with friends, roommates, or any other person outside of the clinic or academic settings.
4. Extreme care should be taken when having conversations in SLI and other clinical placements as clients and families/caregivers are likely to be within hearing distance. Please follow confidentiality guidelines.
5. Information in the client's record may never be taken from the designated/appropriate areas or left unattended.
6. Materials from a client's record **MAY NOT BE PHOTOCOPIED**. Records will remain locked in the appropriate storage cabinet until needed for services and then immediately returned to the locked cabinet.
7. Written drafts of reports and other client information must be destroyed. Take these items to the front office for proper disposal in the HIPAA box, located next to the copier.
8. Student clinicians are not to exchange information regarding clients with other agencies without verbal and/or written permission from the supervisor and a signed release from the client/parent/caregiver.
9. At no time should student clinicians be engaging in speech/language-related discussion about and/or regarding clients outside of the clinical setting, nor should suggestions/materials be provided to the client or family unless done so under the direction of the supervisor during the time clinical services are being provided at the clinic.

HIPAA Overview & Training

The HIPAA overview and training takes place in several forms. The HIPAA policies are reviewed during the clinic orientation sessions. It is also introduced in clinical and didactic coursework.

SLP Student Handbook

Externship sites may require additional HIPAA training. Finally, students and faculty are directed to participate in University's training and review, with documentation of participation to be submitted to the Director of Clinical Education. All faculty and students participating in a clinical activity are required to complete the HIPAA training and refresher courses on an annual basis.

Additional information on HIPAA may be found at: <https://www.hhs.gov/hipaa/index.html> and <https://www.asha.org/practice/reimbursement/hipaa/>

FERPA Memorandum

According to the Family Education Rights and Privacy Act of 1974 (FERPA), information on student coursework and/or performance may not be shared with individuals other than faculty members with a legitimate educational interest. This means that information related to the coursework and/or performance can be shared with other faculty supervisors. Student clinicians will be asked to sign a FERPA permission form to allow the Chair/Program Director and/or the Director of Clinical Education to discuss the coursework and/or performance with off-campus supervisors. The purpose of that type of communication is to allow off-campus supervisors to determine whether students have the skills and knowledge to succeed at the site and to determine the types of clinical activities in which students might participate. Failure to permit this information exchange could result in a supervisor refusing training at the clinical site.

Further information may be found on the Student Affairs page within MySalus:

[http://www.salus.edu/getattachment/About/University-Policies/University-Policies/FERPA_Policy-\(3\).pdf.aspx](http://www.salus.edu/getattachment/About/University-Policies/University-Policies/FERPA_Policy-(3).pdf.aspx)

WHISTLEBLOWER POLICY

Please refer to the description in the *Salus University Student Handbook*, found on the Student Affairs page within MySalus:

[http://www.salus.edu/getattachment/About/University-Policies/University-Policies/Whistleblower-Policy-2015-\(1\).pdf.aspx](http://www.salus.edu/getattachment/About/University-Policies/University-Policies/Whistleblower-Policy-2015-(1).pdf.aspx)

DRUG AND ALCOHOL-FREE UNIVERSITY POLICY

Please refer to the description in the *Salus University Student Handbook*, found on the Student Affairs page within MySalus:

[http://www.salus.edu/getattachment/About/University-Policies/University-Policies/Drug-and-Alcohol-Free-University-Policy-\(1\).pdf.aspx](http://www.salus.edu/getattachment/About/University-Policies/University-Policies/Drug-and-Alcohol-Free-University-Policy-(1).pdf.aspx)

SMOKE-FREE CAMPUS POLICY

Please refer to the description in the *Salus University Student Handbook*, found on the Student Affairs page within MySalus:

[http://www.salus.edu/getattachment/About/University-Policies/University-Policies/FINAL-SMOKE-FREE-CAMPUS-2015-\(1\).pdf.aspx](http://www.salus.edu/getattachment/About/University-Policies/University-Policies/FINAL-SMOKE-FREE-CAMPUS-2015-(1).pdf.aspx)

DEPENDABILITY

Each student should adequately prepare for all classes and meetings with the faculty and clinical educators, and for all diagnostic and treatment sessions with clients. The student will notify in

SLP Student Handbook

writing faculty and clinical educators of any anticipated classroom and clinical responsibilities or change of schedule or location, as soon as possible. In the case of an unanticipated absence (i.e., clinician illness, car problems), notify the faculty, supervisor, the Director of Clinical Education and the office manager. Later, the student will discuss arrangements for scheduling make-up sessions and/or additional assignments with the supervisor as warranted

Learning to adhere to classroom and clinic schedules is an important part of professional development. The student should begin and end clinical sessions within the appropriate time frame, as established by the evaluation and recorded in the clinic schedule, and allow time for clean-up and for the next clinician to set up in the room.

ATTENDANCE

Attendance is mandatory for all scheduled activities for classes and the practicum courses. Student absences must be reported to faculty, clinical educator or site supervisor, the director of clinical education, and/or the program director. Please refer to the course syllabus as well as the Academic Policy for Speech-Language Pathology regarding attendance at the following link:

<https://www.salus.edu/Salus/media/Files/SLP-Academic-Policy-2023-2024.pdf>

Absentee Procedure for Clinic

In addition to the procedures required by Student Affairs, when a student is required to be absent from a clinical assignment, the student must:

- Notify the Office Manager, in addition to the clinical educator and the director of clinical education.
- Identify a substitute student clinician as directed by the clinical educator or Office Manager.
 - Provide summary and plan for session(s)
- Complete a Clinic Absence Form. (see Office Manager for form)
 - Requires a signature and make-up assignment from the clinical educator
 - Requires a signature from the director of clinical education

Lateness Procedure for Clinic

In addition to the procedures required by Student Affairs, when a student is late arriving to a scheduled clinical assignment, the student must:

- Notify the Office Manager, in addition to the clinical educator and director of clinical education.
- Complete a Clinic Absence Form. (see Office Manager for form)
 - Requires a signature and make-up assignment from the clinical educator
 - Requires a signature from the director of clinical education

Early Departure Procedure for Clinic

In addition to the procedures required by Student Affairs, when a student is required to be absent from a clinical assignment, the student must:

- Meet prior to the event with clinical educator and/or director of clinical education for approval (on a case-by-case basis)
 - Events such as student government meetings or other extracurricular activities scheduled at the same time as a clinical assignment are RARELY, if ever, granted

SLP Student Handbook

- approval.
- Events such as illness or medical appointments require excused absences, as outlined above.

Supervisor Absences

Supervisors, because of illness or other responsibilities, occasionally must be absent for all or a part of a session. In these instances, another supervisor may be designated to be responsible for the student and the clients. If additional supervisors are not available, sessions will be cancelled.

CLINIC CLOSINGS/CANCELLATIONS

Please refer to the *Salus University Student Handbook* for attendance policy related to weather, found on the Student Affairs page within MySalus:

<https://www.salus.edu/Salus/media/Images/Place%20Holders/Inclement-Weather-and-Other-Emergencies-2019.pdf>

Salus Time

Salus Time is an institution-wide time when faculty and students are encouraged to come together to do scholarly functions, schedule campus group meetings, or provide a forum for the exchange of information. Currently, Salus Time occurs on the first Friday of the month, from 1:00 p.m. to 3:00 p.m. Although classes are not scheduled during Salus Time, students are expected to attend scheduled clinic sessions.

Semester Break

Students may only be expected to attend clinic sessions during spring, summer, and winter breaks, on a voluntary basis.

Jury Duty

Students will be allowed absences for jury duty. The student must provide the official documentation to the director of clinical education and/or program director in a timely manner. Every effort will be made to assist the student in making up clinic hours after jury duty is complete.

Holidays

1. When the University is closed and/or classes are canceled for a holiday (i.e., Thanksgiving), students are not expected to attend classes or clinic sessions, unless otherwise specified by an externship site.
2. When the University is open and classes are scheduled during a holiday (i.e., President's Day), students are expected to attend classes and clinic sessions, unless otherwise specified by an externship site.
3. Students who may need to miss class or clinic sessions due to cultural or religious observance should meet with the director of clinical education and/or the program director at least four weeks prior to the anticipated absence.

Announcements and holiday calendar also appear on Salus University's website:

SLP Student Handbook

<http://www.salus.edu/Life/University-Calendar/Holiday-Closings.aspx>

DRESS CODE

The purpose of the dress code is to ensure that professional standards are consistently adhered to in the clinic. This will ensure that the public the clinic serves is not offended. The dress code does not necessarily reflect the personal taste of students, but rather reflects expected professionalism within the field. The dress code applies to apparel to be worn while conducting any on- and off-campus clinical business, activities and interactions. Identification badges must be worn at all times when involved in any clinical activity (direct or observation).

Students will adhere to the following:

- Closed-toed shoes must be worn. No flip-flops, tennis shoes, or work boots are allowed.
- Dress shirts are desirable. Knit shirts and sweaters can be worn. Shoulders, cleavage, midriff, navel, small of back, and/or bottom must be covered at all times (T-shirts, halter tops, tank tops, tube tops, strapless tops/dresses, and off-the-shoulder attire are not appropriate).
- Blue or other denim jeans, pants with patches, frayed or unraveled edges, excessively worn spots, holes or cut-off edges are not permissible.
- Shorts, sweats and/or yoga pants, and pajama bottoms are not appropriate.
- Hats are not acceptable.
- Facial or intra-oral piercing/jewelry must be removed.
- Facial hair, if worn, must be neat and not obstruct the view of the mouth.
- Excessive tattoos may be covered.
- Excessive jewelry is not permissible.
- Fragrances should be minimal.

All students involved in practicum should exercise discretion in the amount and type of jewelry and body rings worn while providing clinical services. Students should consult the supervisor or director of clinical education with any questions regarding proper attire.

Off-campus assignments may have dress codes that differ; some sites may have required dress such as scrubs or a white lab coat. Students will be required to follow the off-campus site's particular dress code.

IDENTIFICATION BADGE

Students are required to wear a Salus University identification badge. Badges are issued to students who have completed their required clearances. Some sites require a facility-specific identification badge, which is an acceptable substitute, at that site. More information may be found on the Safety & Security page of the Salus website, at:

<http://www.salus.edu/Life/Safety-and-Security/ID-Cards.aspx>

FORMS OF ADDRESS

Students are expected to act in a respectful, professional manner using appropriate titles (i.e., Mr., Mrs., or another professional title) when addressing clients, their family members and clinical supervisors and faculty.

IMMUNIZATION RECORDS

SLP Student Handbook

The on-campus clinic and nearly all clinical placement sites require that students comply with the facility's immunization policies and procedures. Students may be required to provide copies of records of Hepatitis B, Tuberculosis (2-step or Chest X-Ray), MMR (Measles/Mumps/Rubella), Varicella, Tdap (Tetanus/Diphtheria/Pertussis) immunizations and titers, the COVID-19 series of vaccinations, among others, upon entry to the University. The cost of obtaining required immunizations will be borne by the student. Please refer to the university's Public Health Awareness page at: <https://www.salus.edu/News/Public-Health-Awareness.aspx>

CRIMINAL BACKGROUND CHECK

The on-campus clinic and nearly all clinical placement sites require that students comply with the facility's employee screening/criminal background check policies and procedures. Therefore, students will be required to submit to a criminal background check, child abuse clearance, and/or the Department of Health and Human Services Office of Inspector General (OIG) Exclusion review. The cost of the background check(s) will be borne by the student.

DRUG TESTING

The on-campus clinic and some clinical sites require drug testing prior to placement at the facility. Each facility will provide the clinical director with the requirements (number of drug panels) to be completed. The cost of the testing will be borne by the student.

CARDIOPULMONARY RESUSCITATION (CPR) TRAINING

Students are required to complete CPR training as prescribed by the American Heart Association. Training must be completed prior to the start of the clinical practicum courses and must remain valid throughout the student's program of study. Certification courses will be offered during student orientation and throughout the year. The cost of the training will be borne by the student.

LIABILITY INSURANCE

In order for students to do practicum at both on- and off-campus sites, they must be covered by liability insurance. Currently Salus University provides coverage to students under the Salus University policy.

HEALTH INSURANCE

All students enrolled in the Department of Speech-Language Pathology must be enrolled in, or have proof of health insurance coverage, as a condition of enrollment at the University. The Office of Student Affairs is available to assist students in accessing information for health coverage if necessary. Refer to the Student Health Insurance policy at:

<https://www.salus.edu/getattachment/About/University-Policies/University-Policies/Student-Health-Insurance-Policy.pdf.aspx>

TRANSPORTATION

It is the responsibility of the student to provide transportation to and from all lab experiences, clinical sites and off-campus experiences. Students may be required to provide proof of automobile insurance (i.e., declaration page). Due to potential risks and hazards, the student may not transport clients to and from any experiences.

SLP Student Handbook

GIFTS/GRATUITIES

In appreciation for services rendered, clients sometimes offer to give money or other gifts to students. Students should not receive monetary gratuities. The student should inform clients wishing to show appreciation for services received to make donations directly to the clinic. Such donations are tax deductible. Please see the director of clinical education for details and procedures. The clinic also welcomes donations of children's toys or books that may be used in the provision of therapy.

CELL PHONE USAGE

The use of personal cell phones are not permitted while clients are being treated. Students should turn cell phones off when seeing clients. In the event that students wish to use their phones for therapeutic or communication purposes during a session (i.e., to access email or for apps use), the supervisor will give permission at that time.

ELECTRONIC COMMUNICATION AND SOCIAL MEDIA

All students have a Salus University e-mail address since that is the official means through which the University communicates with students. Faculty and staff of the university only communicate with the students via their Salus email account. Salus e-mail addresses will be used for all correspondence. Information regarding registration, clinic and class communications, etc., is sent to this email address. It is the students' responsibility to check their email accounts on a frequent basis.

Students may not use modes of social media to contact or connect with clients and/or parents/caregivers during the clinical practicum experiences.

BLACKBOARD

The university's learning management system, Blackboard, enables students to access documents, handbooks, forms, previews of forthcoming events and guest speakers, as well as information pertaining to credentialing and/or the degree program. Many of the SLP courses will also have web-based activities. The student's Blackboard site can be accessed through the portal, which is accessed through the main webpage. The student should go to the Salus University website and click "MySalus," enter the appropriate username and password (obtained with the assistance of the Help Desk), and then select the appropriate link.

PHOTOCOPIER PROCEDURES

In general, the copier may not be used to copy anything from a client's file that is of a confidential nature. Copies may be made for the client, if directed by a supervisor. Approved copies could include client homework assignments, copies of reports, etc. Materials for class assignments are not to be copied or printed in the clinic. Materials for use in therapy may be copied. Request assistance from staff as needed.

VIDEO RECORDINGS

As the clinic is a training facility, SLI depends on various supervisory tools, including audio/video recordings and observations. All sessions may be recorded and observed. These recordings are used for supervision and training purposes and are only viewed by the student, his/her supervisor, and other graduate students in training. All students are bound by the same level of privacy and confidentiality as the supervisors and other professionals. The videos will be stored in a student's

SLP Student Handbook

and supervisor's folder securely on Blackboard, for a maximum of three semesters before they will be deleted.

DISABILITY STATEMENT

In accordance with the University policy, if a student has a documented disability and requires accommodations to obtain access in clinical practicum, the student should contact the Office for Academic Success. Information regarding disability resources may be found on the Student Affairs page within MySalus, at:

<http://www.salus.edu/Life/Student-Services/OAS.aspx>

STUDENTS WHO SPEAK ENGLISH WITH ACCENTS AND NON-STANDARD DIALECTS

In compliance with ASHA Code of Ethics, the Salus University's Department of Speech-Language Pathology does not discriminate against students who speak English with an accent or non-standard dialect. It is expected that the student will be able to provide modeling of target phonemes, grammatical features, and any other aspect of speech and language that is essential in the treatment of a client. Per ASHA recommendations, writing requirements and other competencies will not be altered for students who speak with a dialect or accent.

Faculty carefully adheres to the ASHA 1998 Position Statement on *Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations*, at:

<https://www.asha.org/policy/TR1998-00154/>

STUDENT ORGANIZATION

Salus University has a chapter of the National Student Speech-Language-Hearing Association (NSSLHA). Students are encouraged to become actively involved with the various fundraisers and volunteer opportunities provided through this organization. If a student maintains a membership with NSSLHA for two years, ASHA fees (i.e., when applying for national certification) will be discounted. More information may be found at: <https://www.nsslha.org/>

SAFETY AND SECURITY

The safety and security of the University's students, faculty, patients, clients, staff and visitors is of paramount importance. For that reason, the University's trained security staff stands ready to assist everyone on our campuses and at our clinical facilities whenever there might be a problem or concern. Please contact security or the Office of Safety and Security if there are questions, concerns or in need of assistance.

Any immediate threat to life and/or property that requires an immediate response from police, fire or ambulance personnel constitutes an emergency call to 911. All Salus University faculty, staff and students, Hafter Student Community Center staff, Breyer Office Park tenants, and visitors to any building on campus are authorized to phone 911 in the event of an emergency.

The Office of Safety and Security should also be contacted, allowing for the most efficient emergency response due to multiple building locations. (Please note: all notifications are treated anonymously and confidentiality is respected). The Office of Safety and Security contact is:

On-campus from a University phone extension: **Dial 1401**

On or off-campus from a non-University phone: **215-780-1401**

Department of Safety and Security email - security@salus.edu

SLP Student Handbook

protocols. Students will be provided with education during orientation. Students are encouraged to continually familiarize themselves with this and other procedures at:

<https://www.salus.edu/getattachment/Life/Safety-and-Security/Emergency-Guidebook-FINAL-August2016.pdf.aspx>

EMERGENCY TEXT MESSAGING SYSTEM

Salus University students are required to register to be part of the University's Emergency Text Messaging System, which enables a limited number of campus administrators to send urgent text messages to subscribers' cell phones in the event of an emergency. To subscribe, log into <https://www.getrave.com/login/salus>

PARKING

Parking on campus for University's students and faculty is limited to designated areas. Please refer to the campus map for locations:

http://www.salus.edu/getattachment/About/University-Policies/University-Policies/Parking_Policy-1-link.pdf.aspx

All vehicles must be registered with the Department of Safety and Security and affixed with a parking decal. Please complete the form located here:

<http://www.salus.edu/Life/Safety-and-Security/Parking-Decals.aspx>

INFECTION CONTROL PROCEDURES

The purpose of infection control procedures is to prevent the spread of infectious diseases by clients and clinic personnel as the result of direct contact with blood or other body fluids and/or articles contaminated by these materials.

In addition to the protocols listed below, other clinical considerations may be used due to COVID-19. These include:

- physical barriers between the student clinician and the client
- six foot spacing whenever possible
- and/or use of teletherapy
- eyewear and/or face shield
- surgical mask and/or KN95

When completing sessions within the physical space of the SLI, personal protective equipment (PPE) shall be provided to, and required to be worn by, students, clients and faculty.

Environmental Infection Control & Basic Housekeeping Practices

Surface Disinfection:

Surface disinfection is a two-step process. The general policy is first to clean to remove gross contamination, then disinfecting to kill the germs. Disinfectant towelettes may be used for both cleaning and disinfecting. This protocol will be used on:

- Table tops and chairs in therapy rooms, between each client.

SLP Student Handbook

- The reception counter, in the morning and after closing.
- Headphones used with computers, delayed auditory feedback machines, and portable audiometers, between clients.
- Any equipment routinely handled or manipulated by a client, after each client.
- Laminated or sealed therapy materials (i.e., score sheets, picture cards), after each client.
- Objects used by clients (game pieces, toys, computer keyboards, pens, pencils, or microphones) during a session, after each client.
- Waiting room tables, chairs, and doorknobs, in the morning and after closing.

Surface disinfection will incorporate the following steps:

1. Always wear gloves while handling or disinfecting contaminated objects or surfaces.
2. Wipe away all gross contamination using a paper towel, or coarse brush if necessary.
3. Wipe with disinfectant towelette.
4. Allow surface to dry per label guidelines before placing objects back on surface.

Controlling the Human Source of Infection

Hand Washing:

Hands will be thoroughly cleaned before and after each client. When water is not available, a no-rinse antibacterial hand disinfectant will be used. When water is available antibacterial soap will be used.

The hand washing procedure to be followed is:

1. Remove rings and push clothing away from hands.
2. Start the water and wet hands.
3. Lather the soap, scrubbing palms, the backs of hands, between fingers, under fingernails, over the wrists, and onto the forearms, for at least 20 seconds.
4. Rinse the soap off with running water, from the wrists down to the fingers.
5. Dry hands using a paper towel.
6. Finally, turn off the water using the damp towel, not clean hands.

Hands will be washed after removing gloves, applying cosmetics or lip balm, smoking, using the toilet, and routine cleaning. Hands will also be washed before and after providing services to each client, eating, adjusting contact lenses, and handling waiting room toys.

Personal Protective Equipment (Gloves, Gowns and Masks):

Gloves

Gloves will be worn when any therapy or evaluation procedure may create exposure to bodily substances, including oral-motor exam, and hearing screenings. Gloves will also be worn cleaning up spills of infectious material (e.g., blood, vomit, urine). Gloves will be worn when treating clients known to be infected with HIV or hepatitis B. Gloves will be available in the sizes appropriate for each student or supervisor who requires them. Facilities will be called immediately to clean up bodily fluid spilled on floors. The student and client will evacuate the contaminated room and complete the therapy session or evaluation in another area.

Use the following procedure to safely remove gloves, making sure that the hands do not make contact with potentially infectious material on the surface of the glove. First, peel off one glove from wrist to fingertip and then grasp it in the gloved hand. Next, using the bared hand, peel off the second glove from the inside, tucking the first glove inside the second glove as it is removed. Wash hands thoroughly when completed.

SLP Student Handbook

Gowns

Gowns are to be worn over clothes when exposure to bodily fluids is expected during diagnostic or treatment procedures. Following the procedure, all materials should be discarded.

Masks/Eye Protection

Masks for the eyes and face should be worn when exposure to bodily fluids is expected during diagnostic or treatment procedures. Following the procedure, materials should be discarded or cleaned and stored.

First Aid Kit:

SLI has a first aid kit mounted on the wall in the hallway, to be used for minor cuts, etc. Clients requiring first aid should be referred to their family physician/pediatrician for follow-up care. Students should seek medical attention as needed.

Eye Wash Station:

SLI has an eye wash station mounted on the wall in the hallway should someone's eyes be exposed to chemicals and/or bodily fluids. After rendering care, the student or client should seek medical attention.

Spill Clean Up:

SLI has a spill clean-up kit available should potentially infectious materials be required to be cleaned. Please follow the specific instructions included in the clean-up kit. Students and/or faculty should contact the university's facilities department for disposal.

Material Safety Data Sheet (MSDS):

Material safety data sheets (MSDS) are available to students and staff for potentially harmful substances handled in the clinic under the Hazard Communication regulation. The MSDS provides students and faculty with procedures for handling or working with that substance in a safe manner, and includes information such as physical data (melting point, boiling point, flash point, etc.), toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill-handling procedures. Hard copies are located at the administrative assistant's desk, student room and faculty office.

ADDITIONAL INFECTION CONTROL MEASURES DUE TO COVID-19

Cleaning and Disinfecting:

- a. In addition to maintaining pre-existing cleaning protocols, Facilities will clean and disinfect routinely as per the Salus University Pandemic Cleaning and Disinfecting Procedures developed in accordance with the guidelines issued by the CDC.
- b. Cleaned and disinfected spaces will be identified by green hangtags.
- c. Self-disinfecting solution and paper towels and hand sanitizer have also been placed throughout the Salus Facilities.

CLIENT ACCIDENT/ILLNESS RESPONSE PROCEDURE

If a client or student becomes ill or has an accident while at SLI, respond as follows:

SLP Student Handbook

- Assess the seriousness of the illness of injury to determine the need for first aid or the need for instituting an emergency response (911).
- If first aid can be offered, proceed as appropriate.
- If an emergency response is required (i.e., 911):
 - DO NOT leave the client; open the door and shout, "Supervisor needed in room X." Repeat the call until another student, faculty or staff person confirms that help is on the way.
 - Call 911, and then notify the Office of Safety and Security.
 - Stay with the client until emergency help arrives.
- Report the incident to the clinical educator and the director of clinical education.
- Complete the appropriate paperwork describing the incident, as provided by the Office of Safety and Security.

CRISIS SERVICES

Crisis is not simply the moment when things become intolerable. Crises build over time, and often can be recognized and managed in advance.

Montgomery County Mobile Crisis provides not only immediate support for crisis situations, but also assistance with managing recurring or future crises. Support is available 24 hours a day, 7 days a week at **1-855-634-HOPE (4673)**. This service is available to anyone in Montgomery County, including children, teens, adults, and families.

Stages of Crisis Management

Before a crisis...

When you start to recognize the stressors that you or a loved one have felt during previous crises, please call Montgomery County's peer support talk line at (855) 715-8255. It is available, free of charge, 7 days a week, 1:00pm to 9:00pm. Montgomery County also has a Teen Talk Line that can be reached by calling 866-825-5856 or texting 215-703-8411. It is available Monday through Friday, 3:00pm to 9:00pm.

During a crisis...

When you or a loved one are experiencing a crisis, Mobile Crisis is available to help. Just call (855) 634-HOPE (4673). The line is open 24 hours per day, 7 days per week.

After a crisis...

Mobile Crisis would like to help you develop ways to help reduce future crisis situations and create a crisis plan as part of your (or your child's, or your family's) recovery and wellness goals.

Services

Montgomery County Mobile Crisis Support is provided by Access Services, and includes the following services:

- 24-hour telephone counseling
- Services provided in the individual's home
- Assistance with developing strategies for reducing recurring crisis
- Support for drug/alcohol use or addiction
- Helping with past traumatic experiences
- Emergency respite
- Peer support

SLP Student Handbook

- Assistance connecting to local community resources

What If Mobile Crisis Supports Are Not Enough?

Crisis Residential Services are short term residences for adults who are experiencing psychiatric crises. If you support someone who requires emergency assistance due to imminent risk of harm to him/herself or others, please call Magellan Health Services at: (877) 769-9782. For TTY users, please call (877) 769-9783. The line is open 24 hours a day and seven days a week.

CLINICAL MATERIALS

Diagnostic and therapy materials are stored in the closets and cabinets within the clinic. Tests and materials are checked out by students prior to their scheduled session using a sign-out sheet. This sheet is mounted in the diagnostic closet.

When checking out an item, list the item(s), student name and the date/time checked out. When finished with the item(s) go the binder and enter the date/time returned. Do not give the test or materials to another student without changing the name on the binder. The student who checked out the materials last will be held responsible if it is not returned.

Tests may be checked out at the end of the day for overnight use. Use the same checkout procedure noted above. Test protocols are kept with the Office Manager, in order to track use and maintain threshold quantities. Staff will assist students to select the correct protocol.

Materials may be used in the planning and execution of therapy. Therapy materials are not to be taken out of the clinic, as other clinicians may need them. Picture cards must be put back in the box in the proper order and category. Care should be taken to return toys, games, and puzzles in the same condition, and to the same place they were found. Books, worksheets and therapy aids should be returned in the same condition they were found. Do not mark on the materials or allow a client to color or mark in them. Do not use original worksheets. If authorized, make copies to use in therapy.

Therapy materials and tests may not be taken to off-campus placements. Occasionally, an off-campus clinical supervisor may request to preview an item or a student may wish to use it for a short period of time. To make such a request, a letter or email requesting the item should be sent to the director of clinical education. The letter or email must be written on the appropriate agency letterhead or email system.

If a student is late returning a test or program on two occasions, then a conference with the director of clinical education is scheduled. A third offense may result in the suspension of checkout privileges. Tests and materials not returned to the office or damaged during use must be replaced by the person who checked them out. Every effort will be made to locate the lost test or program before the person is charged for a new copy.

OTHER CAMPUS RESOURCES

The following resources are helpful when creating therapy lessons, writing papers for class, or needing assistance with other academic areas:

Technology and Library Services (TLS)

Salus University has a full-time team housed under the auspices of Technology and Library Services (TLS) that respond to technology needs of the on- and off-campus university community.

SLP Student Handbook

Broadly, the TLS provides services in two areas: Client services that are responsible for assisting administrators, faculty, staff and students with technological services needed primarily through a Centralized Help Desk environment. Such services rendered to the aforementioned constituents may include, but are not limited to the following:

- Support of the Blackboard Learning Environment
- Telephone and e-mail technological support and problem solving
- Equipment repair (computer, laboratory and clinical)
- Support for professional presentations (development of PowerPoint Slides, Scientific Poster Printing services)
- Information Processing including preparation of graphs and figures for scientific manuscripts submitted for publication, document scanning and grant writing support and formatting in preparation for electronic and mailed submission)
- Scantron services including machine-generated student exams grading support and individual as well as cohort/group grading outcomes report generation
- Room-to-room (Point to Point) videoconferencing capability, preparation and management
- Webinar technological support (individual and group format)
- Purchase and preparation of laptop computer and iPad/iPhone hardware and software for course instruction with/for enrolled students (including uniformity with presence of course syllabi, electronic books (e-books) and journal articles, course examinations, providing external hard drives for information back-up by students)
- Wireless environment support
- Desktop computer problem solving and technical support

The second major service provided by TLS is networking support including problem solving, maintenance and network security. All of these services are readily available for students, part-time and full-time faculty and staff who are/will be involved with the program.

The Learning Resource Center

The Salus University library staff consists of full-time individuals who are academically trained in library sciences. The library facilities are located on the main campus and host a broad collection of items. The library includes computers which allow for easy access to information databases for student coursework and student/faculty research projects.

Utilizing Blackboard Learning System and MySalus, students will have access to a very broad array of learning resources. A Library Website has been published at:

<http://www.salus.edu/Academics/Gerard-Cottet-Library/Library-Catalog.aspx>.

A proxy service, running in Blackboard, enables any Salus student, faculty member, staffer, or distance education student to access all of our web-based resources from remote locations. A once-per-session login to the Blackboard system enables remote access. Numerous online resources are linked in the Library website pages.

The University has made available to faculty and students a package of commercially produced databases as an enhancement to our academic resources. Included in the package are several full text databases and the Cochrane Collection, which can be accessed through a single search engine interface.

Alcon Lab

SLP Student Handbook

The design and purpose of the Alcon Lab promotes the interaction of students with the material being presented. Equipped with more than 40 computers, all connected to the instructor's master computer, the lab offers students an interactive learning experience. This format lends itself to physiology, histology and anatomy courses, as the class is able to manipulate images and slides with the instructor's feedback, input and direction. Group dynamics plus instructor interaction also allow for individual active learning, a critical component of any education. Available to students when not in use, the Alcon Lab becomes a study tool for students who want to review, study and develop their base of knowledge.

Bennett Career Services Center

The Bennett Career Services Center currently provides educational programs and support services to students and alumni at Salus University.

Additional information may be found at:

<http://www.salus.edu/Life/Student-Services/career-services.aspx>

Other Support Services

Other student support services currently existent at Salus University include the Office of Admissions, the Registrar, and Office of Student Affairs, Student Financial Aid, and the Center for Personal and Professional Development. Additionally, each student is assigned an academic advisor within their respective program who facilitates directing students to the appropriate support resources or facilities. Additional information may be found at:

<http://www.salus.edu/Life/Student-Services.aspx>

CERTIFICATION/LICENSURE

If a student wishes to work as a professional in the field of speech-language pathology, he or she will find it very difficult to obtain a position unless he or she holds the ASHA Certificate of Clinical Competence (CCC). In most states, students will also have to obtain a state license and/or special certification to work in the schools.

ASHA Certification

Any student who completes the program of the Department of Speech-Language Pathology with a Master's degree is eligible to apply for ASHA Certification (CCC- SLP). To do so, he or she must complete the following:

- Graduate coursework
- Supervised clinical practicum
- National Examination in Speech-Language Pathology (PRAXIS)
- Clinical Fellowship Year (CF)

The first two requirements are discussed throughout the SLP Student Handbook. The other two will be discussed briefly here. More details may be found by consulting the ASHA website at:

<http://www.asha.org/>.

As previously mentioned, it is the student's responsibility to assure that he or she fulfills all ASHA Certification requirements.

SLP Student Handbook

National Examination

All master's degree students should plan to take the examination at or near the completion of their coursework. Students may make arrangements to take this at specific times during the year. If students fail the examination, it may be repeated, but a passing score must be received before ASHA certification. Advisors or the department's administrative assistant can provide registration materials the semester before the examination. More details may be found by consulting the PRAXIS website at: <https://www.ets.org/praxis>.

Clinical Fellowship

The Clinical Fellowship (CF) is completed after the master's degree is granted. It may be completed during the first year of employment as a clinician, or it may be accomplished in certain settings as a 9 to 18-month special position. The CF must be supervised by a professional who holds the CCCs in the area of specialization (i.e., speech-language pathology) sought by the student. Specific requirements for the CF can be obtained from ASHA.

School Certification

In some states, special licensure must be obtained by those who wish to work in the schools. In addition to meeting the ASHA requirements for certification mentioned above, students must take a practicum in a qualified setting (i.e., school) because many states require this for school-based practice and licensure. Please seek guidance from the state in which you are seeking certification.

SLP Student Handbook

SEQUENCE OF EDUCATION EXPERIENCES

Fall Semester Year I

SLP-5000 (3) Neuroscience

SLP-5001 (2) Counseling Foundations in Communication Sciences & Disorders

SLP-5100 (2.5) Speech Sound Disorders

SLP-5130 (2) Prevention, Assessment & Treatment of Communication Disorders in the Children: 0-5

SLP-5230 (2.5) Adult Language Disorders 1: Aphasia

IPE-7701 (1) Evidence Based Practice in Interprofessional Education: General Concepts

SLP-6100 (2) Clinical Management and Practicum 1

Spring Semester Year I

SLP-5002 (2) Applied Integrative Anatomy for Speech-Language Pathology

SLP-5005 (1) Cleft Palate and Craniofacial Anomalies

SLP-5131 (2) Prevention, Assessment, & Treatment of Communication Disorders in School-Aged Children: 6-21

SLP-5231 (2.5) Adult Language Disorders 2: Cognitive-Communication Disorders

SLP-5400 (2.5) Research Design and Application of Evidence Based Practice in Speech-Language Pathology

SLP-5401 (3) Dysphagia

SLP-6200 (2) Clinical Management and Practicum 2

Summer Semester Year II

SLP-5003 (2) Communication Disorders in Culturally and Linguistically Diverse Populations

SLP-5300 (2) Motor Speech Disorders

SLP-5301 (2) Autism Spectrum Disorders

SLP-5302 (2) Fluency Disorders

SLP-5303 (2) Voice Disorders

SLP-6300 (2) Clinical Management and Practicum 3

Fall Semester Year II

SLP-5031 (2) Special Topics Seminar 1

SLP-5304 (2) Technology in Speech-Language Pathology: Augmentative and Alternative Communication and Computer Applications

SLP-5500 (2) Aural Habilitation/Rehabilitation

SLP-6400 (3) Clinical Management and Practicum 4

Spring Semester Year II

SLP-5004 (2) Professional Issues and Ethics in Speech-Language Pathology

SLP-5030 (2) Special Topics Seminar 2

SLP-5402 (2) Capstone Project in Speech-Language Pathology

SLP-6500 (3) Clinical Management and Practicum 5

SLP Student Handbook

Appendix B.

COURSE DESCRIPTIONS

SLP-5000 Neuroscience (3 credits)

An overview of the anatomy and physiology (structure and function) of the central nervous system (CNS) and the peripheral nervous system (PNS). Special emphasis is placed on how these structures support the production of speech, language, cognition, voice and swallowing. Communication and swallowing disorders associated with pathophysiology of the CNS and PNS are also presented.

SLP-5001 Counseling Foundations in Communication Sciences & Disorders (2 credits)

An introduction to counseling skills needed by speech-language pathologists in their daily interactions with clients/patients and their families. A broad overview of counseling theories and techniques will be provided, with an emphasis throughout the course on “positive psychology” and a mind-body wellness perspective. Discussion and practice of effective communication techniques, including verbal, nonverbal, and interpersonal communication is presented. Students will understand the emotional needs of individuals with communication disorders and their families, and how communication disorders affect the family system. Counseling needs of individuals with specific communication disorders will be discussed, including those with fluency disorders, autism spectrum disorders, hearing loss, acquired/adult language and cognitive disorders, dysphagia and congenital disorders.

SLP-5002 Applied Integrative Anatomy for SLP (2 credits)

Lecture and lab provide students with a background in gross human anatomy using body parts of cadavers. Emphasis is on body structures supporting the speech, voice and swallowing mechanisms, including anatomical structures associated with respiration, phonation, articulation/resonance and mechanics of swallowing using upper and lower digestive systems.

SLP-5003 Communication Disorders in Culturally and Linguistically Diverse Populations (2 credits)

Foundational issues involved in serving culturally and linguistically diverse populations with a focus on developing and exhibiting cultural competence when conducting interviews, patient/family education and counseling. Investigates how to collect data on relevant cultural and linguistic background and incorporate this information into the therapeutic process. Consideration is given to the reliability and validity of standardized assessment tools based on those culturally distinct populations that were used by authors of the examinations to obtain normative data. Treatment approaches that respect and incorporate the cultural-linguistic background of the patient and family members will also be discussed.

SLP-5004 Professional Issues and Ethics in Speech-Language Pathology (2 credits)

Issues related to employment settings, job exploration/preparation, credentialing and licensure

SLP Student Handbook

application and acquisition, trends in service delivery, ethics, legal considerations and professional advocacy including state, national and international politics and laws associated with speech-language pathology. Course content parallels guidelines associated with the American Speech-Language-Hearing Association (ASHA) Scope of Practice, Code of Ethics, Preferred Practice Patterns and credentialing guidelines established by the ASHA Council for Clinical Certification. Professional leadership, ASHA, state associations and community volunteerism, including patient/client advocacy will be discussed and encouraged.

SLP-5005 Cleft Palate and Craniofacial Anomalies (1 credit)

A comprehensive study of the definitions, characteristics, classifications, epidemiology, pathophysiology, etiologies, and differential diagnosis of cleft palate and other craniofacial anomalies. Formal and informal assessment tools and intervention strategies will be presented.

SLP-5030 Special Topics Seminar 1 (2 credits)

Topics of current interest to the profession of speech-language pathology, centered around medical aspects of practice. Guest lecturers and research literature related to speech, language, voice, swallowing and contemporary professional issues will be incorporated. The intent of this seminar is to expand upon the overall understanding of the discipline of speech-language pathology by covering topics not routinely covered in a standard speech-language pathology curriculum. Topics may vary from year to year depending on the current state-of-the art or 'hot topics' being discussed with the state and at the national and international levels.

SLP-5031 Special Topics Seminar 2 (2 credits)

Continuation of topics of current interest to the profession of speech-language pathology using guest lecturers and research literature to discuss speech, language, voice, swallowing and contemporary professional issues, centered around the school-based speech-language pathology practice.

SLP-5100 Speech Sound Disorders (2.5 credits)

Articulatory phonetics, phonological processes and backward and forward co-articulation are presented. Contemporary assessment and intervention tools for articulatory and phonological delays and disorders, including specific remediation procedures are demonstrated.

SLP-5130 Prevention, Assessment and Treatment of Communication Disorders in Children: 0-5 (2 credits)

Etiologies, risk factors, inter-disciplinary assessment and analysis of language disorders in infants, toddlers, and preschool aged children using formal and informal measures. Language facilitation and intervention strategies are presented. Includes practice in the self-directed hand based and computerized analysis of child speech and language samples.

SLP-5131 Prevention, Assessment and Treatment of Communication Disorders in School-Aged Children: 6-21 (2 credits)

SLP Student Handbook

A comprehensive study of children's phonologic, morphemic, syntactic, semantic, pragmatic and emerging literacy impairments with focus on etiologies, characteristics, and associated risk factors. Formal and informal assessment methods, service delivery models (i.e., classroom interactions between the teacher and speech-language pathologist) and intervention strategies in our culturally and linguistically diverse population are presented. The role of the speech-language pathologist in assisting with the development of Individualized Education Plans (IEPs) is discussed.

SLP-5230 Adult Language Disorders 1: Aphasia (2.5 credits)

Definitions, characteristics, classifications, epidemiology, pathophysiology, etiologies, differential diagnosis of aphasia and cognitive-linguistic disorders associated with right brain hemisphere syndrome. Formal and informal assessment tools and intervention strategies will be presented.

SLP-5231 Adult Language Disorders 2: Cognitive-Communication Disorders (2.5 credits)

Definitions, characteristics, classifications, epidemiology, pathophysiology, etiologies, differential diagnosis of cognitive-linguistic disorders associated with traumatic brain injury, Alzheimer's disease and other dementias. Formal and informal assessment tools and intervention strategies will be presented.

SLP-5300 Motor Speech Disorders (2 credits)

An overview of pathophysiology and the symptomatology of the dysarthrias and apraxia of speech. Assessment, differential diagnosis and treatment of developmental and acquired apraxia of speech and the dysarthrias are discussed. Classification schemes will be presented as will diagnostic and intervention strategies using evidence-based practice research. Both perceptual and objective measures of dysarthric and apraxic speech will be examined.

SLP-5301 Autism Spectrum Disorders (2 credits)

Current research on the epidemiology, etiologies and characteristics associated with various clients along the autism continuum. Assessment and clinical management strategies for pediatric and adult populations with autism are discussed. Client and family education and community intervention approaches and supportive resources are presented.

SLP-5302 Fluency Disorders (2 credits)

Etiologies, epidemiology characteristics and classifications of persons with fluency disorders are presented. Diagnosis and therapeutic intervention for both pediatric and adult populations who exhibit stuttering and cluttering behaviors are discussed.

SLP-5303 Voice Disorders (2 credits)

Study of normal laryngeal physiology, vocal hyperfunction and vocal pathophysiology ranging from vocal nodules and polyps to vocal cord paralysis and cancer of the larynx are presented, including

SLP Student Handbook

functional/behavioral, organic and neurogenic etiologies of voice disorders. Perceptual and objective diagnostic measures and specific intervention techniques are presented. Research studies examining evidence-based practice, care of the professional voice and prevention of voice disorders will also be incorporated as part of the course.

SLP-5304 Technology in Speech-Language Pathology: Augmentative and Alternative Communication and Computer Applications (2 credits)

Assessment strategies and AAC systems ranging from simple communication picture and alpha-numeric boards to highly technical and sophisticated electronic speaking boards using artificial voices to improve the communication skills of individuals with limited or nonfunctional speech-language production will be discussed, demonstrated and used. Students will also be introduced to hardware and software computer applications in speech-language pathology that can be incorporated in the diagnostic and therapeutic process.

SLP-5400 Research Design and Application of Evidenced Based Practice in Speech-Language Pathology (2.5 credits)

Strategies and methodology in the design and analysis of research in communication sciences and disorders. Includes a module on how to find and identify the most efficacious and efficient evidence for clinical application in the diagnosis and treatment of communication disorders. Students will also identify a research topic that will be used throughout the remainder of their studies as their Capstone Project topic.

SLP-5401 Dysphagia (3 credits)

Normal anatomy and physiology of mastication and deglutition (chewing and swallowing) as well as disrupted stages of feeding and swallow are presented for pediatric, adult and elderly patients. Discussion of etiologies and characteristics of swallowing disorders are presented. Interprofessional education and inter-collaborative service models are described in the diagnosis and treatment of dysphagia along with current research indicative of best practices.

SLP-5402 Capstone Project in Speech-Language Pathology (2 credits)

Culmination of a research, special clinical service delivery and/or community education and service project that is student directed. Projects are mentored into fruition by faculty in the Department of Speech-Language Pathology. Student presentations (poster and oral) to the faculty, student peers within the department and fellow students and faculty across the university.

SLP-5500 Aural Habilitation/Rehabilitation (2 credits)

Application of methods and procedures for management of the individual with a hearing impairment and the role of the speech-language pathologist. Includes language, speech, auditory training, speech-reading, and subject-matter tutoring.

IPE-7701 Evidence Based Practice in Interprofessional Education: General Concepts

SLP Student Handbook

(1 credit)

A highly interactive, interprofessional course taught across all of the health sciences academic programs at the University. Helps students understand how evidence-based practice tools are applied to clinical training, clinical problem solving and most importantly, clinical practice.

SLP-6100 Clinical Management and Practicum 1 (2 credits)

An introduction to clinical policies, procedures and processes including: development and recording a case history; conducting patient and family/caregiver interviews; basic principles of assessment; differential diagnosis; report writing including long- and short-term goals; development of clinical lesson plans; generating patient progress notations (e.g., SOAP notes, computerized progress checklists, narrative notes), and use of effective communication strategies (verbal, non-verbal and interpersonal 'soft' skills) when interacting with the patient and family members. Clinical problem-solving cases using SimuCase and/or actors who mimic various communication disorders are included for individual and small group analysis. Also includes actively engaged student observations and analysis of diagnostic and therapeutic techniques and settings (videotaped and/or real-time) by trained, certified (CCC-SLP) speech-language pathologists.

SLP-6200 Clinical Management and Practicum 2 (2 credits)

Development of clinical decision-making skills and applying those skills to evaluate and treat pediatric, adult and elderly clients with various communication disorders. Includes the use of appropriate interview and counseling techniques with clients and family members from various cultural and linguistic backgrounds. Student-generated long- and short-term goal setting, diagnostic and treatment lesson planning, clinical session preparation of materials and reinforcement award systems for patient motivation and active participation; establishing measurable outcome data and incorporating clinical techniques used and resulting outcome data measures for progress notation and report writing under the close supervision of on-campus clinical educators. Clinical session planning and implementation will involve students working in pairs and individually at the Salus University on-campus clinic.

SLP-6300 Clinical Management and Practicum 3 (2 credits)

Self-directed student-generated evaluation and treatment of children, adults and the elderly with communication disorders at the Salus University on-campus clinic under the supervision of ASHA certified faculty and clinical educators. Real-life application of clinic foundational knowledge, skills and materials while earning clinic hours under the supervision of ASHA-certified (CCC-SLP) and Pennsylvania state-licensed speech-language pathologists. More independent student clinicians who demonstrate expected didactic knowledge and clinical competencies at this stage will be placed in their first off-campus external placement site under certified and licensed speech-language pathologists who will serve as externship clinical supervisors.

SLP-6400 Clinical Management and Practicum 4 (3 credits)

External clinical placement site involving hospital, rehabilitation, private and public schools, pre-schools, skilled nursing facilities, home-based and private practice clinical settings. Students are supervised by a certified and licensed external placement site speech-language pathologist.

SLP Student Handbook

Adaptation of time-schedule for service delivery, workload requirements as well as the particulars involving report writing, individual education plans (IEPs) progress notation, billing procedures, interprofessional team patient care management using a case manager (usually a nurse or social worker), work related policies and procedures and other duties as assigned are experienced by the student clinician.

SLP-6500 Clinical Management and Practicum 5 (3 credits)

Full-time evaluation and treatment of pediatric, adult and/or elderly patients with communication disorders or dysphagia in an external clinical setting under supervision of an external site certified and licensed speech-language pathologist.

SLP-6050-AB Comprehensive Examination in Speech-Language Pathology (0 credits)

SLP Student Handbook

Appendix C.

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

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More details may be found by consulting the ASHA website at
<https://caa.asha.org/siteassets/files/accreditation-standards-for-graduate-programs.pdf>

Adapted from: Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2023). Standards for accreditation of graduate education programs in audiology and speech-language pathology (2017). Retrieved [date] from <https://caa.asha.org/siteassets/files/accreditation-standards-for-graduate-programs.pdf>

SLP Student Handbook

Appendix D.

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

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 (ASHA). 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.

Standard I: Degree

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

Standard II: Education Program

All graduate coursework and graduate clinical experience required in speech-language pathology must have been initiated and completed in a CAA-accredited program or in a program with CAA candidacy status.

Implementation: The applicant's program director or official designee must complete and submit a program director verification form. Applicants must submit an official graduate transcript or a letter from the registrar that verifies the date on which the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the ASHA National Office no later than one (1) year from the date on which the application was received. Verification of the applicant's graduate degree is required before the CCC-SLP can be awarded.

Applicants educated outside the United States or its territories must submit documentation that coursework 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 must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic coursework and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standards IV-A through IV-G and Standards 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

SLP Student Handbook

Standard IV-A

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

Implementation: Coursework in statistics as well as in biological, physical, and social/behavioral sciences that is specifically related to communication sciences and disorders (CSD) may not be applied for certification purposes to this category unless the course fulfills a general the university requirement in the statistics, biology, physical science, or chemistry areas.

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). Chemistry and physics are important for the foundational understanding of the profession of speech-language pathology. For all applicants who apply beginning January 1, 2020, courses that meet the physical science requirement must be in physics or chemistry. Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in 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. Coursework in research methodology in the absence of basic statistics cannot be used to fulfill this requirement.

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, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification
- Fluency and fluency disorders
- Voice and resonance, including respiration and phonation
- Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing
- Hearing, including the impact on speech and language
- Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span
- Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning
- Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities

SLP Student Handbook

- Augmentative and alternative communication modalities

Implementation: It is expected that coursework addressing the professional knowledge specified in this standard 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 persons 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 must 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 include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, educational legal requirements or policies, 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: Applicants are eligible to apply for certification once they have completed all

SLP Student Handbook

graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

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

Standard V-B

The applicant 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 the needs of individuals receiving services.
- 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 that 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.

SLP Student Handbook

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 individual(s) receiving services, family, caregivers, and relevant others.

b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.

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 listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the 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 the applicant can demonstrate skills across the ASHA *Scope of Practice in Speech-Language Pathology*. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA *Scope of Practice in Speech-Language Pathology*.

These experiences allow students to:

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

Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice, and should include experiences with related professionals that enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

Clinical simulations (CS) may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations.

Clinical educators of clinical experiences must hold current ASHA certification 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* in order to count toward the student's ASHA certification requirements.

A minimum of 9 months of full-time clinical experience with clients/patients, after being awarded the CCC, is required in order for a licensed and certified speech-language pathologist to supervise graduate clinicians for the purposes of ASHA certification. Individuals who have been clinical

SLP Student Handbook

educators may consider that as "clinical" experience (1) if they are working directly with clients/patients and clinical students, and (2) if they are the patients' recognized provider and as such are ultimately responsible for the care of the clients/patients with whom the student clinicians are working. Individuals whose experience includes only classroom teaching, research/lab work, teaching only clinical methods, or working with only CS, cannot count such experience as "clinical."

Standard V-C

The applicant 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 guided clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided clinical observation hours generally precede direct contact with clients/patients. Examples of guided observations may include but are not limited to the following activities: debriefing of a video recording with a clinical educator who holds the CCC-SLP, discussion of therapy or evaluation procedures that had been observed, debriefings of observations that meet course requirements, or written records of the observations. It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. It is encouraged that the student observes live and recorded sessions across settings with individuals receiving services with a variety of disorders and completes debriefing activities as described above. Evidence of guided observations may include documentation of hours, dates, activities observed, and signatures from the clinical educator.

The guided observation and direct client/patient contact hours must be within the ASHA *Scope of Practice in Speech-Language Pathology* and must be under the supervision of a clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of post-certification, full-time experience and (2) a minimum of 2 hours of professional development in the area of clinical instruction/supervision. Guided clinical supervision may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired a base of knowledge sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

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

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 individual receiving services or the individual's family. Typically, only one student at a time should be working with a client in order to count the practicum hours. Several students working as a team may receive credit for the same session, depending on the specific responsibilities that each student is assigned when working directly with the individual receiving services. The applicant must maintain

SLP Student Handbook

documentation of their time spent in supervised practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in speech-language pathology by the CAA.

Implementation: A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program. 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 of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience, and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.

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 individual receiving services.

Implementation: Beginning January 1, 2020, clinical educators and clinicians who are involved in the preparation of student clinicians, and who provide guided observation and supervision of clinical practicum hours, must (a) hold the CCC-A or CCC-SLP and have completed a minimum of 9 months of full-time, post-certification (or its part-time equivalent) clinical experience, and (b) must complete 2 hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

In the case of CS, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.

Standard V-F

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

Implementation: The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences named in Standard IV-C.

SLP Student Handbook

Standard VI: Assessment

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

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

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

The CF must be completed under the mentorship of a clinician who held the CCC-SLP throughout the duration of the fellowship and must meet the qualifications described in Standard VII-B. It is the Clinical Fellow's responsibility to identify a CF mentor who meets ASHA's certification standards. Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It is incumbent upon the Clinical Fellow to verify the mentoring SLP's status periodically throughout the CF experience. Family members or individuals related in any way to the Clinical Fellow may not serve as mentoring SLPs to that Clinical Fellow.

Standard VII-A: Clinical Fellowship Experience

The CF must consist 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 CF must consist of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: At least 80% of the Clinical Fellow's major responsibilities during the CF experience must be in direct, in-person 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

SLP Student Handbook

1,260 hours. Part-time experience should be at least 5 hours per week; anything less than that will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of 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 receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience, and (2) a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision.

Implementation: CF mentors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and prior to mentoring the Clinical Fellow.

Direct observation must be in real time. A mentor must be available to consult with the Clinical Fellow who is providing clinical services. Direct observation of clinical practicum is intended to provide guidance and feedback and to facilitate the Clinical Fellow's independent use of essential clinical skills

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

The amount of direct supervision provided by the CF mentor must be commensurate with the Clinical Fellow's knowledge, skills, and experience, and must not be less than the minimum required direct contact hours. Supervision must be sufficient to ensure the welfare of the individual(s) receiving services.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Mentoring must include on-site, in-person observations; however, the use of real-time, interactive video and audio-conferencing technology may be permitted as a form of observation, for which pre-approval must be obtained

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

If the Clinical Fellow and their CF mentor want to use supervisory mechanisms other than those outlined above, they may submit a written request to the CFCC prior to initiating the CF. Written requests may be emailed to cfcc@asha.org or mailed to: CFCC, c/o ASHA Certification, 2200

SLP Student Handbook

Research Blvd. #313, Rockville, MD 20850. Requests must include the reason for the alternative supervision and a detailed description of the supervision that would be provided (i.e., type, length, frequency, etc.), and the request must be co-signed by both the Clinical Fellow and the CF mentor. On a case-by-case basis, the CFCC will review the circumstances and may or may not approve the supervisory process to be conducted in other ways. Additional information may be requested by the CFCC prior to approving any request.

Standard VII-C: Clinical Fellowship Outcomes

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

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

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

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

The CF mentor must document and verify a Clinical Fellow's clinical skills using the *Clinical Fellowship Report and Rating Form*, which includes the *Clinical Fellowship Skills Inventory* (CFSI), as soon as the Clinical Fellow successfully completes the CF experience. This report must be signed by both the Clinical Fellow and CF mentor.

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the CCC-SLP.

Implementation: Clinicians who hold the CCC-SLP must accumulate and report 30 Certification Maintenance Hours (CMHs) (or 3.0 ASHA continuing education units [CEUs]) of professional development, which must include a minimum of 1 CMH (or 0.1 ASHA CEU) in ethics during every 3-year certification maintenance interval beginning with the 2020–2022 maintenance interval.

Intervals are continuous and begin January 1 of the year following the initial awarding of certification or the reinstatement of certification. Random audits of compliance are conducted.

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

If maintenance of certification is not accomplished within the 3-year interval, then certification will expire. Those who wish to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

SLP Student Handbook

Adapted from: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). 2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved from www.asha.org/certification/2020-SLP-Certification-Standards. Appendix E.

SLP Student Handbook

ASHA Scope of Practice in Speech-Language Pathology

Introduction

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

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

As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee revised the previous scope of practice document to reflect recent advances in knowledge and research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research and administration/leadership.

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

Statement of Purpose

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

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

SLP Student Handbook

4. support SLPs in the conduct and dissemination of research; and
5. guide the educational preparation and professional development of SLPs to provide safe and effective services.

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

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

Speech-language pathology is a dynamic profession, and the overlapping of scopes of practice is a reality in rapidly changing health care, education, and other environments. Hence, SLPs in various settings work collaboratively with other school or health care professionals to make sound decisions for the benefit of individuals with communication and swallowing disorders.

This *interprofessional collaborative practice* is defined as "members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other" (Craddock, O'Halloran, Borthwick, & McPherson, 2006, p. 237). Similarly, "interprofessional education provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals" (Bridges et al., 2011, para. 5).

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. However, it may serve as a model for the development or modification of licensure laws. Finally, in addition to this scope of practice document, other ASHA professional resources outline practice areas and address issues related to public protection (e.g., A guide to disability rights law and the Practice Portal). The highest standards of integrity and ethical conduct are held paramount in this profession.

Definitions of Speech-Language Pathologist and Speech-Language Pathology

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

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

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

SLP Student Handbook

requirements are indicated. Individuals with communication and/or swallowing disorders benefit from services that include collaboration by SLPs with other professionals.

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

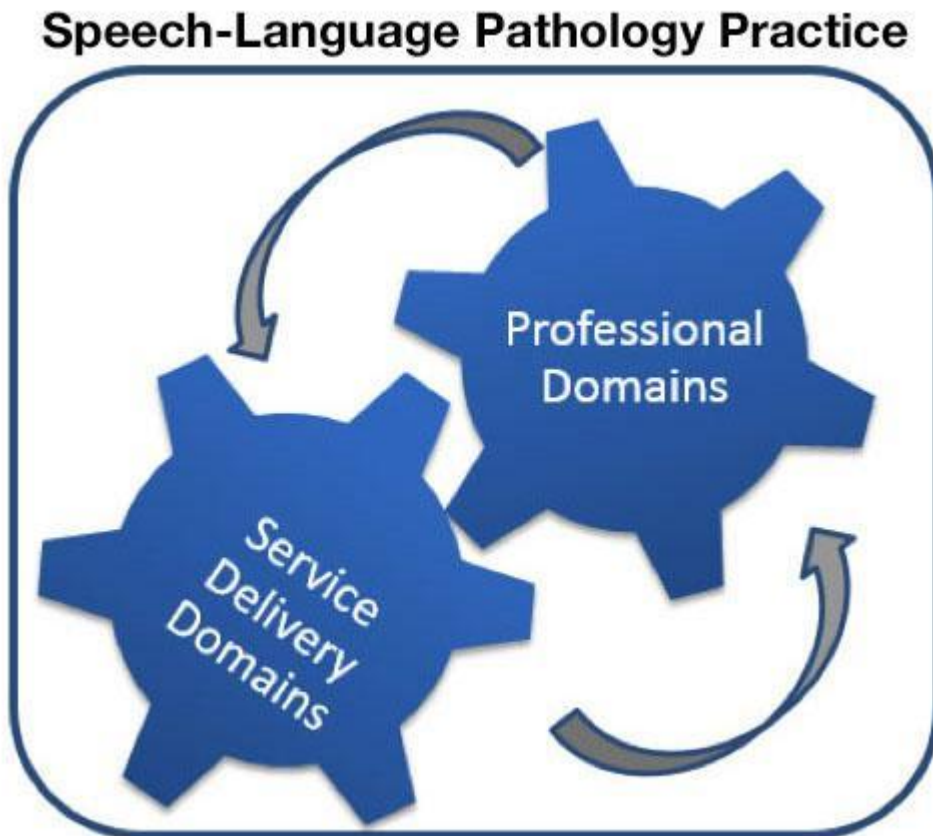


Figure 1. Schematic representation of speech-language pathology practice, including both service delivery and professional domains.

Framework for Speech-Language Pathology Practice

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

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

SLP Student Handbook

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

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

Professional practice domains:

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

Service delivery domains:

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

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

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

Health Conditions

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

Activity and Participation: *Activity* refers to the execution of a task or action. *Participation* is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

SLP Student Handbook

Contextual Factors

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

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

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

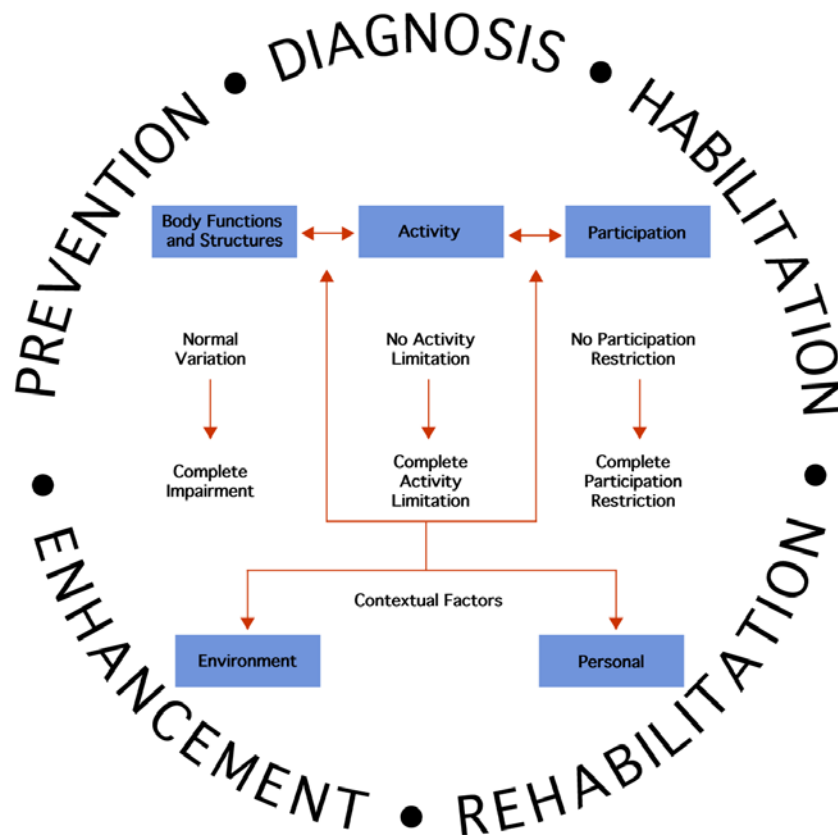


Figure 2. Interaction of the various components of the ICF model. This model applies to individuals or groups.

SLP Student Handbook

Domains of Speech-Language Pathology Service Delivery

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

Collaboration

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

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

- educate stakeholders regarding interprofessional education (IPE) and interprofessional practice (IPP) (ASHA, 2014) principles and competencies;
- partner with other professions/organizations to enhance the value of speech-language pathology services;
- share responsibilities to achieve functional outcomes;
- consult with other professionals to meet the needs of individuals with communication and swallowing disorders;
- serve as case managers, service delivery coordinators, members of collaborative and patient care conference teams; and
- serve on early intervention and school pre-referral and intervention teams to assist with the development and implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs).

Counseling

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

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

- empower the individual and family to make informed decisions related to communication or feeding and swallowing issues.
- educate the individual, family, and related community members about communication or feeding and swallowing disorders.
- provide support and/or peer-to-peer groups for individuals with disorders and their families.
- provide individuals and families with skills that enable them to become self-advocates.

SLP Student Handbook

- discuss, evaluate, and address negative emotions and thoughts related to communication or feeding and swallowing disorders.
- refer individuals with disorders to other professionals when counseling needs fall outside of those related to (a) communication and (b) feeding and swallowing.

Prevention and Wellness

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

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

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

- *Language impairment*: Educate parents, teachers and other school-based professionals about the clinical markers of language impairment and the ways in which these impairments can impact a student's reading and writing skills to facilitate early referral for evaluation and assessment services.
- *Language-based literacy disorders*: Educate parents, school personnel, and health care providers about the SLP's role in addressing the semantic, syntactic, morphological, and phonological aspects of literacy disorders across the lifespan.
- *Feeding*: Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.
- *Stroke prevention*: Educate individuals about risk factors associated with stroke
- *Serve on teams*: Participate on multi tiered systems of support (MTSS)/response to intervention (RTI) teams to help students successfully communicate within academic, classroom, and social settings.
- *Fluency*: Educate parents about risk factors associated with early stuttering.
- *Early childhood*: Encourage parents to participate in early screening and to collaborate with physicians, educators, child care providers, and others to recognize warning signs of developmental disorders during routine wellness checks and to promote healthy communication development practices.
- *Prenatal care*: Educate parents to decrease the incidence of speech, hearing, feeding and swallowing, and related disorders due to problems during pregnancy.
- *Genetic counseling*: Refer individuals to appropriate professionals and professional services if there is a concern or need for genetic counseling.
- *Environmental change*: Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).
- *Vocal hygiene*: Target prevention of voice disorders (e.g., encourage activities that minimize phonotrauma and the development of benign vocal fold pathology and that curb the use of smoking and smokeless tobacco products).
- *Hearing*: Educate individuals about risk factors associated with noise-induced hearing loss and preventive measures that may help to decrease the risk.

SLP Student Handbook

- *Concussion /traumatic brain injury awareness:* Educate parents of children involved in contact sports about the risk of concussion.
- *Accent/dialect modification:* Address sound pronunciation, stress, rhythm, and intonation of speech to enhance effective communication.
- *Transgender (TG) and transsexual (TS) voice and communication:* Educate and treat individuals about appropriate verbal, nonverbal, and voice characteristics (feminization or masculinization) that are congruent with their targeted gender identity.
- *Business communication:* Educate individuals about the importance of effective business communication, including oral, written, and interpersonal communication.
- *Swallowing:* Educate individuals who are at risk for aspiration about oral hygiene techniques.

Screening

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

- select and use appropriate screening instrumentation;
- develop screening procedures and tools based on existing evidence;
- coordinate and conduct screening programs in a wide variety of educational, community, and health care settings;
- participate in public school MTSS/RTI team meetings to review data and recommend interventions to satisfy federal and state requirements (e.g., Individuals with Disabilities Education Improvement Act of 2004 [IDEIA] and Section 504 of the Rehabilitation Act of 1973);
- review and analyze records (e.g., educational, medical);
- review, analyze, and make appropriate referrals based on results of screenings;
- consult with others about the results of screenings conducted by other professionals; and
- utilize data to inform decisions about the health of populations.

Assessment

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

- administer standardized and/or criterion-referenced tools to compare individuals with their peers;
- review medical records to determine relevant health, medical, and pharmacological information;
- interview individuals and/or family to obtain case history to determine specific concerns;
- utilize culturally and linguistically appropriate assessment protocols;

SLP Student Handbook

- engage in behavioral observation to determine the individual's skills in a naturalistic setting/context;
- diagnose communication and swallowing disorders;
- use endoscopy, videofluoroscopy, and other instrumentation to assess aspects of voice, resonance, velopharyngeal function and swallowing;
- document assessment and trial results for selecting AAC interventions and technology, including speech-generating devices (SGDs);
- participate in meetings adhering to required federal and state laws and regulations (e.g., IDEA [2004] and Section 504 of the Rehabilitation Act of 1973).
- document assessment results, including discharge planning;
- formulate impressions to develop a plan of treatment and recommendations; and
- discuss eligibility and criteria for dismissal from early intervention and school-based services.

Treatment

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

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

Modalities, Technology, and Instrumentation

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

- the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis-AAC devices make it possible for many individuals to successfully communicate within their environment and community;
- endoscopy, videofluoroscopy, fiber-optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;
- telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;

SLP Student Handbook

- ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and
- other modalities (e.g., American Sign Language), where appropriate.

Population and Systems

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

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

Speech-Language Pathology Service Delivery Areas

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

Fluency

- Stuttering
- Cluttering

Speech Production

- Motor planning and execution
- Articulation
- Phonological

Language- Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)

- Phonology
- Morphology
- Syntax
- Semantics
- Pragmatics (language use and social aspects of communication)
- Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)

SLP Student Handbook

- Paralinguistic communication (e.g., gestures, signs, body language)
- Literacy (reading, writing, spelling)

Cognition

- Attention
- Memory
- Problem solving
- Executive functioning

Voice

- Phonation quality
- Pitch
- Loudness
- Alaryngeal voice

Resonance

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

Feeding and Swallowing

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

Auditory Habilitation/Rehabilitation

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

Potential etiologies of communication and swallowing disorders include

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

SLP Student Handbook

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

This list of etiologies is not comprehensive.

Elective services include

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

This list of elective services is not comprehensive.

Domains of Professional Practice

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

Advocacy and Outreach

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

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

Supervision

SLP Student Handbook

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

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

Education

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

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

Research

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

Administration and Leadership

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

SLP Student Handbook

settings, provide appropriate services under IDEIA (2004), and engage in program design and development.

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SLP Student Handbook

Appendix F.

ASHA Code of Ethics

Code of Ethics

Ethics

Effective March 1, 2023

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 to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

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 ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are subject to the jurisdiction of the ASHA Board of Ethics for ethics complaint adjudication.

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; (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.

SLP Student Handbook

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

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.

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 age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, 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, 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 audiologist or speech-language pathologist.
- 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, 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 audiologist or speech-language pathologist.
- 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 legally authorized/appointed representative.

SLP Student Handbook

- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations 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, including humane treatment of animals involved in 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 who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- 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 legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall 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 shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- 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 such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for 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.

SLP Student Handbook

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. ASHA 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 provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
- 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 use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should 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

In their professional role, individuals shall act with honesty and integrity when engaging with 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, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.

SLP Student Handbook

- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- 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 with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results 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, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. 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.
- L. 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.

SLP Student Handbook

- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.
- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- O. 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.
- P. 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.
- Q. 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.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, 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 the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

Terminology

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics

SLP Student Handbook

Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

advertising

Any form of communication with the public regarding services, therapies, research, products, or publications.

diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

individuals

Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

informed consent

An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

may vs. shall

May denotes an allowance for discretion; *shall* denotes something that is required.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

negligence

Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

nolo contendere

A plea made by a defendant stating that they will not contest a criminal charge.

plagiarism

Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

publicly disciplined

A formal disciplinary action of public record.

reasonable or reasonably

Being 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 the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of "written" below).

shall vs. may

Shall denotes something that is required; *may* denotes an allowance for discretion.

SLP Student Handbook

telepractice

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient/student or by linking clinician to clinician for assessment, intervention, consultation, or supervision. The quality of the service should be equivalent to that of in-person service. For more information, see Telepractice on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

American Speech-Language-Hearing Association. (2023). Code of ethics [Ethics]. Available from www.asha.org/policy/.

SLP Student Handbook

Appendix G.

Clinical Supervision in Speech-Language Pathology and Audiology

Position Statement Committee on Supervision

About this Document:

The following position paper, developed by the Committee on Supervision, was adopted by the American Speech-Language-Hearing Association through its Legislative Council in November 1984 (LC 8-84). Members of the Committee included Elaine Brown-Grant, Patricia Casey, Bonnie Cleveland, Charles Diggs (ex officio), Richard Forcucci, Noel Matkin, George Purvis, Kathryn Smith, Peggy Williams (ex officio), Edward Wills, and Sandra Ulrich, Chair. Also contributing were the NSSLHA representatives Mary Kawell and Sheran Landis. The committee was under the guidance of Marianna Newton, Vice President for Professional and Governmental Affairs.

Contributions of members of the ASHA Committee on Supervision for the years 1976–1982 are acknowledged. Members of the 1978–1981 Subcommittee on Supervision (Noel Matkin, Chair) of the Council on Professional Standards in Speech-Language Pathology and Audiology are also acknowledged for their work from which the competencies presented herein were adapted.

Resolution:

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

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

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

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

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

Introduction:

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

SLP Student Handbook

settings.

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

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

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

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

Tasks of Supervision:

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

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

The tasks and their supporting competencies which follow are judged to have face validity as established by experts in the area of supervision, and by both select and widespread peer review. The committee recognizes the need for further validation and strongly encourages ongoing

SLP Student Handbook

investigation. Until such time as more rigorous measures of validity are established, it will be particularly important for the tasks and competencies to be reviewed periodically through quality assurance procedures. Mechanisms such as Patient Care Audit and Child Services Review System appear to offer useful means for quality assurance in the supervisory tasks and competencies. Other procedures appropriate to specific work settings may also be selected.

The tasks of supervision discussed above follow:

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

Competencies for Effective Clinical Supervision:

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

1.0 Task: Establishing and maintaining an effective working relationship with the supervisee.
Competencies required:

- 1.1 Ability to facilitate an understanding of the clinical and supervisory processes.
- 1.2 Ability to organize and provide information regarding the logical sequences of supervisory interaction, that is, joint setting of goals and objectives, data collection and analysis, evaluation.
- 1.3 Ability to interact from a contemporary perspective with the supervisee in both the clinical and supervisory process.
- 1.4 Ability to apply learning principles in the supervisory process.
- 1.5 Ability to apply skills of interpersonal communication in the supervisory process.
- 1.6 Ability to facilitate independent thinking and problem solving by the supervisee.
- 1.7 Ability to maintain a professional and supportive relationship that allows supervisor and supervisee growth.
- 1.8 Ability to interact with the supervisee objectively.
- 1.9 Ability to establish joint communications regarding expectations and responsibilities in the clinical and supervisory processes.
- 1.10 Ability to evaluate, with the supervisee, the effectiveness of the ongoing supervisory relationship.

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

SLP Student Handbook

- 2.1 Ability to assist the supervisee in planning effective client goals and objectives.
- 2.2 Ability to plan, with the supervisee, effective goals and objectives for clinical and professional growth.
- 2.3 Ability to assist the supervisee in using observation and assessment in preparation of client goals and objectives.
- 2.4 Ability to assist the supervisee in using self-analysis and previous evaluation in preparation of goals and objectives for professional growth.
- 2.5 Ability to assist the supervisee in assigning priorities to clinical goals and objectives.
- 2.6 Ability to assist the supervisee in assigning priorities to goals and objectives for professional growth.

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

Competencies required:

- 3.1 Ability to share current research findings and evaluation procedures in communication disorders.
- 3.2 Ability to facilitate an integration of research findings in client assessment.
- 3.3 Ability to assist the supervisee in providing rationale for assessment procedures.
- 3.4 Ability to assist supervisee in communicating assessment procedures and rationales.
- 3.5 Ability to assist the supervisee in integrating findings and observations to make appropriate recommendations.
- 3.6 Ability to facilitate the supervisee's independent planning of assessment.

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

Competencies required:

- 4.1 Ability to share current research findings and management procedures in communication disorders.
- 4.2 Ability to facilitate an integration of research findings in client management.
- 4.3 Ability to assist the supervisee in providing rationale for treatment procedures.
- 4.4 Ability to assist the supervisee in identifying appropriate sequences for client change.
- 4.5 Ability to assist the supervisee in adjusting steps in the progression toward a goal.
- 4.6 Ability to assist the supervisee in the description and measurement of client and clinician change.
- 4.7 Ability to assist the supervisee in documenting client and clinician change.
- 4.8 Ability to assist the supervisee in integrating documented client and clinician change to evaluate progress and specify future recommendations.

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

Competencies required:

- 5.1 Ability to determine jointly when demonstration is appropriate.
- 5.2 Ability to demonstrate or participate in an effective client-clinician relationship.
- 5.3 Ability to demonstrate a variety of clinical techniques and participate with the supervisee in clinical management.
- 5.4 Ability to demonstrate or use jointly the specific materials and equipment of the profession.
- 5.5 Ability to demonstrate or participate jointly in counseling of clients or family/ guardians of clients.

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

Competencies required:

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

SLP Student Handbook

- 6.2 Ability to assist the supervisee in selecting and executing data collection procedures.
- 6.3 Ability to assist the supervisee in accurately recording data.
- 6.4 Ability to assist the supervisee in analyzing and interpreting data objectively.
- 6.5 Ability to assist the supervisee in revising plans for client management based on data obtained.

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

Competencies required:

- 7.1 Ability to assist the supervisee in applying record-keeping systems to supervisory and clinical processes.
- 7.2 Ability to assist the supervisee in effectively documenting supervisory and clinically related interactions.
- 7.3 Ability to assist the supervisee in organizing records to facilitate easy retrieval of information concerning clinical and supervisory interactions.
- 7.4 Ability to assist the supervisee in establishing and following policies and procedures to protect the confidentiality of clinical and supervisory records.
- 7.5 Ability to share information regarding documentation requirements of various accrediting and regulatory agencies and third-party funding sources.

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

Competencies required:

- 8.1 Ability to determine with the supervisee when a conference should be scheduled.
- 8.2 Ability to assist the supervisee in planning a supervisory conference agenda.
- 8.3 Ability to involve the supervisee in jointly establishing a conference agenda.
- 8.4 Ability to involve the supervisee in joint discussion of previously identified clinical or supervisory data or issues.
- 8.5 Ability to interact with the supervisee in a manner that facilitates the supervisee's self-exploration and problem solving.
- 8.6 Ability to adjust conference content based on the supervisee's level of training and experience.
- 8.7 Ability to encourage and maintain supervisee motivation for continuing self-growth.
- 8.8 Ability to assist the supervisee in making commitments for changes in clinical behavior.
- 8.9 Ability to involve the supervisee in ongoing analysis of supervisory interactions.

9.0 Task: Assisting the supervisee in evaluation of clinical performance.

Competencies required:

- 9.1 Ability to assist the supervisee in the use of clinical evaluation tools.
- 9.2 Ability to assist the supervisee in the description and measurement of his/her progress and achievement.
- 9.3 Ability to assist the supervisee in developing skills of self-evaluation.
- 9.4 Ability to evaluate clinical skills with the supervisee for purposes of grade assignment, completion of Clinical Fellowship Year, professional advancement, and so on.

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

Competencies required:

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

SLP Student Handbook

- 10.2 Ability to assist the supervisee in presenting information in a logical, concise, and sequential manner.
- 10.3 Ability to assist the supervisee in using appropriate professional terminology and style in verbal and written reporting.
- 10.4 Ability to assist the supervisee in adapting verbal and written reports to the work environment and communication situation.
- 10.5 Ability to alter and edit a report as appropriate while preserving the supervisee's writing style.

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

Competencies required:

- 11.1 Ability to communicate to the supervisee knowledge of professional codes of ethics (e.g., ASHA, state licensing boards, and so on).
- 11.2 Ability to communicate to the supervisee an understanding of legal and regulatory documents and their impact on the practice of the profession (licensure, PL 94-142, Medicare, Medicaid, and so on).
- 11.3 Ability to communicate to the supervisee an understanding of reimbursement policies and procedures of the work setting.
- 11.4 Ability to communicate knowledge of supervisee rights and appeal procedures specific to the work setting.

12.0 Task: Modeling and facilitating professional conduct.

Competencies required:

- 12.1 Ability to assume responsibility.
- 12.2 Ability to analyze, evaluate, and modify own behavior.
- 12.3 Ability to demonstrate ethical and legal conduct.
- 12.4 Ability to meet and respect deadlines.
- 12.5 Ability to maintain professional protocols (respect for confidentiality, etc.)
- 12.6 Ability to provide current information regarding professional standards (PSB, ESB, licensure, teacher certification, etc.).
- 12.7 Ability to communicate information regarding fees, billing procedures, and third-party reimbursement.
- 12.8 Ability to demonstrate familiarity with professional issues.
- 12.9 Ability to demonstrate continued professional growth.

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

Competencies required:

- 13.1 Ability to read, interpret, and apply clinical and supervisory research.
- 13.2 Ability to formulate clinical or supervisory research questions.
- 13.3 Ability to investigate clinical or supervisory research questions.
- 13.4 Ability to support and refute clinical or supervisory research findings.
- 13.5 Ability to report results of clinical or supervisory research and disseminate as appropriate (e.g., in-service, conferences, publications).

Preparation of Supervisors:

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

SLP Student Handbook

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

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

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

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

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

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

Summary:

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

SLP Student Handbook

preparation in supervision is a viable area for specialized study, with competence achieved and implemented by supervisors and employers.

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SLP Student Handbook

Appendix H.

Essential Functions

The following Essential Functions (EFs) are consistent with the American Speech Language Hearing Association (ASHA) didactic and clinical skill performance guidelines expected of or implied for graduate level speech-language pathology students and professionals. Students enrolled in Master of Science degree program in speech-language pathology within the College of Health Sciences, Education and Rehabilitation at Salus University are expected to either demonstrate many of these essential functions prior to enrollment, or acquire these EFs by the end of their program of study.

More specifically, the essential functions represent the communication, physical, behavioral/social and cognitive/intellectual skills needed to achieve the knowledge, skills and levels of competency stipulated for graduation from the M.S. Degree Program by the faculty within the Department of Speech-Language Pathology. The EFs are expected traits and characteristics to be exhibited by students enrolled in the M.S. Degree graduate program in Speech-Language Pathology. Many of these traits are identified in educational and credentialing standards established by the Council on Academic Accreditation in Audiology and Speech Language Pathology (CAA) the Council for Clinical Certification (CFCC) of the American Speech-Language-Hearing Association; and the Council on Academic Programs in Communication Sciences and Disorders (CAPCSD).

Here is what the EFs mean for either students seeking admissions to our graduate program in speech-language pathology or those who are currently enrolled in the program.

Students admitted to the SLP Master of Science (M.S.) degree program:

1. Must demonstrate the abilities and skills listed when admitted to the program; or
2. The skills and abilities must be developed, maintained and demonstrated throughout the two-year course of study as a student progresses through the M.S. Degree program in speech-language pathology; or
3. If a student is unable to independently demonstrate or acquire the essential functions listed, the student can be referred to, or has the right to seek out support for reasonable accommodations through the Salus University Office of Academic Success (OAS). The OAS staff will work closely with faculty and administrators within the Department of Speech-Language Pathology and/or the College of Health Sciences, Education and Rehabilitation to accommodate student needs based on the policies and procedures associated with federal ADA compliance guidelines.

If a student refuses to acquire the essential functions with or without reasonable accommodations, then the student can be dismissed from the program.

A. Communication Abilities/General:

1. Speak intelligibly and articulately, exhibiting no mispronunciations of Standard English speech sounds (phonemes) nor acquired second languages (i.e. Spanish);
2. Hear sufficiently at a level that includes high and low frequency speech sounds of English;
3. Possess demonstrated reading comprehension and speed at a level sufficient to accomplish curricular requirements and to provide timely and efficient clinical care for patients/clients;

SLP Student Handbook

4. Complete appropriate medical records, documentation and plans according to protocol in a thorough and timely manner;
5. Write legibly and cohesively with minimal to no grammatical/spelling errors while providing a logical sequence of information (i.e., introduction/topic sentence, body of content, conclusion, recommendations, SOAP notations);
6. Communicate and interact effectively with people in person, by phone, and in writing by considering the communication needs and cultural values of the listener(s) (e.g. client, family member, professional health colleague). Adapt to the language, speech and non-verbal interactions of the patients/clients and family members accordingly or use an interpreter/translator to do so.

B. Physical Abilities:

1. Participate in professional responsibilities/activities for up to four-hour blocks of time with one or two breaks;
2. Move independently to, from, and in clinics and work settings;
3. Provide for one's own personal hygiene;
4. Manipulate screening/diagnostic materials, including completion of screening/evaluation protocols;
5. Effectively implement a treatment plan that is appropriate for the client, including use and manipulation of materials/instrumentation and printed or computerized data collection;
6. Provide a safe environment for others in responding quickly to emergency situations including fire, choking, unconsciousness, infection control, etc., and in the application of universal precautions;
7. Engage in education, training, certification and re-certification of Basic Resuscitation and Cardiac skills (including appropriate use of defibrillators) for infant, pediatric and adult clients based on American Heart/Red Cross standards;
8. Monitor client responses to diagnostic and treatment materials and quickly manipulate or alter the use of materials based on client responses (i.e., effective vs. ineffective treatment outcome);
9. Make accurate judgments about speech and/or acoustic signals using perceptual and objective (clinical equipment) data and accurately interpreting data obtained;
10. Drive, transport, engage in a car pool and/or use public transportation (bus, rail train) to assure classroom, on-campus clinic and externship clinical sites attendance that is timely and consistent. Proof of a legal driver's license, self-auto insurance and reliable, safe transportation is required for speech-language pathology students who drive;
11. Maneuver patients who rely on wheel chairs, walking canes and general support (e.g., walking arm-in-arm or arm-to-waste with client) to transport client to/from waiting area and clinic treatment room;
12. Squat, sit on pediatric furniture; sit on the floor with pediatric clients; or position the pediatric client on a tabletop, desk, lap etc., to gain the attention of the child and engage the child in diagnostic and/or therapeutic interventions.
13. Demonstrate finger/hand dexterity to handle writing instruments, eating/feeding utensils, small and large play objects, iPad and associated computer applications.

C. Behavioral and Social Attributes:

1. Maintain emotional and mental health required for use of intellectual abilities, prompt completion of responsibilities, and development of appropriate relationships with faculty, clinical supervisors (on-campus and external site supervisors) clients, SLP student colleagues and interprofessional, intercollaborative student and professional team members;

SLP Student Handbook

2. Maintain composure and emotional stability in demanding or challenging situations;
3. Exhibit flexibility and adaptation to changing environments and situations;
4. Fully honor and engage in cultural competency development through exposure to a variety of school and medical clinical placement settings and learn about the history of various traditionally recognized and newer cultural groups gaining recognition in the U.S. that reflect the pluralistic society of Philadelphia, the commonwealth of Pennsylvania and the nation at large. In addition, continuously self-assess perceptions of the role of the speech-language pathologist as a culturally competent, global citizen;
5. Understand and respect faculty and clinical supervisory authority. Maintain a 'teachable spirit' that is respectful of those in leadership positions at the Department, College, University and External Clinical Site levels;
6. Maintain appropriate professional behavior, including punctuality, appropriate professional dress attire, regular attendance and adherence to timelines for engaging in diagnostic and therapeutic sessions, report submissions, lesson planning and preparation, portfolio documentation, and the timely preparation of clinical session materials prior to client arriving for these sessions.
7. Demonstrate compassion, integrity, interest, motivation, confidentiality (HIPPA) and general humane practices, when delivering professional services to other individuals;
8. Familiarize ones' self and abide by the ASHA code of ethics and scopes of practice when delivering clinical service as a student and future professional in speech-language pathology.

D. Intellectual Abilities:

1. Demonstrate the mental capacity to read, listen to, learn, assimilate and use didactic and clinical information, including the ability to read and comprehend, interpret and orally present or write up professional literature and clinical reports;
2. Solve clinical problems through critical thinking, analysis synthesis, and evidence-based practice;
3. Seek relevant case information, synthesize, and apply concepts and information from various sources and disciplines;
4. Write discipline-specific papers and clinical reports using spelling, phonetics, grammar (syntax) and content (semantics) characteristics of Standard English and adhering to the latest version of APA style documentation and referencing;
5. Speak Standard American English intelligibly, including the ability to model all English phonemes in isolation, phrases, sentences and conversational speech.
6. Demonstrate ability to depict when speech-language-swallowing patterns of clients are disordered requiring further assessment and intervention;
7. Analyze, synthesize, and interpret ideas and concepts in academic and diagnostic/treatment settings;
8. Maintain attention and concentration for sufficient time to complete didactic and clinical activities for up to 4-hour blocks of time with one or two breaks;
9. Schedule and prioritize activities, and provide documentation in a timely manner;
10. Comply with administrative, legal, ethical, and regulatory policies set forth by the Department of Speech-Language Pathology, the College of Health Sciences, Education and Rehabilitation, Salus University, the state of Pennsylvania and other states across the U.S. as a future SLP practitioner;
11. Read, become familiar with and abide by the Code of Ethics and Scopes of Practice set forth by the American Speech-Language-Hearing Association as a student and future speech-language pathology practitioner.

SLP Student Handbook

Appendix I.

FORMS

	Page
Consent for Evaluation and Treatment	100
Consent to Use Food in Session	106
Client Intake and Schedule	107
Child Case History Form	115
Adult Case History Form	119
Peds Evaluation Outline	120
Adult Evaluation Outline	121
Treatment Note (SOAP Format)	122
Progress Note/Discharge Summary Outline	123
Speech-Language Pathology Superbill	124
Advance Beneficiary Notice (ABN)	126
Client Satisfactory Survey	127
Therapy Plan	129
Clinical Reflection Tool	130
Student Self-Reflection of Evaluation Session	131
Student Self-Reflection of Treatment Session	132
Session Observation Form	133
Description of Observation Experience	134
Remediation Plan	136
Clinical Practicum Progress Log	137
Absence from Clinical Practicum	139
Material Reservation Log	140
Materials Tracking Log	141
Clinic Room Reservation	142
Practicum Request Questionnaire	143
Site Orientation Checklist	144
FERPA Memorandum	145
Communication Proficiency Screener	146
Graduate Student Portfolio Guidelines	147

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

Peds Evaluation Outline

Reason for Referral:	The statement will include the referral source, reason for referral, and a physical/social informal description made by the client or the parent/caregiver.
History:	Birth Medical Developmental Milestones Educational Family Environment
Areas Assessed:	Examiner should briefly summarize the test provided and the data obtained from administration of the protocol. Oral Mech Hearing Speech Language Voice Fluency Feeding/Swallowing
Behavioral Observations:	As applicable
Impressions:	The impressions should focus on the educational, social, vocational, therapeutic and/or remedial implications of deficits indicated during assessment. (This section should justify all the recommendations to follow.) A severity and prognostic statement should be included.
Recommendations:	Following the completion of the evaluation, clinician should make recommendation for the initial focus of therapy, when follow-up is indicated. Stated hierarchy of Long-Term and Short-Term goals are to be provided.
Education:	Provide documentation summary of information shared with the client and/or parents/caregiver during the assessment.
Goals:	Short term Long

[clinician's name + degree]
Student Clinician

[name, degree, CCC-SLP]
Clinical Educator

SLP Student Handbook

Adult Evaluation Outline

Reason for Referral:	The statement will include the referral source, reason for referral, and a physical/social informal description made by the client or the parent/caregiver.
History:	Medical Social Education & Employment History
Areas Assessed:	Examiner should briefly summarize the test provided and the data obtained from administration of the protocol. Oral Mech Hearing Speech Language Cognition Voice Swallowing
Behavioral Observations:	As applicable
Impressions:	The impressions should focus on the educational, social, vocational, therapeutic and/or remedial implications of deficits indicated during assessment. (This section should justify all the recommendations to follow.) A severity and prognostic statement should be included.
Recommendations:	Following the completion of the evaluation, clinician should make recommendation for the initial focus of therapy, when follow-up is indicated. Stated hierarchy of Long-Term and Short-Term goals are to be provided.
Education:	Provide documentation summary of information shared with the client and/or parents/caregiver during the assessment.
Goals:	Short term Long

[clinician's name + degree]
Student Clinician

[name, degree, CCC-SLP]
Clinical Educator

SLP Student Handbook

Treatment Note (SOAP Format)

Client Name:
Diagnosis Code:
Student Clinician:

Date of Treatment:
CPT Code:
Supervisor:

Session Length:

- S:** (Subjective Information): Impressions of the client's behavior. These impressions can be the client's, clinician's or the parents. Indicate the time period covered by the note and the number of sessions the client was seen. If sessions were missed, comment as to why.
- O:** (Objective Data): **Measurable information** is reported in this section of the note. *(In order to know what is being measured, state the goal and the criteria, as reported on the Therapy Plan, then the results.)* Ranges should not be included, only highest percentage achieved. If applicable, compare the client's performance with that reported in the previous SOAP Note (**or to the criteria set for the goal**). Data from any additional testing administered for screening or re-evaluation purposes should be included.
- A:** (Assessment/Analysis): The remaining diagnosis should precede the overall progression of goals. Goals met and increases noted should be listed. **Review of information with client or client's family, and whether they are in agreement with results and recommendations should also be included in this section.** Lastly, a prognostic statement regarding anticipated improvements should be included.
- P:** (Plan): State the overall therapy goals for the next treatment period. Specific behavioral objectives should be listed for what you feel will be completed within four weeks.

[clinician's name + degree]
Student Clinician

[name, degree, CCC-SLP]
Clinical Educator

SLP Student Handbook

Progress Note / Discharge Summary Outline

Client Name:
Address:
Telephone:
Parent(s)/Caregiver:

Date(s) of Services:
Date of Birth:
Age:

Student Clinician:

Supervisor:

Number of Sessions Scheduled:
Number of Sessions Attended:
Attendance Comments:

History: Documentation should include: (1) history of the problem, (2) previous therapy and (3) and test results (including pre-test results pertinent to the stated problem/diagnosis).

Goals and Status: Therapeutic objectives will include long term therapy plan, semester goals, and short term objectives stated in behavioral terms.

Therapy Summary: The summary of therapy has a brief description of the type of therapy presented since the beginning of this semester, e.g., specific approach used, activities or materials, and report progress toward each short term objective. Briefly summarize progress. Include a prognosis statement as well as additional documentation regarding client's behavior, attitudes towards speech, parental information, etc.)

Recommendations: Indicate whether or not continued therapy is recommended, when therapy will be continued (if applicable), and the number of days per week and length of session. Also include a recommendation for the therapy focus, if therapy is to be continued and any modification of goals. Note if additional testing or follow-up/re-assessment may also be warranted.

Dx Code

[clinician's name + degree]
Student Clinician

[name, degree, CCC-SLP]
Clinical Educator

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

SLP Student Handbook

Communication Proficiency Screener

The Communication Proficiency Screener is administered to all matriculated graduate students in the program, during the week of orientation, by a state licensed and ASHA certified speech-language pathologist from the Department of Speech-Language Pathology. The specific results of each component of the screener will be discussed with the student via their academic advisor.

Students who require follow-up in one or more areas of the screening tool will be counseled about their options to seek further assistance, including:

1. Self-correction/monitoring activities;
2. Seeking assistance for the communication disorder via private consultation with an external speech-language pathologist;
3. Participating in additional diagnostic and treatment activities through the Department of Speech-Language Pathology on-campus clinic.

SLP Student Handbook

Graduate Student Portfolio Guidelines

SAMPLE SECTIONS FOR ELECTRONIC PORTFOLIO FOR SLP STUDENTS	
CONTENT AREAS	EXAMPLES
<i>Personal Information</i>	<ul style="list-style-type: none"> • <i>Photo (head-shot)</i> • <i>Resume (CV) summarizing academic courses and practicum work completed to date (updated each term)</i>
<i>Diversity of Caseload</i>	<ul style="list-style-type: none"> • <i>CALIPSO Summary of overall experiences</i>
<i>Cultural-Linguistic Diversity</i>	<ul style="list-style-type: none"> • <i>CALIPSO Summary of overall experiences</i>
<i>Prevention/Screening Skills</i>	<ul style="list-style-type: none"> • <i>Screening (Summary describing screening experiences to date across pediatric & adult practicum & community screens)</i> • <i>Prevention:</i> <ul style="list-style-type: none"> ○ <i>List of activities</i> ○ <i>Samples of handout(s) created</i>
<i>Assessment Skills</i>	<ul style="list-style-type: none"> • <i>Sample reports (de-identified) for adults and children</i> • <i>Summary of Diagnostic Tools administered (adults; pediatrics)</i>
<i>Treatment Skills</i>	<ul style="list-style-type: none"> • <i>Sample progress notes/reports (de-identified) for adults and children</i> • <i>Sample lesson plan for collection of target areas</i> • <i>Description/listing of treatment techniques used with various populations</i>
<i>School Practicum</i>	<ul style="list-style-type: none"> • <i>Sample IEP</i> • <i>Curriculum-based lesson plan</i>

SLP Student Handbook

Appendix J.

American Speech-Language-Hearing Association (ASHA)

2200 Research Boulevard
Rockville, MD 20850-3289
Phone: 800-498-2071
Fax: 301-296-8580
Email: actioncenter@asha.org
<http://www.asha.org>

PA State Board of Examiners in Speech-Language Pathology and Audiology

P.O. Box 2649
Harrisburg, PA 17105-2649
Phone: 717-783-1389
Fax: 717- 787-7769
Email: ST-SPEECH@pa.gov
<http://www.dos.pa.gov>

Pennsylvania Department of Education

333 Market Street
Harrisburg, PA 17126
Phone: 717-783-6788
Fax: 717-783-6736
<http://www.education.pa.gov>

ETS – The Praxis Series

P.O. Box 6051
Princeton, NJ 08541-6051
Phone: 609-771-7395
Fax: 609-530-0581
<https://www.ets.org>

National Student Speech Language Hearing Association (NSSLHA)

2200 Research Boulevard #322
Rockville, MD 20850-3289
Phone: 800-498-2071
Fax: 301-296-8580
E-mail: nsslha@asha.org
www.nsslha.org

Pennsylvania Speech-Language-Hearing Association (PSHA)

700 McKnight Park Drive, Suite 708
Pittsburgh, PA 15237
Phone: 412-366-9858
Fax: 412-366-8804
Email: psha@psha.org
<https://www.psha.org>

SLP Student Handbook

Acknowledgement Statement

I have read the SLP Student Handbook. I understand that I must abide by the policies set herein. I certify that I have had ample time to discuss the Handbook and its contents with the Clinical Director and I fully understand its contents.

With this knowledge, I accept the policies outlined herein as a condition of my enrollment in the graduate program.

Student's Name (printed)

Student's Signature

Date

Program Participant Agreement Statement

As a current student in the Department of Speech-Language Pathology at Salus University, I attest that I have read all pages of the Eligibility Requirements and Essential Functions documents, that I understand its content, that I am committed to the policies expressed therein, and that I may be eligible for dismissal from the program, via faculty vote, should I fail to demonstrate all of the Essential Functions despite reasonable accommodations and reasonable levels of support from the academic and clinical faculty.

Student's Signature

Date

Faculty's Signature

Date

SLP Student Handbook

The Oath to Professionalism in the Health Sciences

With full deliberation I freely and solemnly pledge that:

I will practice the art and science of my chosen profession faithfully and conscientiously, and to the fullest scope of my competence.

I will uphold and honorably promote by example and action the highest standards, ethics and ideals of my chosen profession.

I will provide professional care for those who seek my services, with concern, with compassion and with due regard for their human rights and dignity and I will promote justice in the health care system by the elimination of discrimination.

I will place the treatment of those who seek my care above personal gain and strive to see that none shall lack for proper care with patient welfare my utmost concern.

I will hold as privileged and inviolable all information entrusted to me in confidence by those who seek my services and promote the principles of their individual autonomy.

I will advise my patients and clients fully and honestly of all which may serve to restore, maintain or enhance their health and well-being.

I will strive continuously to broaden my knowledge and skills to deliver all new and efficacious means to enhance my services.

I will share information cordially and unselfishly with colleagues and other professionals for the benefit of patients and the advancement of human knowledge and welfare.

I will do my utmost to serve my community, my country and humankind.

I hereby commit myself to be steadfast in the performance of this, my solemn oath and obligation.