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

POLICIES & PROCEDURES
MANUAL

Revised January 2021

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

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MISSION STATEMENT:

The Department of Speech Pathology and Audiology (SPA) at Western Illinois University (WIU) aims to develop their students' professional and academic skills to a level which will ensure well-rounded speech language pathologists, capable of quality service provision to diverse populations across the lifespan.

In accordance with the core values of the University, social responsibility and personal growth will be nurtured for the purpose of achieving academic excellence. The SPA Department recognizes the strength in developing lifelong learning skills among faculty, supervisors, staff, and students alike and the contribution that this allows each individual to make in support of the ongoing development of both the program and the profession.

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

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

The Speech Pathology and Audiology Department (SPA) of Western Illinois University devised an updated strategic plan during the 2020-2021 academic year to address the changing needs of the students, the department, and the University. These include the advances in technology that are directly linked to education and changing clinical practice, meeting the professional standards that continue to develop thus requiring progressive educational models. Additionally, the financial constraints that continually impact resources available to educators and practitioners are addressed. Therefore, the goals set by the SPA Department for the next five years intend to develop optimal conditions which will effectively support the recruitment, retention, and high-quality education of our students at the undergraduate and graduate levels. Effective stewardship of our resources, and strong links with the local community, our professional organization, and clinical practitioners regionally and nationally will ensure that we continue to expand upon the diverse academic and clinical education we are proud to deliver to our students.

The following statements identify the most relevant values of the department and how we intend on meeting the needs of faculty, staff, students, clients, families, and community:

PROVIDING STUDENTS WITH THE EDUCATION AND CLINICAL EXPERIENCES THAT PREPARE THEM FOR BECOMING OUTSTANDING SERVICE PROVIDERS AND ADVOCATES FOR CLIENTS AND FAMILIES

- Hire faculty to teach and supervise in the undergraduate and graduate program who have real-world clinical experiences.
  - Search and hire a tenure track faculty position (PhD or EdD with CCC/SLP)
    - Obtain presidential and provost approval to organize a search committee for filling the position by the 2021-2022 academic year
  - Search and hire a non-tenure clinical faculty position
    - Obtain presidential and provost approval to organize a search committee for filling the position by the 2021-2022 academic year
- Increase the number of off-campus clinic contracts for providing graduate students with diverse experiences.
  - Partnerships with local school districts, skilled nursing facilities, and cooperatives
    - Rural area schools lacking resources and/or professionals to provide services to the children in their district
      - Facilitates in increasing revenue for the department
    - Graduate clinicians assigned to WIU supervisors provide services

INCREASE SPEECH PATHOLOGY & AUDIOLOGY (SPA) MAJORS AND AMERICAN SIGN LANGUAGE (ASL) MINORS AND IMPROVE INTERDISCIPLINARY OPPORTUNITIES

- The ASL minor began Fall 2020 with much success and we aim to focus on these individuals as potential majors
  - Many of these students are early childhood majors, psychology majors, kinesiology majors, and nursing majors, etc. We see this as an ability to increase awareness across fields and allow for interdisciplinary opportunities

ENHANCE RECRUITMENT EFFORTS FOR DIVERSIFYING OUR STUDENT BODY IN OUR UNDERGRADUATE AND GRADUATE CLASSES

- Offer opportunities for prospective students to visit or have virtual meetings with advisor and/or faculty
  - Provide students with contact information of undergraduate and/or graduate students who can provide answers to questions about WIU and the SPA Department
  - Tours and open-house events that showcase student participation

- ○ Increase marketing and messaging to target a more culturally diverse and/or international student population
    - ■ Work with international contacts to increase recruitment (i.e., Canada)
- ○ Increase involvement of our minority students in the recruitment process
    - ■ Meet with our minority students to determine what we are doing right and what we could be improving on to help them succeed

MONITOR NECESSARY UPDATES TO CURRICULUM AT BOTH THE UNDERGRADUATE AND GRADUATE LEVELS

- ● Use assessment data from University annual assessments to monitor student progress and their level of foundational knowledge
    - ○ Make changes to curriculum as needed- we continue to update and co-teach courses to best serve the educational needs of the students
    - ○ Use of Simucase and Master Clinician for bridging the gap between coursework and the application to clinic
- ● Use of PRAXIS exam to assess areas of strengths and weaknesses in our graduate program
    - ○ Implementation of learning checks into the graduate program in courses to ensure that we are assessing knowledge and skills holistically and not only through the use of exams
    - ○ Use of Simucase in every graduate course to facilitate the application of course work to clinical practice
    - ○ Evaluate the changes to SPA 587 (i.e., mandatory observations, increased number of diagnostics, and Simucase assignments) to determine if students are improving their PRAXIS scores in that area

MAXIMIZE USE OF TECHNOLOGY IN CLASSROOMS AND CLINIC

- ● Advance use of Electronic Medical Records System (EMRs)- ClinicNote to improve clinic efficiency
    - ○ Continue partnership with ClinicNote to improve EMR for educational purposes
    - ○ Begin implementing billing module to produce invoices, check insurance coverage, document payments
    - ○ Continue working with ClinicNote to engage Simucase with CN for student learning
    - ○ Use of the system for sending reminders, updates, clinic schedules, and results
- ● Increase number of Zoom accounts to ensure we have the number necessary to continue teletherapy to meet the needs of students and clients (COVID necessity)
    - ○ We currently have purchased three accounts and have three temporary accounts through the University
    - ○ Increase number of accounts for each supervisor to have one designated to their supervision and then a separate one for classes for a total of nine-ten accounts
- ● Fully outfit Memorial Hall 208 to function as a distance learning classroom (COVID necessity)
    - ○ Approval for duplicating set up of MH 204 in MH 208 was given and that should be completed before beginning classes Fall 2021
        - ■ Currently has touchscreen 96" screen with OpenBoard but does not have zoom camera and microphones that are specific to the room specs

- - - Due to the COVID capacities and need to provide zoom links for each class, we have decided to have two fully equipped electronic classrooms with zoom capabilities
- Organize options for obtaining observations for graduate students and undergraduate students (COVID necessity)
  - Use of our recording system-AXIS allows for us to record and safely store diagnostics/evaluations, treatment in the speech and language clinic as well as the adult and pediatric hearing evaluations in the audiology clinic.
    - Develop a system for verifying and documenting observations
    - Implement procedures for students to ask questions and get feedback regarding the observations
    - Involve graduate assistants in the process

INCREASE INVOLVEMENT IN STUDENT ORGANIZED GROUP FOCUSED ON DIVERSITY AND ANTI-RACISM

- This student organization was developed to focus on diversity and inclusion
  - Led by graduate students and attended by graduate and undergraduate students
- Students aim to increase diversity in the department, at the university, and in the field of communication, sciences, and disorders
  - Add information to the website to increase exposure and provide education

DISSEMINATE POLICIES, PROCEDURES, AND CRITERIA SET FORTH BY THE DEPARTMENT TO COMPLY WITH MAINTAINING ACCREDITATION AND COMPLIANCE FOR SUCCESSFUL COMPLETION OF PROGRAM REQUIREMENTS AND CONFERRAL OF MS DEGREE

- Maintain our website with events, clinic updates, Risk-Management Policies & Procedures (i.e., COVID-19)
- Improve client access of website
  - Increase educational support for parents and caregivers that will help them navigate through early-intervention, schools, long-term care options, and other needs of our families we serve
  - Improve online registration for clients and caregivers
- Continuous update of clinic manual and faculty handbook to communicate changes across the university and department

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

CHAPTER 1: Introduction

WESTERN ILLINOIS UNIVERSITY
SPEECH-LANGUAGE-HEARING CLINIC
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Policies & Procedures

INTRODUCTION

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

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

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

CODE OF ETHICS

PREAMBLE

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

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

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

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

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

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

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not

inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

nolo contendere – No contest.

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

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

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

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

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

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

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

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

PRINCIPLE OF ETHICS I

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

RULES OF ETHICS
A. Individuals shall provide all clinical services and scientific activities competently.
B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

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

H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

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

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

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

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

M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence based clinical judgment, keeping paramount the best interests of those being served.   N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

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

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

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

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

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

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

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

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

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

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals. D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

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

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

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

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

PRINCIPLE OF ETHICS III

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

professions.

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.

C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed. D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

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

RULES OF ETHICS

A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.

B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations. D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation. F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

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

participants.

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

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

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

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

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

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

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

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

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

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

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

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

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology
Effective Date: January 1, 2020

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.

A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2017 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) go into effect on January 1, 2020. View the SLP Standards Crosswalk [PDF] and consult Changes to Speech-Language Pathology Standards for more specific information on how the standards will change.

Terminology

Clinical educator: Refers to and may be used interchangeably with supervisor, clinical instructor, and preceptor

Individual: Denotes clients, patients, students, and other recipients of services provided by the speech-language pathologist.

Citation

Cite as: 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 /certification/2020-SLP-Certification-Standards.

The Standards for the CCC-SLP are shown in bold. The CFCC implementation procedures follow each standard.

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

Standard I: Degree

The applicant for certification (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

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 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
- 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 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.

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 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 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 of 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.

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 timeframe. The Clinical Fellow will be required to reapply for certification and must meet the standards in effect at the time of re-application. CF experiences 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 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: Effective January 1, 2020, 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 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.

Standards for Accreditation of Graduate Education

Programs in Audiology and Speech-Language Pathology

Approved February 2016 | Last Updated August 2020
Effective August 1, 2017

Introduction

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

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

The CAA operates within a set of core values that are used to guide decisions to ensure excellence in graduate education. Because the CAA has been entrusted to act on behalf of the professions of audiology and speech-language pathology, the Council's actions and decisions must be credible and trustworthy. Members of the CAA, in conducting the business of accreditation of academic programs, act with:
- honesty and integrity,
- accountability,
- fairness and validity,
- clarity and consistency,
- recognition of the role of creativity and innovation in meeting the established accreditation standards.

The Council is committed to using a peer-review process that is facilitative and transparent and supports programs in delivering a high quality educational experience. Graduates of CAA accredited programs enter the workforce prepared to meet the expectations of the public and the professions and to achieve the credentials required to practice. The CAA is responsible for evaluating the adequacy of an applicant program's efforts to satisfy each standard. Compliance with all standards indicates that the program meets the expectations of the CAA for accreditation, regardless of mode of delivery, including distance education. The CAA evaluates programs to ensure that there is equivalence across all modes of delivery, that students enrolled in distance education or other modes of education delivery are held to the same standards as students in residential programs, and that students enrolled in all modes of education are afforded equal access to all aspects of the education program, including courses, clinical practicum opportunities, supervision, advising, student support services, and program resources.

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

Preamble

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

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

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

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

- Standard 1.0: Administrative structure and governance
- Standard 2.0: Faculty
- Standard 3.0A: Curriculum (academic and clinical education) for audiology programs
- Standard 3.0B: Curriculum (academic and clinical education) for speech-language pathology programs
- Standard 4:0 Students
- Standard 5:0 Assessment

● Standard 6:0 Program resources

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

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

Citation

Standard 1.0 Administrative Structure and Governance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

institution.

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

Requirement for Review:

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

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

Requirement for Review:

- The program must publish to the general public on its website the program's CAA accreditation status, in accordance with the language specified in the Public Notice of Accreditation Status in the CAA *Accreditation Handbook*, as required under federal regulations. This must be displayed in a clearly visible and readily accessible location. Additional references to the program's accreditation status must be accurate but need not include all components of the accreditation statement.
- Websites, catalogs, advertisements, and other publications/electronic media must be accurate regarding standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, academic calendars, grading policies and requirements, and fees and other charges.
- The program must make student outcome measures available to the general public by posting the results on the program's website via a clearly visible and readily accessible link.
- The program must make public the number of expected terms for program completion for full-time and part-time students.
- At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided:
  o number and percentage of students completing the program within the program's published time frame for each of the 3 most recently completed academic years, o number and percentage of program test-takers who pass the *Praxis*® Subject

Assessment examination for each of the 3 most recently completed academic years (programs need report only the results once for test-takers who take the test more than one time in the reporting period),

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

● Student outcome measures must be labeled "Student Achievement Data" or "Student Outcome Data."

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

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

Standard 2.0 Faculty

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

2.1.1 allows students to acquire the knowledge and skills required in Standard 3, 2.1.2 allows students to acquire the scientific and research fundamentals of the discipline,

2.1.3 allows students to meet the program's established goals and objectives, 2.1.4 meets the expectations set forth in the program's mission and goals, 2.1.5 is offered on a regular basis so that it will allow the students to complete the program within the published time frame.

Requirement for Review:

● The program must document

o the number of individuals in and composition of the group that delivers the program of study;

o the distribution of faculty in terms of the number of full-time and part-time individuals who hold academic doctoral degrees, clinical doctoral degrees, and master's degrees;

o how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3;

o how the faculty composition is sufficient to allow students to acquire the scientific and research fundamentals of the profession;

o how the faculty composition is sufficient to allow students to meet the program's established learning goals and objectives;

o how the faculty composition is sufficient to allow students to meet the expectations set forth in the program's mission and goals;

o how the faculty composition ensures that the elements (classes and clinical practica) of the program are offered on a regular basis so that students can complete the program within the published time frame.

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

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

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

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

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

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

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

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

Requirement for Review:

The doctoral program in audiology must meet the following requirements.

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

into independent professional practice that are consistent with the program mission and goals.

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

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

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

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

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

Evidence-Based Practice
- Access sources of information to support clinical decisions regarding assessment

and intervention and management.
- Critically evaluate information sources and apply that information to appropriate populations.
- Integrate evidence in the provision of audiologic services.

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

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

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

Collaborative Practice
- Understand how to apply values and principles of interprofessional team dynamics.

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

3.1.2A Foundations of Audiology Practice
The program includes content and opportunities to learn so that each student can demonstrate knowledge of the
- embryology, anatomy, and physiology of the auditory, vestibular, and related body systems;
- normal aspects of auditory and vestibular function across the lifespan;
- normal aspects of speech production and language function across the lifespan;
- normal aspects of speech perception across the lifespan;
- effects and role of genetics in auditory function, diagnosis, and management of hearing loss;
- effects and role of genetics in vestibular function, diagnosis, and management of vestibular disorders;
- effects of chemicals and other noxious elements on auditory and vestibular function;
- effects of pathophysiology on the auditory, vestibular, and related body systems;
- medical and surgical interventions that may be used to treat the results of pathophysiology in these systems;
- interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders;
- effects of hearing loss on the speech and language characteristics of individuals across the life span and the continuum of care;
- effects of hearing impairment on educational, vocational, social, and psychological function and, consequently, on full and active participation in life activities;
- physical characteristics and measurement of simple and complex acoustic stimuli;
- physical characteristics and measurement of non-acoustic stimuli (e.g., EEG, tactile, electrical signals);
- methods of biologic, acoustic, and electroacoustic calibration of clinical equipment to ensure compliance with current American National Standards Institute (ANSI) standards (where available) and other recommendations regarding equipment function;
- principles of psychoacoustics as related to auditory perception in individuals with normal hearing and those with hearing loss;
- principles and practices of research, including experimental design, evidence based practice, statistical methods, and application of research to clinical populations.

3.1.3A Identification and prevention of hearing loss, tinnitus, and vestibular disorders
The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in
- the prevention of the onset of loss of auditory system function, loss of vestibular system function, development of tinnitus, and development of communication disorders;
- the use of protocols to minimize the impact of the loss of hearing, tinnitus, loss of vestibular system function, and development of communication disorders;
- the use of screening protocols, including clinically appropriate and culturally

sensitive screening measures, to assess individuals who may be at risk for hearing impairment and activity limitation or participation restriction;

● the screening of individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures;

● the use of screening tools for functional assessment;

● administering programs designed to reduce the effects of noise exposure, tinnitus, and agents that are toxic to the auditory and vestibular systems;

● applying psychometrics and principles of screening;

● applying the principles of evidence-based practice;

● selection and use of outcomes measures that are valid and reliable indicators of success of prevention programs.

3.1.4A Assessment of the structure and function of the auditory and vestibular systems

The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to

● evaluate information from appropriate sources to facilitate assessment planning;

● obtain a case history;

  ● perform an otoscopic examination;

  ● remove cerumen, when appropriate;

  ● administer clinically appropriate and culturally sensitive assessment measures;

  ● perform audiologic assessment using behavioral, physiological (e.g., immittance, wideband reflectance, evoked potentials), psychophysical, and self-assessment tools;

  ● perform audiologic assessment using techniques that are representative of the challenges listeners may face in everyday communication situations;

  ● perform assessment to plan for rehabilitation;

  ● perform assessment to characterize tinnitus;

  ● perform balance system assessment and determine the need for balance rehabilitation;

  ● document evaluation procedures and results;

  ● interpret results of the evaluation to establish type and severity of disorder;

  ● generate recommendations and referrals resulting from the evaluation processes;

  ● provide counseling in a culturally sensitive manner to facilitate understanding of the hearing loss, tinnitus, or balance disorder of the individual being served;

    ● maintain records in a manner consistent with legal and professional standards;

    ● communicate results and recommendations orally and in writing to the individual being served and other appropriate individual(s);

  ● engage in interprofessional practice to facilitate optimal assessment of the individual being served;

  ● assign the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s);

  ● apply the principles of evidence-based practice;

  ● select and use outcomes measures that are valid and reliable indicators of success in assessment protocols that are used.

3.1.5A Assessment of the impact of changes in the structure and function of the auditory and vestibular systems

The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to
● administer clinically appropriate and culturally sensitive self-assessment measures of communication function for individuals across the lifespan and the continuum of care,
   ● administer clinically appropriate and culturally sensitive scales of communication function to communication partners of the individual being served,
   ● administer clinically appropriate and culturally sensitive functional assessment tools for individuals across the lifespan and the continuum of care,
   ● determine contextual factors that may facilitate or impede an individual's participation in everyday life,
   ● select and use outcomes measures that are valid and reliable indicators of success in determining the impact of changes in structure and function of the auditory and vestibular systems.

3.1.6A Intervention to minimize the effects of changes in the auditory and vestibular systems on an individual's ability to participate in his or her environment
The program's curriculum provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to
   ● perform assessment for aural (re)habilitation;
   ● perform assessment for tinnitus intervention;
   ● perform assessment for vestibular rehabilitation;
   ● develop and implement treatment plans using appropriate data;
   ● counsel individuals served, families, and other appropriate individuals regarding prognosis and treatment options;
   ● develop culturally sensitive and age-appropriate management strategies;
   ● perform hearing aid, assistive listening device, and sensory aid assessment;
   ● recommend, dispense, and service prosthetic and assistive devices;
   ● provide hearing aid, assistive listening device, and sensory aid orientation;
   ● conduct audiologic (re)habilitation and engage in interprofessional practice to maximize outcomes for individuals served;
   ● serve as an advocate for individuals served, their families, and other appropriate individuals;
   ● monitor and summarize treatment progress and outcomes;
   ● assess efficacy of interventions for auditory, tinnitus, and balance disorders;
   ● apply the principles of evidence-based practice;
   ● document treatment procedures and results;
   ● maintain records in a manner consistent with legal and professional standards;
   ● communicate results, recommendations, and progress in a culturally sensitive and age-appropriate manner to appropriate individual(s);
   ● select and use outcomes measures that are valid and reliable indicators of success in determining the impact of the interventions used to minimize the effects of changes in structure and function of the auditory and vestibular systems.

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

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

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

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

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

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

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

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

3.6A The clinical education component of an effective entry-level audiology program is

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

Requirement for Review:
- The program must demonstrate that it has mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to
- experience the breadth and depth of clinical practice,
   - obtain experiences with different populations,
   - obtain a variety of clinical experiences in different work settings,
   - obtain experiences with appropriate equipment and resources,
   - learn from experienced audiologists who will serve as effective clinical educators.

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

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

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

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

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

Requirement for Review:
- The program must have evidence of valid agreements (written or electronic) with all

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

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

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

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

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

Requirement for Review:
The master's program in speech-language pathology must perform the following functions.
- Provide the opportunity for students to complete a minimum of 400 supervised clinical practice hours, 25 of which may be in clinical observation; 325 of these hours must be attained at the graduate level. The supervised clinical experiences should be distributed throughout the program of study.
    - The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical education experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology, sufficient to enter professional practice. Typically, the achievement of these outcomes requires the completion of 2 years of graduate education or the equivalent.
- Establish a clear set of program goals and objectives that must be met for students to acquire the knowledge and skills needed for entry into professional practice.

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

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

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

Integrity
● Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers; and
● Understand and use best professional practices related to maintenance of confidentiality for all individuals in accordance with HIPAA and FERPA requirements.

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

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

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

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

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

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

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

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

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

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

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

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

The program must include content and opportunities to learn so that each student can demonstrate knowledge of
- principles and methods of identification of communication and swallowing disorders and differences,
- principles and methods of prevention of communication and swallowing disorders.

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

The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in assessment across the lifespan for disorders and differences associated with
- articulation;
- fluency;
- voice and resonance, including respiration and phonation;
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
- hearing, including the impact on speech and language;
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology);
- cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning);
- social aspects of communication (e.g., behavioral and social skills affecting communication); and
- augmentative and alternative communication needs.

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

The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in
- intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment.
- intervention for disorders and differences of
  - articulation;
  - fluency;
  - voice and resonance, including respiration and phonation;

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

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

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

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

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

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

program's established learning goals and objectives and develop into a competent speech-language pathologist.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Standard 4.0 Students

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

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

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

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

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

Requirement for Review:
- The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Requirement for Review:
- The program must document that the institutional policies regarding verification of a student's identity are followed and implemented and applied consistently.
- The program must make clear that the identities of students enrolled in a distance education course or program are protected.
- If there are fees associated with learning within a distance modality, the program must document how that information is provided to students.
- If the institution does not have specific policies, the program must develop and implement its own policies for this purpose.

Standard 5.0 Assessment

5.1 The program regularly assesses student learning.

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

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

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

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

Requirement for Review:

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

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

Requirement for Review:
- The program must describe how it uses programmatic assessment data to promote

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

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

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

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

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

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

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

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

Requirement for Review:

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

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

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

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

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

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

Requirement for Review:
- The program must demonstrate how the individual responsible for the program of professional education effectively leads and administers the program.
- The program director's effectiveness in advancing the goals of the program and in leadership and administration of the program must be regularly evaluated.

Standard 6.0 Program Resources

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

Requirement for Review:
- The program must demonstrate
    o that its budgetary allocation is regular, appropriate, and sufficient to deliver a high quality program that is consistent with its mission and goals;
    o that there is sufficient support, consistent with the program mission and goals, for personnel, equipment, educational and clinical materials, and research activities; o

consistency of sources of funds that are received outside the usual university budgeting processes, if the program is dependent on them.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Care
The provision of professional clinical service to students/patients/clients by audiologists or speech-language pathologists. This term is to be interpreted broadly to include

delivery of services to individuals across all ages and conditions and in all settings.

Census Date

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

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

Clinical Education Experiences

That aspect of the professional curriculum that includes the spectrum of experiential learning and clinical education settings where students practice applying knowledge, skills and professional behaviors under the direction of a qualified clinical educator.

Completion or Graduation Rate

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

Cultural Competence (culturally competent)

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

Distance Education

Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include
• the Internet;
• one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
• audio conferencing; or
• video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used

in a course.

Employment rate
A student outcome measure that is designed to capture the success of graduates in finding employment in the profession or in continuing for further education in the profession. Specifically, it is the number and percentage of program graduates employed in the

[1] National Postsecondary Education Cooperative. (2010). Suggestions for improving the IPEDS graduation rate survey data collection and reporting (NPEC 2010–832). Retrieved from http://nces.ed.gov/pubs2010/2010832.pdf

[2] Based on Cross T, Bazron B, Dennis K, Isaacs M. Towards A Culturally Competent System of Care. Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical PT Evaluative Criteria Revised January 2014 xi.

profession or pursuing further education in the profession within 1 year of graduation, as averaged over the 3 most recently completed academic years.

Entry-Level Audiology Program
A graduate program that prepares students for the degree required to qualify for credentials to practice independently in the profession of audiology (e.g., ASHA's Certificate of Clinical Competence, state licensure).

Entry-Level Speech-Language Pathology Program
A graduate program that prepares students for the degree required to qualify for credentials to practice independently in the profession of speech-language pathology (e.g., ASHA's Certificate of Clinical Competence, state licensure).

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

Faculty
Only those faculty members who contribute to the accredited program are considered in the review of the program's compliance with the accreditation standards. The CAA recognizes that individual institutions may have different definitions or faculty classifications than those identified below; however, for the purposes of these Standards and related accreditation activities, the following definitions are to be used.
• Adjunct - Persons who are responsible for teaching at least 50% of a course and are part-time, non-tenure-track faculty members who are paid for each class they teach. • Clinical Educator - Individuals engaged in providing the clinical education components of the curriculum.
• Full-Time - Faculty members who hold a full-time appointment, as defined by the institution, and whose job responsibilities include teaching, research, service and contribute to the delivery of the designed curriculum regardless of the position title

(e.g., full-time instructional staff, and clinical instructors would be considered faculty).

- Part-Time - Faculty members who hold an appointment that is considered by that institution to constitute less than full-time service and whose job responsibilities include teaching and/or contributing to the delivery of the designed curriculum regardless of the position title.
- Rank – This is a status that is defined by institutional policy. Typically, faculty who are on a tenure track or are tenured hold the rank of Professor, Associate Professor, or Assistant Professor. In some cases, Instructor and Lecturer are considered ranks. A similar system may be used for individuals whose primary responsibility is in the clinical realm. These positions may or may not have tenure associated with them and are typically Clinical Professor, Clinical Associate Professor, and Clinical Assistant Professor. In some cases, Clinical Instructor is considered a rank.
- Academic Doctoral – Those individuals who hold a terminal academic degree (PhD, EdD) designed to prepare individuals for an academic and research career with the expectation that the degree holder will contribute to the science of the discipline.

FERPA

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

Formative Assessment

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

Goals

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

HIPAA

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

Interprofessional Education

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

Health Organization, 2010]).

Interprofessional Collaborative Practice

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

Knowledge and Skills

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

Learning Outcomes

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

Mission Statement

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

Objectives

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

Policy

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

Procedure

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

Practices

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

***Praxis*® Subject Assessment Examination Pass Rate**

A student outcome measure that is designed to capture the success of a program's test

takers who achieve a passing score on the exam. Specifically, it is the number and percentage of test-takers from the program who passed the Praxis examination as averaged over the 3 most recently completed academic years.

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

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

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

Strategic plans include, but are not be limited to,
• evidence that the plan is based on program evaluation and an analysis of external and internal environments,
• long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the program,
• specific measurable action steps with expected timelines by which the program will reach its long-term goals,
• person(s) responsible for action steps, and
• evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.

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

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

Teaching
Activities related to developing the knowledge, skills, attitudes, and behaviors of students necessary for entry to the profession. These activities include, but are not limited to: • design, implementation, and evaluation of classroom, laboratory, clinical, and other teaching/learning activities;
• design, implementation, and evaluation of methods to assess student learning;
• student advisement; and

• supervision of student-generated research projects.

SCOPE OF PRACTICE IN SPEECH LANGUAGE PATHOLOGY

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

Scope of Practice in Speech-Language Pathology

ABOUT THIS DOCUMENT

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

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INTRODUCTION

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

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

As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee revised the previous scope of practice document to reflect recent advances in knowledge and

research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research and administration/leadership.

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

STATEMENT OF PURPOSE

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

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

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

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

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

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

DEFINITIONS OF SPEECH-LANGUAGE PATHOLOGIST AND SPEECH-LANGUAGE PATHOLOGY

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

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

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

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

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

Speech-Language Pathology Practice

FRAMEWORK FOR SPEECH-LANGUAGE PATHOLOGY PRACTICE

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

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

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

Professional practice domains:

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

Service delivery domains

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

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

Accreditation in Audiology and Speech-Language Pathology and the Council for Clinical Certification in Audiology and Speech-Language Pathology.

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

HEALTH CONDITIONS

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

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

CONTEXTUAL FACTORS

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

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

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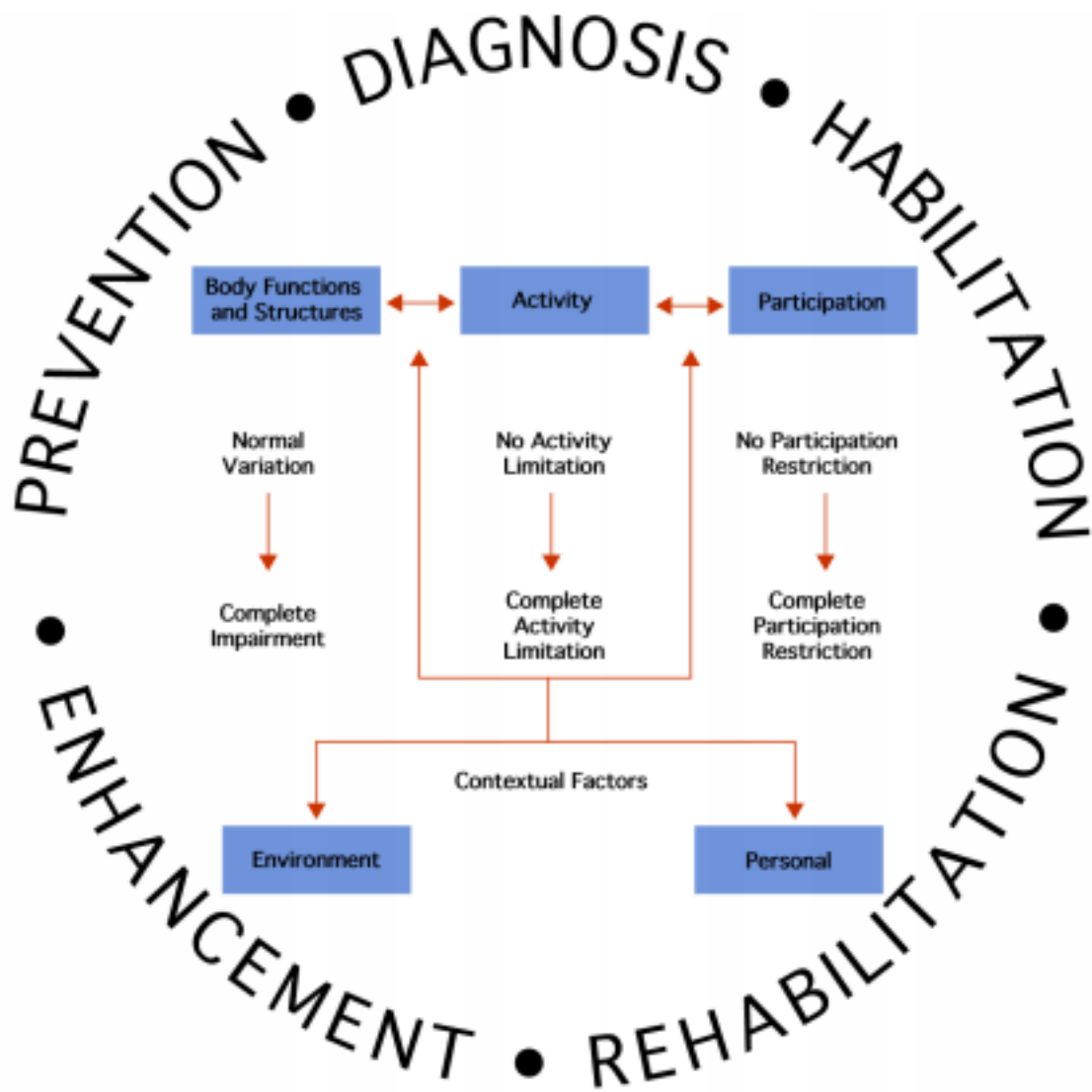
Figure 2. Interaction of the various components of the ICF model. This model applies to individuals or groups.

DOMAINS OF SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY

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

COLLABORATION

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

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

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

COUNSELING

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

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

- empower the individual and family to make informed decisions related to communication or feeding

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

PREVENTION AND WELLNESS

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

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

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

- **Language impairment:** Educate parents, teachers and other school-based professionals about the clinical markers of language impairment and the ways in which these impairments can impact a student's reading and writing skills to facilitate early referral for evaluation and assessment services.
- **Language-based literacy disorders:** Educate parents, school personnel, and health care providers about the SLP's role in addressing the semantic, syntactic, morphological, and phonological aspects of literacy disorders across the lifespan.
- **Feeding:** Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.
- **Stroke prevention:** Educate individuals about risk factors associated with stroke • **Serve on teams:** Participate on multitiered systems of support (MTSS)/response to intervention (RTI) teams to help students successfully communicate within academic, classroom, and social settings.
- **Fluency:** Educate parents about risk factors associated with early stuttering. • **Early childhood:** Encourage parents to participate in early screening and to collaborate with physicians, educators, child care providers, and others to recognize warning signs of developmental disorders during routine wellness checks and to promote healthy communication development practices.
- **Prenatal care:** Educate parents to decrease the incidence of speech, hearing, feeding and swallowing, and related disorders due to problems during pregnancy.
- **Genetic counseling:** Refer individuals to appropriate professionals and professional

services if there is a concern or need for genetic counseling.

- **Environmental change:** Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).
- **Vocal hygiene:** Target prevention of voice disorders (e.g., encourage activities that minimize phonotrauma and the development of benign vocal fold pathology and that curb the use of smoking and smokeless tobacco products).
- **Hearing:** Educate individuals about risk factors associated with noise-induced hearing loss and preventive measures that may help to decrease the risk.
- **Concussion/traumatic brain injury awareness:** Educate parents of children involved in contact sports about the risk of concussion.

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

SCREENING

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

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

ASSESSMENT

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

- administer standardized and/or criterion-referenced tools to compare individuals with their peers;

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

TREATMENT

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

- design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;
- provide culturally and linguistically appropriate services;
- integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;
- utilize treatment data to guide decisions and determine effectiveness of services; •

integrate academic materials and goals into treatment;

• deliver the appropriate frequency and intensity of treatment utilizing best available practice; • engage in treatment activities that are within the scope of the professional's competence; • utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and

• collaborate with other professionals in the delivery of services.

MODALITIES, TECHNOLOGY, AND INSTRUMENTATION

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

• the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis—AAC devices make it possible for many individuals to successfully communicate within their environment and community;

• endoscopy, videofluoroscopy, fiber-optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;

• telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;

• ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and

• other modalities (e.g., American Sign Language), where appropriate.

POPULATION AND SYSTEMS

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

• use plain language to facilitate clear communication for improved health and educationally relevant outcomes;

• collaborate with other professionals about improving communication with individuals who have communication challenges;

• improve the experience of care by analyzing and improving communication environments; • reduce the cost of care by designing and implementing case management strategies that focus on function and by helping individuals reach their goals through a combination of direct intervention, supervision of and collaboration with other service providers, and engagement of the individual and family in self-management strategies;

• serve in roles designed to meet the demands and expectations of a changing work environment;

• contribute to the management of specific populations by enhancing communication between professionals and individuals served;

• coach families and early intervention providers about strategies and supports for facilitating prelinguistic and linguistic communication skills of infants and toddlers; and
• support and collaborate with classroom teachers to implement strategies for supporting student access to the curriculum.

SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY AREAS

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

1. Fluency
  • Stuttering
  • Cluttering

2. Speech Production
  • Motor planning and execution
  • Articulation
  • Phonological

3. Language—Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)
  • Phonology
  • Morphology
  • Syntax
  • Semantics
  • Pragmatics (language use and social aspects of communication)
  • Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
  • Paralinguistic communication (e.g., gestures, signs, body language)
  • Literacy (reading, writing, spelling)

4. Cognition
  • Attention
  • Memory
  • Problem solving
  • Executive functioning

5. Voice
  • Phonation quality
  • Pitch
  • Loudness
  • Alaryngeal voice

6. Resonance
  • Hypernasality
  • Hyponasality
  • Cul-de-sac resonance
  • Forward focus

7. Feeding and Swallowing
  • Oral phase

- Pharyngeal phase
- Esophageal phase
- Atypical eating (e.g., food selectivity/refusal, negative physiologic response) **8. Auditory Habilitation/Rehabilitation**
  - Speech, language, communication, and listening skills impacted by hearing loss, deafness • Auditory processing

Potential etiologies of communication and swallowing disorders include

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

This list of etiologies is not comprehensive.

Elective services include

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

This list of elective services is not comprehensive.

DOMAINS OF PROFESSIONAL PRACTICE

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

ADVOCACY AND OUTREACH

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

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

SUPERVISION

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

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

EDUCATION

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

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

RESEARCH

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

ADMINISTRATION AND LEADERSHIP

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

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

CHAPTER 2: Responsibilities

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

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SPEECH-LANGUAGE CLINIC COORDINATOR DUTIES & RESPONSIBILITIES

The Speech-Language Clinic Coordinator is a certified and licensed speech-language pathologist on faculty in the Department of Speech Pathology & Audiology (SPA) at Western Illinois University.

The Speech-Language Clinic Coordinator assists the ASHA Program Director. The coordinator is given latitude for carrying out operational assignments, but consults with the Program Director when appropriate. When matters of policy arise, the Program Director and the Clinic Committee will be consulted.

The Clinic Coordinator will work with graduate assistants in the department to run the WIU Speech-Language Hearing Clinic. The duties of the Speech-Language Clinic Coordinator with the assistance of the graduate assistants are as follows:

1. Provide dates of clinic for the academic year- Fall, Spring, and Summer semesters.

2. Assign student clinicians on-campus and off-campus assignments that will provide them with breadth and depth necessary for meeting knowledge and skills as defined by ASHA

3. Assign supervisors to clinicians and clients to meet ACE requirements

4. Keep appropriate ASHA records (e.g., CALIPSO, HIPAA, confidentiality, clinic manual, etc.)

5. Keep records of past and present student clinicians' clinical hours and provide copies upon request from students, supervisors, licensing agencies, and accreditation purposes.

6. Educate and train student clinicians enrolled in 488, 499, 588, & 599 and new clinic faculty about clinic policies & procedures (i.e., daily operations, confidentiality, HIPAA, PHI, CALIPSO).

7. Provide a final schedule of on-site and off-site clinic assignments and supervisors to the Chairperson and Program Director for ACE assignments.

8. Assign CALIPSO pin for supervisors and students and provide them with instruction on how the system works

9. Provide training on EMR

10. Supervise maintenance of speech clinic files using EMR.

11. Supervise equipment room, therapy rooms, material room, Sensory Room, and SPA library by assigning duties to graduate assistants (e.g., library duty, clinic cleaning, inventory, test checks).

12. Average, record, and report clinic grades for each student enrolled in all clinical experiences.

13. Develop clinic calendar of due dates for reports, midterms, finals, and weekly meetings

14. Provide information about clinic services via website, mailers, fliers, TeleStars, etc.

15. Maintain lists of referred clients and call-back lists for Speech-Language Hearing Clinic (e.g., waitlist, diagnostics, hearing aid warranties, re-evaluations) for the purpose of on-going scheduling.

16. Schedule diagnostics (SPA 587) to appropriate supervisors and graduate clinicians each semester.

17. Schedule and maintain CPR certifications and Blood-Borne Pathogens certifications for students and faculty.

18. Order clinic supplies, therapy materials, and diagnostic tests for the hearing and speech clinics.

19. Handle student concerns or problems with on- and off-campus clinicians, as well as interns.

20. Update Clinic Policies and Procedures Manual as necessary for ASHA/CAA compliance (e.g., website, clinic binders, WesternOnline).

21. Other duties as assigned.

AUDIOLOGY CLINIC COORDINATOR DUTIES & RESPONSIBILITIES

The Audiology Clinic Coordinator is a certified and licensed audiologist on faculty in the Department of Communication Sciences and Disorders at Western Illinois University.

The Audiology Clinic Coordinator assists the ASHA Program Director. The Coordinator is given latitude for carrying out operational assignments, but consults with the Program Director when appropriate. When matters of policy arise, the Program Director and the Clinic Committee will be consulted.

The Audiology Clinic Coordinator is assisted by the Clinic Manager (rank of Faculty Assistant) in day-to-day management duties.

The duties of the Audiology Clinic Coordinator are as follows:

1. Provide dates of clinic for the academic year- Fall, Spring, and Summer semesters.

2. Assign student clinicians on-campus

3. Assign supervisors to clinicians and clients to meet ACE requirements

4. Keep appropriate ASHA records (e.g., CALIPSO, HIPAA, confidentiality, clinic manual, etc.)

5. Provide clinic dates to be included in the clinic calendar for each academic term.

6. Supervise maintenance of appropriate client files using EMRs.

7. Schedule screening opportunities for students to earn hours

8. Supervise maintenance/calibration of appropriate equipment and test instruments in the audiology clinic.

9. Average, record and report clinic grades for each student enrolled in SPA 499 or 599.

10. Ensure that appropriate biochecks of audiologic equipment are performed and documented.

11. Facilitate audiology clinic meetings each academic term for the purpose of training using equipment, EMRs, and other services.

12. Answer general client/potential client questions regarding services provided by the clinic.

13. Other duties as assigned

GRADUATE PROGRAM ADVISOR & COORDINATOR RESPONSIBILITIES & DUTIES

The Graduate Program Coordinator is primarily responsible for the maintenance and administration of the Communication Sciences and Disorders graduate program. This includes a number of responsibilities and duties that range from daily concerns to multiyear summary reports performed both individually and in conjunction with the Graduate Committee, including the following:

1. Responding to inquiries to the Department of Speech Pathology graduate program and coordinating graduate school applications, organizing transmittals

2. Coordinating the graduate admission process (admission of student cohort), creation of waitlist, and list of non admittance and contacting each applicant with decisions

3. Acting as primary department contact person and administrator of CSDCAS webpage for all graduate admissions, maintaining accuracy of information on graduate websites and catalog copy.

4. Enforcing current graduate college/department policy and involved with addressing proposed policy changes.

5. Operating as liaison between department and Graduate School for any issues and concerns related to the graduate program.

6. Overseeing the awarding and disbursement of graduate assistantships to include selection, notification, doing paperwork, etc. as well as coordinating the selection of the Collins, the Prickett, and the Severinsen Scholarships.

7. Tracking graduate student progress and taking care of student's matriculation.

8. Setting and conducting Graduate Faculty meetings.

9. Recruiting potential graduate students for the M.S. Program and organizing the annual department graduate student orientation.

10. Conducting group and individual advising meetings at a minimum of once per semester

11. Working with students to create degree plans for the School of Graduate Studies

12. Monitoring all ISBE, IDFPR, and ASHA requirements (courses, clock hours, certification exams) for certification/licensure following commencement and CF

13. Referring students for services outside the department, when necessary

14. Confirming the accuracy of all submitted graduate college paperwork, including student degree plans, petitions, and final clearance for graduation.

15. Other duties as assigned

UNDERGRADUATE ADVISOR RESPONSIBILITIES & DUTIES

The Undergraduate Advisor is primarily responsible for the administration of the Department of Speech Pathology and Audiology (SPA) undergraduate program. This includes the following:

1. Responding to all inquiries to the Department of Speech Pathology and Audiology (SPA) undergraduate program and answering questions about the SPA program from prospective students.

2. Recruiting potential students (i.e., attending Discover Western events).

3. Participating in registration programs (i.e., SOAR)

4. Meeting with undergraduate students at least once per semester to assist with course selection in preparation for registration.

5. Tracking undergraduate student progress and taking care of student's matriculation.

6. Coordinating the selection of the Marx Scholarship.

7. Other duties as assigned

GRADUATE INTERNSHIPS COORDINATORS: EDUCATIONAL & MEDICAL RESPONSIBILITIES

Educational Internship Coordinator/Medical Internship Coordinator:

- Schedule off-campus internships for second year graduate students in the school and hospital settings to meet requirements for SPA 522 and SPA 600.
- Work with Sherman Hall to secure off-campus affiliation agreements for student placements.
- Educate and train off-campus supervisors using the CALIPSO system for evaluating skills and approving clinical hours.
- Bi-weekly communication with internship supervisors and forward issues to Speech-Language Clinic Coordinator and/or Program Director.
- Ensure students have completed background checks, had immunizations, and any other certifications necessary for beginning their internships.
- Other duties as assigned

B. Other Duties for Supervisors:

- Serve as the HIPAA compliance officers of the WIU Speech Language Hearing Clinic (students, faculty, staff, and others who are in contact with our clients).
- Assist the Program Director with accreditation responsibilities such as verification of graduate student KASA requirements (ASHA/CAA requirement) for courses and clinic (i.e., SPA 604).

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CHAPTER 3: Compliance

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

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

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

PROCEDURES:

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

2. Permitted uses and disclosures
    a. WIU Speech-Language and Hearing Clinic shall be permitted to use and disclose an individual's protected health information to the individual for treatment, payment, and operations as defined within this policy and with written authorization.
    b. Patients/clients may examine or obtain copies of their medical records by requesting verbally or in writing.
    c. WIU Speech-Language and Hearing Clinic will obtain a signed written authorization from an individual or caregiver before using or disclosing any protected health information.
    d. Copies of the signed consent form and release of information form shall be retained in the patient/client file for no less than six years.
    e. The consent form and/or release of information form will contain:
        i. Identification of the patient/client

ii. Identification of the individual who is authorized to agree to the disclosure of information is different than the patient/client such as caregiver/legal guardian

iii. A description of the information to be used or disclosed

iv. Signature of the client/patient or the signature of a caregiver/legal guardian with authority to act on behalf of the individual

v. Identification of the persons or institution authorized to receive the disclosed information

vi. Expiration date of consent/release form (typically 1-year)

vii. A statement of the right to revoke the authorization

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

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

PROCEDURES:

1. WIU Speech-Language and Hearing Clinic shall use and disclose PHI only as authorized by the patient/client and or the legal guardian.

2. Faculty, supervisors, and staff of the Department of Speech Pathology & Audiology shall conduct oral discussions of PHI in a manner that complies with the "minimum necessary" standard.
   a. Minimum necessary amount of protected health information is defined as the amount of information necessary for accomplishing the intended purpose (i.e., planning therapy, planning diagnostic, ordering hearing aids, discussing referral possibilities, etc.)

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

<h1 style="text-align:center">POLICY: WIU Clinic will limit incidental uses and disclosures of PHI</h1>

1. Access to patient/client PHI should be limited to those who have proper authorization to access the information. These faculty, supervisors, staff, and students are those who need the PHI in order to carry out their responsibilities (e.g., supervisory role, student clinician role, student observer, office management responsibilities, clinical instruction).

    a. Students who are working with patients/clients at the Clinic and those students who are observing patients/clients in our Clinic are permitted access to PHI under supervision.

    b. Anyone who has access to PHI must have completed the HIPAA training as evidenced by the certificate of completion and signed the Clinic's privacy policy and procedures form.

ACCESS TO MEMORIAL HALL 2nd FLOOR

REQUEST FOR KEYS

 The OSS will complete a key request document, have the document signed by the Department Chair and Building Representative and then will forward a request to the Office of Public Safety (OPS) for individuals to receive keys. OPS will contact OSS when request is filled and those who have keys will pick up and sign for keys at OPS in Mowbray Hall.

CLASSROOMS

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

CLINIC ROOMS

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

OTHER ROOMS

 Administrators, faculty, supervisors, SPA graduate students, and office support specialist have keys to unlock the Graduate workroom (212), Undergraduate workroom (207), Library/Materials Room (214), Therapy Prep Rooms (216; 220), Sensory Room (206) and ACC Lab (342).

MAIN OFFICE

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

FILE ROOM

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

FACULTY OFFICES

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

FACULTY RESEARCH LABS

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

MEMORIAL HALL BUILDING

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

CLIENT FILES:
1. PATIENT/CLIENT FILES SPEECH-LANGUAGE CLINIC FILES
    1. Clinic files are held within the electronic medical record (EMR) system, ClinicNote. Speech-language client files (i.e., on-campus, Bridgeway, Wesley Village, Elms, West-Prairie North School, Edison Elementary School clients) are held within ClinicNote; active or inactive files dependent upon client's current status may be in ClinicNote or in a file room in Memorial Hall. The Program Director and Office Support Specialist (OSS) have access to all inactive and active speech-language client files. The OSS will grant access to clinic supervisors and student clinicians to their respective clients each semester. All clinical staff require a secure username and password to login to ClinicNote. Clinic supervisors and student clinicians are granted access to their clients at the beginning of each semester and lose access at the end of the semester. All clinical staff follow HIPAA by obtaining access to ClinicNote on a secure computer within a secure environment. Student clinicians can only access ClinicNote on secure computers that have dedicated IP addresses.
    2. OSS receives paperwork from interested speech clients and creates a new patient in ClinicNote. Documents are scanned and uploaded to create an Electronic Medical Record. Once the client is scheduled for diagnostic testing or treatment, the student clinician and supervising therapists are provided access to the EMR.

3. Physical files that exist will be pulled and scanned into the EMR to ensure all information is in one place and easily accessible.
4. Reports including but not limited to the Evaluation Reports, Progress Reports, and Teletherapy Documentation. All reports include the client's name, date of service, student clinician's name, and clinical supervisor (s) due to the security of the EMR system. Student clinicians and/or supervisors are to print reports in a secure location on the 2nd Floor of Memorial Hall. Each report is developed with an official WIU letterhead. Therefore, the reports can be printed within the 'View' format after the student clinician and supervisor have officially signed the report electronically.

2. PATIENT/CLIENT HEARING CLINIC FILES
   1. The OSS schedules appointments for the audiology clinic. Physical files of previous patients are combined with EMR and then shredded. Patients who were seen prior to August, 2017, have physical files stored in the file room. Patients who were first seen after August, 2017, are entered into the ClinicNote system and assigned to their student clinician and supervising audiologist. All paperwork generated during the appointment are scanned and uploaded into the patient's EMR.

CLIENT COMMUNICATION

CELLULAR PHONES

Personal cell phones should not be used to contact clients/patients. Phone numbers of clients/patients should not be stored on personal phones or other devices. Text messaging is also not an acceptable means of communicating with the client/patient. Although best practice is to use office landlines, some caregivers, patients/clients make requests that we use their cell phones and specifically use text messaging for communication. If that is the preferred way of communicating, documentation should be made in the contact notes in the EMR.

LANDLINES

University landlines should be used to contact clients/patients to schedule appointments and other necessary communication. There are phones located in the main office, faculty offices, conference room, and other designated areas (Memorial Hall). These phones require a code for calling long distance. Each graduate student and undergraduate student who is enrolled in SPA 488, SPA 587, and SPA 588 will be assigned a long-distance code. Long-distance codes are for individual use and are not to be shared. Although best practice is to use office landlines, some caregivers, patients/clients make requests that we use their cell phones and specifically use text messaging for communication. If that is the

preferred way of communicating, documentation should be made in the contact notes in the EMR and a signed consent should be uploaded into EMR.

LEAVING MESSAGES

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

EMAIL

1. Names and other identifying information should not be written in emails. Correspondence with supervisors should use initials only and not other identifiable information. When clients/patients request communicating back and forth via email, the clinician should have a waiver completed and signed *(Consent for Email Communication)* and documented in the contact notes.

2. All administrators, faculty, staff, and students should have the confidentiality statement at the bottom of every email as part of their signature.

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

STUDENT/SUPERVISOR COMMUNICATION

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

PARKING

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

RECEIPTS

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

CAMERA SYSTEM (AXIS) & SESSION RECORDINGS

1. All speech-language and hearing sessions can be observed remotely by supervisors. When supervisors are watching sessions, their office doors should remain closed so the content of the session cannot be viewed or heard by others in the hallway or neighboring offices.
2. Speech-language and hearing sessions may be recorded by student clinicians or supervisors and viewed at a later time to ensure accuracy of data collection or to be

used as a tool for clinical instruction. Recordings can only be viewed on WIU Speech-Language and Hearing Clinic computers with access to the AXIS system (supervisor office computers and in MH 212). All users will be manually entered by UTech per request by administration at the beginning of each semester. All users must have completed the annual HIPAA training.

COMPUTER LABS

Only student clinicians enrolled in SPA 488, 587, or 588 are to be in the WIU Speech-Language Clinic Computer Labs (Memorial Hall 207, Memorial Hall 212, Audiology Booths A & B) This is where session recordings may be viewed. Student clinicians may also work on clinic documentation in this computer lab, but confidentiality must be maintained. No PHI should be included on documents in this lab. Clinical information should not be left on an active computer screen. Computers should be logged off each time they are left unattended.Memorial Hall 315 is also allowed for teletherapy sessions to be conducted following HIPAA guidelines.

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

COPY MACHINE & SCANNER - Students
1. Students enrolled in SPA 488 & 588 pay a fee of $50 per Fall & Spring semesters for unlimited copies. The copier, scanner, and printer are made on the RICOH copy machine in the Graduate workroom (Memorial Hall 212). Following payment of fees, codes will be assigned and programmed by the OSS.
2. Students have the capability to scan using the RICOH copy machine in the Graduate workroom (Memorial Hall 212). All scans are sent to the student's email address.

DESTROYING OF PERSONAL DOCUMENTS

Documents containing PHI or student information will be disposed of by shredding when they no longer require storing. Micro-cut shredders are available in the Main Clinic Office (Memorial Hall 230A), Graduate workroom (MH 212) and in the shared copy machine area. Graduate Assistants shred PHI papers biweekly in a secure location.

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

CHAPTER 4: Therapy Policies

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

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GENERAL INFORMATION AND REQUIREMENTS FOR THERAPY

1. Clinicians are required to purchase access to multiple programs and follow clinic protocols before they begin SPA 488/588/587. To obtain national certification, one must accumulate 375 clinic contact hours, 325 being at the graduate level. It is advisable to earn hours in a variety of disorders across the age span in treatment and evaluation. *See required materials below*

2. The WIU Speech and Hearing clinic is a fee-free clinic for speech and language therapy and diagnostic evaluations. We currently offer 50 minute on-campus and 30-minute teletherapy sessions through the WIU Speech and Hearing Clinic. The Program Director and/or clinic coordinators assign clients to student clinicians randomly or based on the student's need of hours. Clients are assigned prior to each semester. Students may also be assigned new clients throughout the semester based on SPA 587 evaluations.

3. Clinicians are required to develop a plan of each session, implement appropriate services to each client and document each therapy session. Supervisors are available during any time that a clinician may need assistance.

4. After the session is completed, clinicians will complete the appropriate documentation in ClinicNote and submit your direct therapy time to your supervisor in CALIPSO. The supervisor will approve your hours on a regular basis throughout the semester.

5. All initial evaluations and progress reports will be completed electronically using our EMR system, ClinicNote, in addition to all teletherapy documentation. Training will be provided at a clinic meeting each semester to acquaint students with the format.

6. Access to ClinicNote is **only** allowed on designated on-campus computers. EMR computers will be located in Rm 212 (*7 computers)* and Rm 207 *(3 computers)* Monday-Friday, Booth A and Booth B each have one computer that can be accessed on Mondays & Wednesdays only. (*See COVID-19 Protocols*)

7. Video recording of each session via Axis cameras, located in Rm 212, is highly recommended for accuracy of data and observations. Clinicians must have the Video Consent on file and follow all HIPAA policies.

8. Therapy sessions must not be cancelled by the clinician without permission of the faculty supervisor. Clinicians are responsible for contacting the client if a session is to be cancelled only after attempting to find a substitute clinician, if that is appropriate. (See *Clinic Cancellation Policy*.) Clinicians will be notified of client cancellations via email from the Office Support Specialist and/or supervisor.

REQUIRED MATERIALS

Clinic Materials Fee- $50.00 each semester to cover clinic materials. This can be paid in the main office by check or cash. Clinicians will not have access to these materials until the fee is paid.

1. Clinic Manual which is accessible via WesternOnline under SPA 488/588
   http://www.wiu.edu/cofac/spa/pdf/grad_student_manual.pdf
2. Photo ID Badge- $10.00 purchase in Seal Hall.
3. Calipso Account- $85.00 one-time fee.
4. ClinicNote- $150.00 one-time fee.
5. SimuCase - $99.00 per year.
6. Transportation may be necessary if you are assigned off-campus.

INITIAL STEPS TO BEGIN THERAPY

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

   You will have one envelope for each of your assigned clients.
   f. The clinician will add their initial assessment and their lesson plans to the observation envelope packet. These packets will be used to support student observers by placing them in the plastic holder by the observation door prior to each session and retrieved by the clinician at the end of each session. Leaving the observation envelope in the room will be considered a HIPAA violation as clinic rooms are used by clients/families throughout each day.
3. Before meeting with the supervisor to begin planning for the semester, read the client's information in their ClinicNote files. It is important at this time to define the problems and develop a plan for the initial evaluation. Any notes taken about the client are to be de-identified. When the clinician will set up an initial meeting with the supervisor to discuss the client. The supervisor will expect to hear the clinician's impressions and some recommendations for beginning treatment during their initial meeting. The supervisor will also share suggestions and impressions with the clinician. The supervisor will tell the clinician when lesson plans for weekly sessions are due. Do not be timid about asking

questions, no matter how simple they may seem. Keep in mind that <u>therapy is a learning process and asking questions is one of the best ways to learn.</u>

4. It is also the clinician's responsibility to call the client and notify him/her of the starting date using only University phones (see *Clinician Cancellation Policy*). This is also a great time to complete an updated case history on the client. The client will already have been called and told to expect the student clinician to call notifying him/her of the beginning therapy date. Clinicians should clarify any questions regarding teletherapy and ensure the client has the Zoom link. Being prompt in contacting the supervisor and calling the client with the starting date/time is important. Clinicians should only leave a message stating their name and clinic number if the client does not answer. Notify your supervisor of any scheduling conflicts or changes immediately.

5. Initial Forms to be Signed: All clients must sign a Confidentiality Agreements (Client/Parent/Guardian) and (Clinician/Supervisor/Staff), Video/Audio Release, and Updated Communication Form (if applicable) prior to the first session for on-campus clients. It is the clinician's responsibility, prior to clinic, to make sure these forms are up to date for their clients. All teletherapy clients must sign the teletherapy waiver form sent via GoogleForms. It is the clinician's responsibility to have this form completed prior to the first session.

6. Teletherapy Sessions: Clinicians and clients will receive an individualized link with an embedded password for the teletherapy sessions in the email provided. Supervisors will assign clinicians and clients to a breakout room for the therapy. Clients will need to click 'join' when clients see *"The host is inviting you to join Breakout Room: (Clinician Name/Client Initials)"*. When your session is finished, click "Leave meeting". Please note that clinicians/clients should NOT click on the "Leave meeting" button until your session is completely done.

PROFESSIONALISM

You are expected to demonstrate professionalism while in the University Clinic. This includes, but is not limited to:

1. **Appropriate dress**- Clinicians will wear WIU polos or pullovers with khakis, black, navy, or gray pants. Clinicians will not wear leggings, blue jeans, long earrings, or strong scented perfume. Undergarments and tattoos should not be visible. Off-campus placements may require clinicians to wear closed toe and full back shoes. (*See COVID-19 Protocols for safety guidelines*)

2. **Attendance**- See full Attendance section.

3. **Communication**- While in the clinic, clinicians are expected to communicate with staff, patrons and other clinicians with professionalism. Disrespectful language and/or tone of voice will not be tolerated, and will reflect poorly on your clinic grades. *First

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

ATTENDANCE

Clinic Meeting

1. There is a weekly meeting on Fridays at 3:00, in MH 204 and/or MH 208, and this meeting is mandatory. Meetings will be designated to be on-campus (face-to-face) or via Zoom. Students should always be prepared to be on-campus and never assume meetings will be via Zoom. This information will be found in the clinic calendar posted on WesternOnline SPA 488/588. **Each student is allowed two EXCUSED absences before his/her grade is lowered**. All excused absences need to be reported to Haleigh Ruebush (hm-ruebush@wiu.edu) via email prior to the missed clinic meeting. If Haleigh Ruebush is not notified prior to the missed meeting, the absence will be documented as unexcused. Any unexcused absence is grounds for lowering your clinic grade, as it reflects poorly on your professionalism. Excused absences include illness, hospitalization, car accidents, family emergencies, etc. You may be required to submit documentation for your excused absence.

2. Clinic Calendar will be posted on WesternOnline at the beginning of the semester with designated locations of on-campus/Zoom, topics and materials required.

Clinic Session Attendance

1. **Clinician Cancellation Policy**
   Clinicians should always do their best to miss as few days of clinic as possible. Remember, your clinical supervisors (on and off campus) can be the best people to write letters of recommendation for you when you begin to apply for jobs. The first and best way to show you will be a great professional is to show up! *See COVID-19 Protocols*. This policy will allow the clients/families to decide if they would still like to receive speech-language services even if the assigned clinician must cancel.

   In the event that a clinician cannot attend his/her assigned sessions for the day:
   1. Notify the supervisor and ASK him/her if it is more appropriate for you to stay home or if you should attempt to make it through your clinical assignment/placement.
   2. If your supervisor agrees that you should not report for your placement, find a replacement.
   3. Call client/family and ask if they want to continue with session (with other clinician)
   4. Voice contact is preferred, but if the clinician must leave a message, the following. script should be followed:

"Hello _____. This is _____. I cannot be at the WIU Speech-Language clinic today, but another clinician, (INSERT NAME), will be there to cover for me. The session will occur as planned with the substitute clinician unless we hear from you. Please call the clinic phone at 309-298-1955 with any questions. Thanks." Please note: In the event that a clinician must cancel his/her session, it is the clinician's responsibility to find coverage. The assigned clinician will also need to let the supervisor know who will be covering AND get the lesson plan to the person covering treatment.

2. **Client Attendance**
   Clinicians should provide EACH client with an Attendance Policy the first week of clinic. If clients miss a session due to illness/appointments/etc. please refer to attendance policy. Clinicians should wait a minimum of 20 minutes if their client is late to a therapy session, and 30 minutes for a diagnostic evaluation, in the front lobby. After allotted wait time, the clinician should call the client to ensure 'everything is alright' then document the session as a **Missed Visit** via ClinicNote. *All sessions are required to be logged by the clinician via ClinicNote*. Clients may be eligible to have make-up sessions based on supervisor availability and hours obtained across the course of the semester.

3. **CALIPSO**
   Record clinic hours for teletherapy and on-campus clients on designated forms in CALIPSO. Clinic hours should be recorded individually each day. Fifteen hours are required for every credit hour enrolled. To obtain national certification, one must accumulate 375 clinic contact hours, 325 being at the graduate level. It is advisable to earn hours in a variety of disorders across the age span in treatment and evaluation.

STUDENT OBSERVATIONS
Students are allowed to observe therapy sessions for on-campus clients only that have video releases signed. Student observers will obtain their required observation hours by observing in the observation rooms. A binder will be located in the graduate workroom with the client's names, age and diagnosis. Student observers will locate the lesson plan for that session in the manilla envelope in the observation room to refer to while observing the session. All student observers will follow HIPAA guidelines.

SUPERVISOR-CLINICIAN COMMUNICATION
1. Supervisor-clinician communication is individual to each supervisor (e.g., journals, KASA rating forms, weekly meetings, etc.).
2. Clinicians are required to reach out to their supervisor 1 week before the clinic begins to schedule a one-on-one meeting. Clinicians should be prepared to discuss the client's case history, a plan for the client's evaluation, and come with specific questions to show you are prepared for your initial evaluation.

3. While in the clinic, clinicians are expected to communicate with staff, patrons and other clinicians with professionalism in accordance with HIPAA! It is up to each supervisor when SOAP note/lesson plans are due and how often clinicians will be required to meet with their supervisor. Disrespectful language and/or tone of voice will not be tolerated, and will reflect poorly on your clinic grades.

CLINICNOTE- EMR SYSTEM

1. After the clinic program director and/or clinic coordinator assign clinician assignments, they will be granted ClinicNote access. Clinicians will need to review the client's case history (see 'files' and 'reports'). All clients must have the following documentation recorded and saved in ClinicNote: Daily Lesson Plans are required prior to the session and daily SOAP notes are required to be completed following each session.

2. **Documentation:** All documentation is completed in our EMR system, ClinicNote, immediately following each session. Access to ClinicNote is **only** allowed on designated on-campus computers via sign up sheets directly next to each computer. EMR computers will be located in Rm 212 (*7 computers)* and Rm 207 *(3 computers)* Monday-Friday, Booth A and Booth B each have one computer that can be accessed on Mondays & Wednesdays only. Proper social distancing is required with maximum capacity numbers located on each door entrance. Cleaning is required (mouse, keyboard and desk) immediately following computer use.

3. All client communication needs to be documented in **Contact Notes.**

4. Clinicians will document client's attendance following each session in Attendance Tracker (see 'Reports')

5. **Speech Clinic Case History Forms** located in Facility Files
   a. Child, School-aged, & Adult forms
   b. Minimum of one case history form should be located in CN, if not the clinician needs to have the client complete one and place it in the Office Support Specialist'sAmy Carrigan's mailbox to be scanned into the client's file.

6. **HIPAA & Confidentiality, Audio & Video Release, Updated Communication Form, Teletherapy Waivers & (Release of Information Forms-if appropriate)** need to be completed each semester located in "Forms"

PAPER FILES

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

SOCIAL MEDIA POLICY

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

Prohibited activities on social media:

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

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

Printing Documents

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

Emailing Documents

When emailing documents to clients, caregivers, and supervisor(s), it is important that information is protected. Here is how to add a disclaimer to your email:

1. Go to gmail on your internet browser then settings.
2. Under the general tab, scroll down until you see signatures.
3. Select add new signature and name it then select create.
4. Copy and paste the following confidentiality paragraph into the textbox.
   a. *Confidentiality Notice*
      This message is intended only for the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any disclosure, distribution or copying of this communication is strictly prohibited. This communication may also contain protected health information (PHI). Failure to maintain PHI in a secure and confidential manner or unauthorized redistribution of PHI could subject you to penalties

5. Scroll down and select save changes.

THERAPY MATERIALS, SUPPLIES & FORMS

1. Therapy materials are housed in multiple locations throughout the second floor of Memorial Hall for student clinicians to utilize during on-campus and teletherapy (if needed) sessions.

2. SPA Library (MH214)
   a. Standardized assessments are kept in the library on the shelves on the north and west walls.
   b. Testing forms for the standardized assessments are kept in the SPA Library in the file cabinets. **DO NOT USE THE LAST FORM IN A FILE!** If there is only one form remaining, please notify the Graduate Assistant assigned to the clinic.
   c. Therapy programs/games are located on the south wall, along with all of the books on the bookshelf.
   d. iPads are located on the table along the east wall. iPads are to be checked out and checked back in for every use.

3. SPA 203
   a. Therapy magnets are kept on the large dry erase board in room 203 for clinician use.

4. SPA Toy Room 1
   a. All therapy materials (e.g., dollhouse, early intervention toys, babydolls, trucks, tractors, playdough, craft materials, play food/pots, legos, etc. are kept in toy room one with labeled locations.
   b. Board games are located in the gray cabinet
   c. Oral Mechanism Exam materials are also located in this room on the gray shelf (e.g., clear face masks, gloves, penlights, tongue depressors, oral toothettes, flashlights, mirrors, etc.).

5. SPA Toy Room 2
   a. Sensory and large movement toys are located on the shelves (e.g., walking buckets, weighted lap animals, weight vests, weighted balls, wagon, medicine balls, body socks, sensory bins, vibrating wands, scooters, carpet squares, etc.).
   b. Dysphagia food is located on the grey shelf (e.g., juice boxes, thickener, puree, mechanical soft and general solids) with labels.
   c. Cleaning supplies (e.g., kleenex, Clorox wipes, hand sanitizer, batteries, paper towels, windex, Magic Erasers, etc.) are located in the gray cabinet on the north wall.

6. Student clinicians need to request materials using the Material Request Log located in each of the toy room locations.
7. Curriculum Library (Horrabin Hall)
   a. There is a curriculum library located in Horrabin Hall on Western Illinois University campus. Student clinicians are allowed to check out materials to use for clinic such as large books, books with manipulatives, interactive materials, etc.

CLEANING OF TOYS, MATERIALS, ROOMS, ETC.

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

TRAINING REGARDING CLINIC POLICIES AND PROCEDURES

Clinic policies and procedures are available on our website http://www.wiu.edu/cofac/spa/pdf/grad_student_manual.pdf and also available to students enrolled in SPA 488/499 and SPA 587/588/599 on the course webpage via WesternOnline. Student clinician and SPA administration faculty and office staff will be trained by the Compliance Officer and will be required to watch the HIPAA Training video and take the quiz. Any student clinician or faculty absent from those training meetings will be responsible for arranging training with the Compliance Officer prior to beginning the clinical semester. Student observers will be trained by faculty in SPA 100 or by clinical staff prior to visiting the clinic for observation. All faculty, staff, student clinicians, and observers will sign a form acknowledging reading, understanding and acceptance of the clinic policies and procedures and receipt of training.

HIPAA COMPLIANCE:

Breaching confidentiality by discussing a client/patient, their family, their diagnosis, treatment, and/or anything else that is considered PHI is in violation of HIPAA and will result in a lowering of the SPA 488/588 grade. Leaving documents with PHI in public areas, such as the copy room, printer, scanners, laminating area, hearing clinic, observation rooms, treatment rooms and classrooms is considered a violation of HIPAA. Written correspondence with supervisor(s) using names and other PHI is also a violation of HIPAA. A violation of HIPAA by a student enrolled in SPA 488/588 & SPA 499/599 will result in an intervention and a grade reduction of one full letter grade per incident.

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

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

Techniques used to remind students of confidentiality:

1. All instructors who assign observations, teach orientation classes, or diagnostics will read this statement to the class and discuss any questions. Testing of the students' understanding of confidentiality would be appropriate and could be made a course requirement.
2. The clinician assumes responsibility for confidentiality when he/she accepts the assignment of a client.
3. All students who have access to client information will read the *Confidentiality & Privacy Policy*, receive training, and sign a *Confidentiality Agreement* (Students/Faculty/Staff) form.
4. Client files are kept secure in ClinicNote under the supervision of the SPA Office Support Specialist.
5. Student EMR use is only permitted on the second floor of Memorial Hall.
6. The Office Support Specialist grants access to clinic supervisors and student clinicians to their respective clients each semester.
7. Clinic supervisors and student clinicians require a secure username and password to login to ClinicNote.
8. Clinic supervisors and student clinicians are granted access to their clients at the beginning of each semester and access is removed at the end of the semester.
9. Clinic Supervisors follow HIPAA by obtaining access to ClinicNote on a secure computer within a secure environment. Student clinicians are restricted to obtaining access to ClinicNote on a secure computer on the 2nd Floor of Memorial Hall.
10. Clinicians are required to sign the *HIPAA Compliance using EMR system form* (Appendix) stating they will follow HIPAA when utilizing ClinicNote.

RELEASE FORMS

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

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

EQUIPMENT LOANS

Clients are allowed to rent SPA Clinic AAC and/or iPads at a 4-week time period. CLients are required to sign a student loan form with supervisor signatures.

SUPERVISOR EVALUATIONS

Clinicians will participate in clinic evaluation meetings with supervisors. Clinic grades will be determined by ratings on student evaluation forms. If a student services more than one client with two or more faculty supervisors, grades will be weighted according to the number of clinic hours achieved for each client. The grading criteria and scales are in the Clinic Manual. Because ASHA standards must be met, any areas that are rated 2 or lower must be remediated.

STUDENT RESOURCES

See COVID-19 for protocols in place within the student resource locations

Clinic Manual

The clinic manual should be your primary clinic resource regarding all policies, procedures, and guidance regarding all clinic protocols. Clinic Manuals are located throughout the clinic in the main office, file room, graduate room, etc.

SPA Library

The SPA library can be used as a studying location for all SPA students. Doors will be locked at all times. iPads are also kept in the library and need to be checked out/in for each use.

Graduate Computer Lab

MH 212 has 7 EMR computers for SPA 488/588/587 students to utilize for documentation or other SPA needs. Doors will be locked at all times. If there are technical issues with computers, printers, cameras, etc., students need to notify Haleigh Ruebush **AS SOON AS POSSIBLE** of the issue directly to ensure U-TECH is notified.

3rd Floor Teletherapy/Workroom
There are four separate rooms located upstairs (Third Floor of Memorial Hall) that SPA students are allowed to use. These rooms will be dedicated to teletherapy services and students that live off-campus.

INTERVENTION POLICIES/PROCEDURES
Any student receiving a rating less than 3 on any KASA standard will be required to remediate that standard by completing an intervention. KASA ratings are available at Midterm and Final evaluations on the CALIPSO form completed by your supervisor(s).

1. Clinic interventions will be initiated by the student's clinic supervisor and the process determined on an individual basis. Intervention plans are developed by the student's clinic supervisor(s).
2. An informal intervention process may be initiated by the clinical supervisor at any point during the semester to best support student learning and development.
3. A formal intervention process may begin on the date when the midterm or final CALIPSO evaluation is given to the student.
4. The student's supervisor will contact the advisor about the intervention process after notifying the student. The advisor will retain copies of the written documentation including the intervention plan and supplemental material for the student's record.
5. Students involved in the intervention process will contact the advisor within 3 business days to discuss the plan.
6. Successful intervention includes receiving a rating of 3 or higher on the standards and meeting the objectives set forth in the formal intervention plan.
   a. Timeline:
   b. First attempt at intervention will be provided by the supervisor and completed by the student within 2 weeks of being notified the standard was not met.
      i. This is an option if standards are not met early in the semester, at midterm, or shortly after midterm when there is sufficient time to complete remediation.
   c. Final Evaluation or late in semester:
      i. The student will be expected to complete the first intervention attempt in the first two weeks of the following semester after the commencement of clinic.
7. If a student requires additional intervention:

- ○ If the first attempt is not successful, a second attempt must be provided within 2 weeks of notification. The student's supervisor will contact the Clinic Manager. The student will contact the Clinic Manager to discuss intervention.
- ○ If the student is not successful following the second intervention attempt, he or she will receive a C or lower in the clinic course (SPA 588).

WESTERN ILLINOIS UNIVERSITY POLICIES

1. University values, Title IX, and other federal and state laws prohibit sex discrimination, including sexual assault/misconduct, dating/domestic violence, and stalking. If you, or someone you know, has been the victim of any of these offenses, we encourage you to report this to the Title IX Coordinator at 309-298-1977 or anonymously online at: http://www.wiu.edu/equal_opportunity_and_access/request_form/index.php. If you disclose an incident to a faculty member, the faculty member must notify the Title IX Coordinator. The complete Title IX policy is available at: http://www.wiu.edu/vpas/policies/titleIX.php.
2. All students are expected to follow the university policy on academic integrity. This policy may be accessed by going to the WIU website Web address for Academic Integrity Policy: http://www.wiu.edu/policies/acintegrity.php
3. Students with disabilities: In accordance with University values and disability law, students with disabilities may request academic accommodations where there are aspects of a course that result in barriers to inclusion or accurate assessment of achievement. To file an official request for disability-related accommodations, please contact the Disability Resource Center at 309-298-2512, disability@wiu.edu or in 143 Memorial Hall. Please notify the instructor as soon as possible to ensure that this course is accessible to you in a timely manner.
4. Student rights and responsibilities: http://www.wiu.edu/provost/students.php

CLINICAL GRADING SCALE
Course: SPA 488

4.00 to 5.00	A	Course: SPA 587	
3.66 to 3.99	A-	CALIPSO Course Number: Diagnostics	
3.35 to 3.65	B+	4.20 to 5.00	A
3.04 to 3.34	B	3.70 to 4.19	B
2.73 to 3.03	B-	3.20 to 3.69	C
2.42 to 2.72	C+	2.00 to 3.19	D
2.21 to 2.41	C	0.00 to 1.99	F
2.11 to 2.20	C-		
2.00 to 2.10	D+	Course: SPA 588	
1.90 to 1.99	D	CALIPSO Course Number: Treatment 1	
1.80 to 1.89	D-	When taken: usually Fall Year 1	
1.00 to 1.79	F	3.90 to 5.00	A

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

Course: SPA 588
CALIPSO Course Number: Treatment 2
When taken: usually Spring Year 1

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

Course: SPA 588
CALIPSO Course Number: Treatment 3
When taken: usually Summer Year 1

4.35 to 5.00	A
3.85 to 4.34	B
3.35 to 3.84	C
2.15 to 3.34	D
0.00 to 2.14	F

Course: SPA 588
CALIPSO Course Number: Treatment 4
When taken: usually Fall Year 2

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

Course: SPA 522
CALIPSO Course Number: School Internship
When taken: usually Spring Year 2

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

Course: SPA 600
CALIPSO Course Number: Non-School Internship
When taken: usually Spring Year 2

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

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CHAPTER 5: Evaluations

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STUDENT AND SUPERVISOR EVALUATIONS

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

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

Clinician Self-Evaluation
Student clinicians should self-evaluate their performance to ensure the best care is provided for the clients and/or patients. Self-evaluation includes increasing insight into one's own performance by identifying when things go right and/or wrong in the session. In addition, the student clinician can learn how to implement changes to improve the services provided. Student clinicians are encouraged to self-evaluate after every session. Self-evaluation is a process in allowing the students to develop their clinical skills and understand clinical interactions.

Student clinicians are expected to complete a reflection after every session for deeper thinking of the services they provided. Student clinicians should engage in the format instructed by the current supervisor. Forms of reflection include journals, supervision observations forms and/or weekly meetings. Student clinicians are encouraged to review the recording from the session to evaluate their clinical skills and performance.

Student clinicians are encouraged to utilize self-evaluation tools to assist them in evaluating their performance. Examples of these tools include determining participation percentages and patterns, response rate of target behaviors, and accuracy of reinforcement. The video critique (pg 333 found in the appendix) is a useful tool to examine clinician's performance during recorded sessions.

The participation measurement will allow the clinician to determine how efficiently time in the session is utilized towards therapy. To calculate participation percentages, the student clinician will count the number of words spoken by the client and the total number of words spoken throughout the session. The clinician will then divide the number of words spoken by the client by the total number of words spoken and then times by 100 to calculate the participation percentage.

The response rate measurement will indicate the number of elicits occurred per minute. Achieving a high number of elicits per session is ideal to allow the client to perform the target behavior to facilitate progress. To calculate the response rate measurement, count the number of client responses and divide by the minutes in a session.

Reinforcement is important in the therapy process and should be utilized appropriately to facilitate progress for the targeted skills. Student clinicians should evaluate the number of accurate and/or inaccurate reinforcements given to the client. This can be evaluated by observing the client's response to the reinforcement given. Striving for adequate reinforcement is critical to promote progression of communication skills.

Resource:

- Meyer, S. M. (2004). *Survival guide for the beginning speech-language clinician* (2nd ed.). Austin, TX: Pro-ed.

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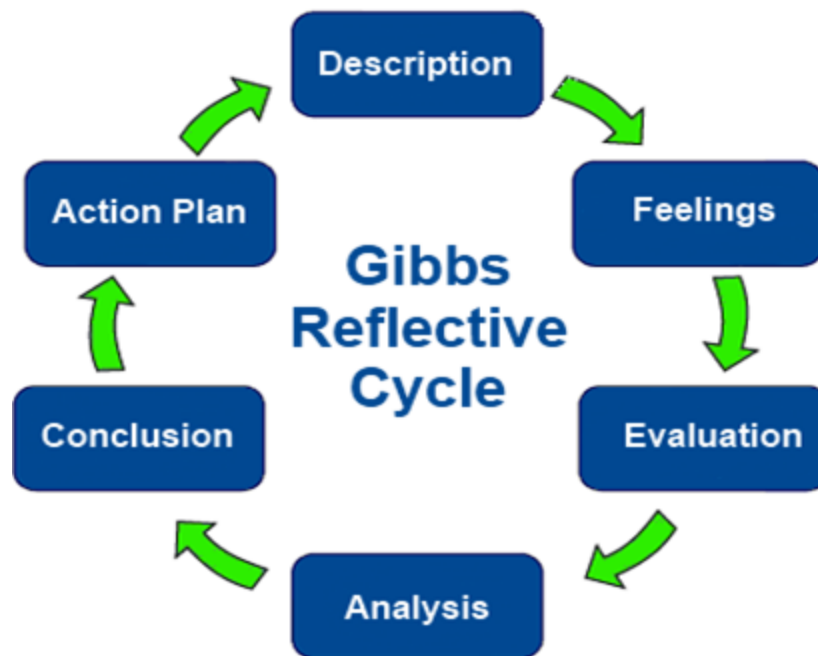
1. **Description**: What happened, where and when? Who did/said what, what did you do/read/see hear? In what order did things happen? What were the circumstances? What were you responsible for?

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

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

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

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

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

PERFORMANCE EVALUATION IN CLINICAL PRACTICUM

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

Performance Evaluation Rating Scale

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

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

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

4. **Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is mostly independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).

5. **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

PERFORMANCE EVALUATION

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

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

PREPAREDNESS, INTERACTION, & PERSONAL QUALITIES

Possesses foundation for basic human communication and swallowing processes (std IV-B)

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

Clinical Grading Scales

Course: SPA 488 (Undergraduates)
When taken: usually Spring Senior
Year

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

Graduate Students

Course: SPA 587
CALIPSO Course
Number: Diagnostics
When taken: varies
based on assignment
A 4.20 to 5.00
B 3.70 to 4.19
C 3.20 to 3.69
D 2.00 to 3.19
F 0.00 to 1.99

Course: SPA 588
CALIPSO Course
Number: Treatment 1
When taken: usually
Fall Year 1
A 3.90 to 5.00
B 3.40 to 3.89
C 2.90 to 3.39
D 2.00 to 2.89
F 0.00 to 1.99

Course: SPA 588
CALIPSO Course
Number: Treatment 2
When taken: usually
Spring Year 1
A 4.20 to 5.00
B 3.70 to 4.19
C 3.20 to 3.69
D 2.00 to 3.19
E .00 to 1.99

Course: SPA 588
CALIPSO Course
Number: Treatment 3
When taken: usually
Summer Year 1
A 4.20 to 5.00
B 3.70 to 4.19
C 3.20 to 3.69
D 2.00 to 3.19
F 0.00 to 1.99

Course: SPA 588
CALIPSO Course
Number: Treatment 4
When taken: usually
Fall Year 2
A 4.50 to 5.00
B 4.00 to 4.49
C 3.50 to 3.99
D 3.00 to 3.49
F 0.00 to 2.99

Course: SPA 522
CALIPSO Course
Number: School
Internship
When taken: usually
Spring Year 2
  All items on
evaluation rated over
3.00   S
  Any item on
evaluation rated under
3.00   U

Course: SPA 600
CALIPSO Course
Number: Non-School
Internship
When taken: usually
Spring Year 2
  All items on evaluation
rated over 3.00   S
  Any item on evaluation
rated under 3.00   U

PROCEDURES FOR DEALING WITH INADEQUATE STUDENT PERFORMANCE

IN CLINICAL EXPERIENCES

1. Certain problems with student clinicians should be handled by individual supervisors; e.g., tardiness, inadequate lesson plans, inappropriate dress, poor planning, inadequate application of clinical methodologies, etc. Normally these problems will be reflected in the grade earned by the student at the end of the semester. If there is a consistent pattern of one or more of these behaviors, with little or no improvement as the semester progresses, the supervisor should inform the Graduate Coordinator. The Graduate Coordinator, along with the supervisor will then meet with the student to discuss the problem area/s. A plan to remediate the problem/s will be established and agreed upon during this meeting. The student may be told that if specific goals are not met, the student may be removed from all clinical activities and given an 'incomplete' (I) or the grade earned during that semester**. For graduate students, it is important to note by the end of the semester, all criteria on the Supervisor Evaluation of Student Clinical Practicum form must be rated 3 or above. Any criteria rated below a 3 requires a student intervention. Student intervention procedures will be decided upon by the faculty supervisor and the Graduate Coordinator.**

2. All lessons plans, progress reports, audiological reports and diagnostic reports must be turned in by the specified time, as determined by the faculty in charge of that area. Failure to comply with these requirements, without permission, will result in an "I" in practicum and no further clinical assignment being made until the written work is completed to the faculty member's satisfaction. When the written work is completed, the student may be assigned to clinical activities as he/she is available.

3. Whenever an "I" is removed, the final grade will reflect the student's clinical performance during the entire period of the time which resulted in the "I" and its removal.

4. No internship will be undertaken until any and all "I" grades have been removed.

5. Clinical performance must be maintained at a "B" average prior to being assigned to an off-campus supervisor. This includes 2-day-a-week practicum placements, hospital internships, and public school internships.

CLINIC INTERVENTION PROCESS
Intervention Policies and Procedures: Any student receiving a rating of less than 3 on any KASA standard will be required to complete a student intervention for that standard. KASA ratings are

available at Midterm and Final evaluations on the CALIPSO form completed by your supervisor/s.

- Clinic interventions will be initiated by the student's Clinic Supervisor/s and the process determined on an individual basis. The clinic intervention will be developed by the student's clinic supervisor/s.
- Depending on the standard that is not being met by the KASA standards, if the student has more than one supervisor, the supervisors will collaborate to determine the most appropriate intervention plan, which may involve one or more supervisors.
- An informal intervention process may be initiated by the clinic supervisor at any point in the clinic schedule to best support student learning and development.
- A formal intervention process may begin on the date when the mid-term or final CALIPSO evaluation is given to the student.
- The student's supervisor will contact the program director about the intervention process after notifying the student. The program director will retain copies of the written documentation including the intervention plan and supplemental material for the student's record.
- Successful intervention includes receiving a rating of 3 or higher on the KASA standards and meeting the objectives set in the remediation plan.

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

Final evaluation or late in the semester:
- If clinic intervention is required at the end of the semester, a committee will be formed of 3 faculty members to establish an intervention plan that includes responsibilities and a time-line for completion.

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

STUDENT COMPLAINT PROCESS

Procedures for Complaints
A chain of command for reporting complaints or problems within the SPA Department is outlined below:

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

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

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

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CHAPTER 6: Clinical Documentation

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PROCEDURES FOR INITIAL PAPERWORK FOR ALL CLIENTS

All clients have to review and sign the following documents at the beginning of each semester:

1. Confidentiality Agreements (Client/Parent/Guardian) and (Students/Faculty/Staff)
2. New Video Release (Child or Adult)
3. Updated Client Communication Form (returning clients only)
4. Authorization to Release Information (if applicable)
5. Teletherapy Waiver (if applicable)

PROCEDURES FOR CONTACT NOTES

Clinicians are required to develop a session lesson plan for each client prior to every session. Lesson plans highlight the clinician's plan for therapy and how semester goals will be targeted. Lesson plans should always be written from the clinician's perspective.

1. Select the client you wish to write a lesson plan for under the report template.
2. Select generate report and then under report template select lesson plan. Then select generate.

Summarize Sessions Between

Start

Leave blank to report on all Patient Notes

End

Leave blank to report on all Patient Notes

Request Continued Treatment Between

Start

End

Requested Sessions /   Week   0

Report Template

Report Template   Lesson Plan

Supervising Therapist   Haleigh Ruebush

Cancel   ✔ Generate

3. After a lesson plan is generated, change the date to the date of the session and add your name by student clinician.
4. In the left column, insert goals you plan to target that day (e.g., The client will produce /r/ in initial position of words with 40% accuracy given moderate verbal and visual cues).
5. In the right column, add what you as the clinician will do (e.g., The clinician will implement 5-minute play based activities with bilabials CVCV cards to target goals. Sensory breaks will be implemented every 5 minutes. Materials: Pancake letters, pancake turner). This is supervisor specific, so check with your supervisor if you have questions on how they want this section filled out.

Lesson Plan

Date: 10/12/2020
Student Clinician:
Supervisor: Haleigh Ruebush

Goals and Objectives Client behaviors expected Actions/Do Statement	Procedure/Materials Clinician behaviors to promote & reinforce client skills, collect data
Goal 1:	Procedure 1:
Goal 2:	Procedure 2:
Goal 3:	Procedure 3:

PROCEDURE FOR TRACKING CLIENT ATTENDANCE

The following steps should be followed to track attendance for each session:

1. On the Clinician Dashboard (home screen), find your client's time slot and double click the time slot.
2.
3. Select edit current occurrence.
4. An appointment tab will open. Click the attendance dropdown and select "Attended".
5. Select save and your client will now be marked as attended.
   *If a client cancels or a clinician needs to cancel, under the drop down menu "cancelled by clinician" or "cancelled by client" can be selected. In addition, add a description in the box and a contact note should be filled out about the client cancelling. *See the section below on how to complete a contact note.*

PROCEDURE FOR CONTACT NOTES

Contact Notes are for the WIU Speech- Language and Hearing Clinic to track all patient contact. Contact Notes may include "Parent was contacted via phone to remind them of therapy beginning next week 9/22" or "Parent contacted clinic to cancel 10/3 appointment due to client feeling ill."
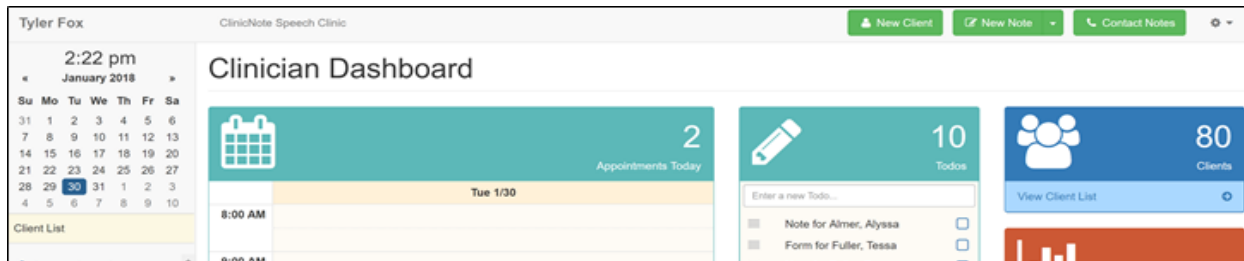
- Select Contact Notes
- Select the Client
- Click "New Contact Note"
- Describe the action the student clinician/supervisor/office manager completed (email, phone call, voicemail, etc.)
- ClinicNote will record the user's name.

DOCUMENTATION FOR ON-CAMPUS CLIENTS

Daily SOAP Note Documentation (Initial and Official SOAP Notes).

SOAP GUIDE:

> <u>Subjective</u>: Describe relevant client behaviors or status that may have influenced performance that session.
> <u>Objective</u>: Record data collected for each task during the session.
> <u>Assessment</u>: Interpret data for current session and compare to client's previous levels of performance
> <u>Plan</u>: Identify proposed therapy targets for the next session.

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

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

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

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

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

- Take note of the "expand all" or "collapse all" button. It will be helpful if there are multiple goals.
- Enter in the **Subjective** information in the box provided
- To enter in the **Objective** information
  - The first time in an official note, the student clinician must click "Add New Quantitative Data Field"
  - Select the targeted goal for the chart to be associated with
  - Create Title Tracker for the plot graph later on in the semester (i.e., */b/ in initial position* vs. *The client will produce the /b/ phoneme in the initial position with 80% accuracy given visual cues.*)
  - Click Save

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

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

Within an Official SOAP note, student clinicians and supervisors are able to make comments/suggestions to one another using the comment feature.
- Show History/Comments
  - History tab: Will show the initials, date, and time of each person who has created the new note, viewed, or edited the note.
  - Comments tab: Is a space for viewing the comments the supervisor/student creates.
    - Click "Add Comment"
    - Give the Title of the section of the note
    - Write the comment.
      - When the opposite person logs in to view the note they should always check the Show History/Comments to see if there has been a new comment created that needs to be addressed.

Procedure for Evaluations with Instructions

All reports will be completed within ClinicNote by the student clinician and approved by the clinical supervisor. Initial evaluations are completed at the beginning of each semester.

1. Generate a Report on dashboard → select client → Enter start and end time for semester session. Report Template: select *Speech and Language Eval WIU*.

2. The report will automatically be generated with WIU letterhead.
3. Fill in biographical information and add date(s) the client was evaluated.
4. Fill in all assessment information including:
    a. Referral and background (can be combined into one heading)
    b. Observations and Evaluation Results
        i. Depending on the supervisor, you may be asked to provide information in each section (e.g., cognition, pragmatics, articulation). However, some

supervisors will only ask you to fill out the sections based on the assessments you gave. Ask your supervisor which they prefer.

    ii.   Delete all of the assessment information and tables for tests you did not complete.

    c.   Assessment/Summary (i.e., summary of all of the above reported information)

    d.   Recommendations (e.g., continue to receive services, full audiological evaluation)

    e.   Plan (i.e., goals)

5. After reviewing your evaluation, submit it to your supervisor.

6. After they review your evaluation, they will submit any changes they have and ask you to sign the report.

    a.   Some supervisors may not sign the report until after your meeting with the client and caregiver in case the family has information that may be useful for the report.

Procedure for Progress Reports

All reports will be completed within ClinicNote by the student clinician and approved by the clinical supervisor. All on-campus clinicians are required to develop a progress report highlighting the client's semester progress.

1. Generate a Report on dashboard → select client → Enter Start & End time for semester sessions. Report Template: select *Semester Progress Report & supervising therapist*
2. The report will automatically be generated with a WIU letterhead.
3. Fill in the following information presented below in *italics*:
   a. *Biographical information*
   b. *Pertinent Background Information*
   c. *Initial Semester Assessment* (one summary)
   d. Present Therapy- This will be generated for each goal.
      i. Long-term goal 1 will be listed
      ii. Short-term goal 1 will be listed
      iii. Data Field for short-term goal 1 will be generated into a chart
      iv. *Comment*: The student clinician will enter the comments/progress/etc here.
   e. *Additional Information/Behavioral & Comments*
   f. *Summary of Progress*
   g. *Recommendations*
   h. The supervisor will sign the report once the evaluation has been approved. The student clinician will also e-sign or hand sign the report given the supervisor's preference.

4. Take note of the following option in the Progress Report:
   a. Refresh Data
      i. This feature will be important at the end of the semester when the student clinician needs to begin the progress report but there are several sessions remaining.
      ii. **<u>EVERYTHING in the grey text area will be refreshed and updated when this button is 'clicked'.</u>**

5. Again, don't sign the report until your supervisor approves it. After the supervisor signs the note you will no longer be able to edit the report but you can still view the report.
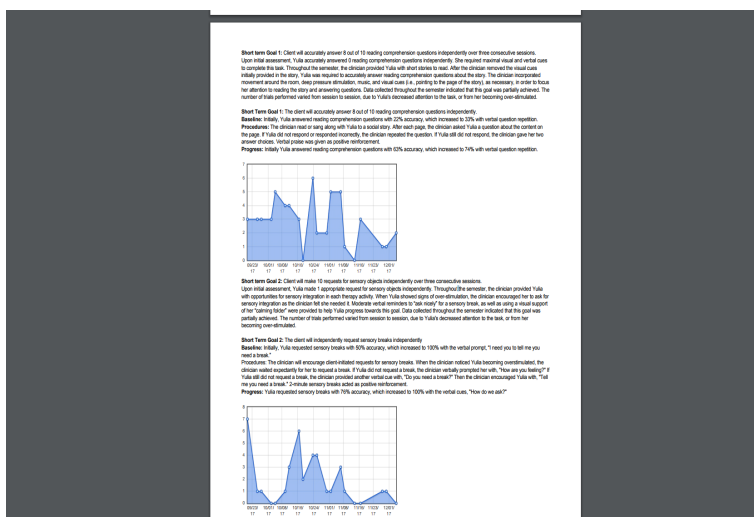
DOCUMENTATION FOR TELETHERAPY CLIENTS

All teletherapy documentation (e.g., initial evaluations, daily notes, final summary progress report) is held in one document in ClinicNote. Supervisors can approve each new documentation by initialling.

1. Generate a Report → select client → Report Template: select *Teletherapy Documentation & supervising therapist.*

2. Once the teletherapy document is created clinicians will need to enter client's name, clinician's name, session days/times.
3. Clinicians will complete an initial evaluation within 3-4 sessions. Initial evaluations will be documented in 1-2 summary paragraphs highlighting the client's strengths, areas of needs, diagnosis, and recommendations.
4. Once the initial summary is approved, the clinicians will also enter the client's semester goals under *Goals and Objectives.* Daily notes will be entered in the following table referencing the client's goals.

Teletherapy Documentation

Name:
Student Clinician:
Session Day/Time:
Goals and Objectives:

Initial Evaluation:
1-2 PARAGRAPHS HIGHLIGHTING EVALUATION COMPLETED IN FIRST 1-4 SESSIONS.

Goals and Objectives:
LTG: The client will produce age-appropriate speech sounds with 90% accuracy independently by the end of the semester.
STG: The client will produce /s/ in the initial position at the word level with 80% accuracy independently.
STG2: The client will produce /s/ in the medial position at the word level with 80% accuracy.

Date:	Individual / Group	Total Minutes Provided	Data (include Goal(s) Targeted)	Comments
10/6/19	Individual	32 minutes	STG 1: 60% accuracy independently STG 2: 40% accuracy independently, increasing to 75% accuracy given verbal cues	The client presented w/ reduced attention to task this session.HR

5. The final progress report of the semester will be reported at the bottom of the teletherapy document under *Summary of Progress.* Clinicians will summarize the client's semester progress, state diagnosis and any recommendations within 1-2 paragraphs.

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

Printing Documents

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

Emailing Documents

When emailing documents to clients, caregivers, and supervisor(s), it is important that information is protected. Here is how to add a disclaimer to your email:

1. Go to gmail on your internet browser.
2. Go to settings and then see all settings.
3. Under the general tab, scroll down until you see signatures.
4. Select add new signature and name it then select create.
5. Copy and paste the following confidentiality paragraph into the textbox.
6. Scroll down and select save changes.

PROCEDURE FOR CREATING A SAVED SIGNATURE IN CLINICNOTE

When signing paperwork, it is easier to have a saved signature on your account.

1. On the dashboard, go to settings and then my account.
2. Select E-sign and write your name and the title "student clinician".
3. Select update my account and this signature will now be available to add on all documentation.
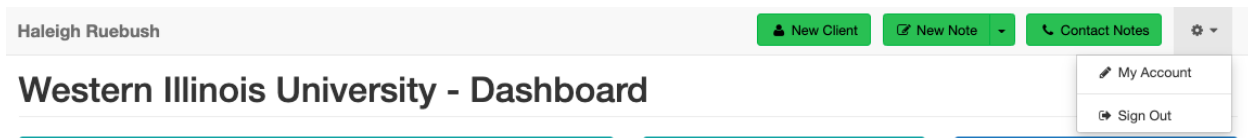
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CHAPTER 7: Diagnostics

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

REFERRAL AND SCHEDULING

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

COMPLETING THE DIAGNOSTIC EVALUATION

1. As soon as the clinician receives the diagnostic assignment, he/she must contact the supervising SLP to arrange a meeting to discuss the diagnostic.
2. The clinicians should review the client's information in ClinicNote (under the "Files" tab) and develop a diagnostic plan prior to meeting with the supervisor. *You should review and be prepared to administer all of the assessments or procedures decided upon by you and your supervisor.*
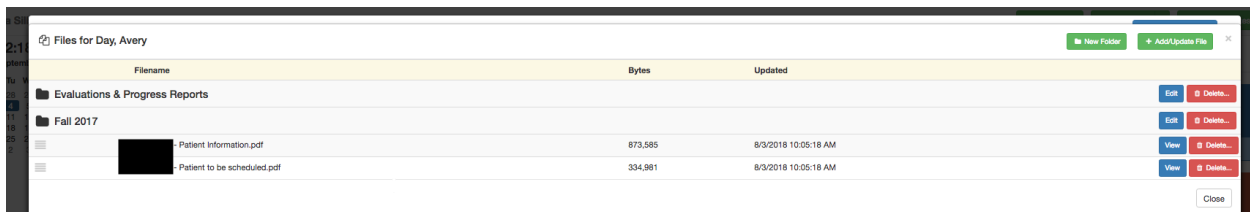
3. At the time of the meeting with your supervisor, be prepared with an evaluation plan and any questions you have about how to assess your assigned client.

4. Evaluation assessments should be reserved in the library at least 24 hours prior to the diagnostic. The name of the test, clinician's names, date, and time the assessment is needed will be recorded in the designated area.
5. A sign needs to be printed and placed on the therapy room door, indicating that a diagnostic is to take place with the date and time.
6. The therapy room needs to be set up and approved by the supervisor prior to the start of the session.
7. Photocopied test forms will be given to the supervisor.
8. All diagnostics will be recorded on Axis cameras.

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

DIAGNOSTIC WRITTEN REPORT

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

CLINICNOTE REPORT

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

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

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

SIMUCASE EVALUATIONS

➢ In the event live/on-campus evaluations are not available within each age-group for each student to complete, a Simucase evaluation will be scheduled on an individual or group basis.

➢ The diagnostic supervision team assumes that adult diagnostics will be difficult to schedule due to a lack of referrals; therefore, all students will be assigned a Simucase adult client.

➢ Simucase evaluations will include a pre-briefing meeting, two weeks to complete the assessment and evaluation report, and a debriefing session.

➢ A diagnostic supervisor will notify the student via email of a Simucase diagnostic evaluation. The email will indicate the date and time of the pre-briefing meeting. During the pre-briefing meeting, the supervisor will review the Simucase requirements and the assigned client's information.

➢ Students will have two weeks to complete the diagnostic evaluation via Simucase. Although some Simucase diagnostics will be completed in groups during pre-briefings and debriefing sessions, each student will be required to independently complete the assessment and evaluation report.

➢ At the end of the two weeks, students will meet with the supervisor for a debriefing meeting to discuss and reflect on each students' findings, diagnoses, recommendations, clinical judgement etc. The final evaluation report will be due at this time.

➢ Scoring will not be based solely on the evaluation report. Grades will largely depend on the students' ability to verbalize their rationale throughout the Simucase assessment, answer questions based on their findings, and communicate competently with the supervisor.

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

➢ Clinic intervention will be initiated by the student's clinic supervisor and the process determined on an individual basis. Intervention plans are developed by the student's clinic supervisor(s).

➢ An informal intervention process may be initiated by the clinical supervisor at any point during the semester to best support student learning and development.

➢ A formal intervention process may begin on the date when the midterm or final CALIPSO evaluation is given to the student.

➢ The student's supervisor will contact the Clinic Manager about the intervention process after notifying the student. The Clinic Manager will retain copies of the written documentation including the intervention plan and supplemental material for the student's record.

➢ Students involved in the intervention process will contact the Clinic Manager within 3 business days to discuss the plan.
➢ Successful intervention includes receiving a rating of 3 or higher on the standards and meeting the objectives set forth in the formal intervention plan.
➢ Timeline:
  o First attempt at intervention will be provided by the supervisor and completed by the student within 2 weeks of being notified the standard was not met.
    ▪ This is an option if standards are not met early in the semester, at midterm, or shortly after midterm when there is sufficient time to complete intervention.
  o Final Evaluation or late in semester:
    ▪ The student will be expected to complete the first intervention attempt in the first two weeks of the following semester after the commencement of clinic.
➢ If student requires additional intervention:
  o If the first attempt is not successful, a second attempt must be provided within 2 weeks of notification. The student's supervisor will contact the Clinic Manager. The student will contact the Clinic Manager to discuss intervention.
  o If the student is not successful following the second intervention attempt, he or she will receive a C or lower in the clinic course (CSD 587).

Clinical Grading Scales
Graduate Students

CALIPSO Course Number: Diagnostics
When taken: varies based on assignment
4.20 to 5.00 A
3.70 to 4.19 B
3.20 to 3.69 C
2.00 to 3.19 D
0.00 to 1.99 F

ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology to be assessed:

Standard	Description of 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 lifespan.**
IV-C	The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas: - articulation; - fluency; - voice and resonance, including respiration and phonation; - receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing; - hearing, including the impact on speech and language; - swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology); - cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); - social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities); - augmentative and alternative communication modalities.
IV-D	**For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.**
IV-E	**The applicant must have demonstrated knowledge of standards of ethical conduct.**
IV-F	Knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice
IV-G	**The applicant must have demonstrated knowledge of contemporary professional issues.**
V-A	Skills in oral and written or other forms of communication
V-B	The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes: 1. Evaluation a. Conduct screening and prevention procedures (including prevention activities). b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals. c. Select and administer appropriate evaluation procedures, such as behavioral observations, non standardized and standardized tests, and instrumental procedures. d. Adapt evaluation procedures to meet client/patient needs. e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention. f. Complete administrative and reporting functions necessary to support evaluation. g. Refer clients/patients for appropriate services. 2. Intervention a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process. b. Implement intervention plans (involve clients/patients and relevant others in the intervention process). c. Select or develop and use appropriate materials and instrumentation for prevention and intervention. d. Measure and evaluate clients'/patients' performance and progress. e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients. f. Complete administrative and reporting functions necessary to support intervention. g. Identify and refer clients/patients for services as appropriate. 3. Interaction and Personal Qualities a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others. b. Collaborate with other professionals in case management. c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others. d. Adhere to the ASHA Code of Ethics and behave professionally.

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CHAPTER 8: Off-Campus Placements

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OFF-CAMPUS PRACTICUM CRITERIA

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

BRIDGEWAY PLACEMENT PROCEDURES:

One SPA supervisor takes 2-3 students each semester to the Bridgeway Facility in Macomb, Illinois. Each student clinician will provide services for 2-4 consumers. Clinicians will provide an evaluation, and/or therapy services for up to four hours per week, during the regular WIU semester with university breaks as scheduled. Students will write evaluations and goals, session (SOAP) notes, and progress reports in Clinicnote. Progress reports will be reported to appropriate parties in verbal and written form at the end of each semester and/or upon request.

1. All students are required to sign a Bridgeway Confidentiality Statement. Bridgeway requires anyone working with consumers to have training for mandated reporting, and HIPAA, as provided by Bridgeway's Human Resources representative. A background check is also required for all clinicians working at Bridgeway. This too is conducted by Bridgeway. These requirements should be completed before interaction with clients.
2. Clinicians must wear the WIU identification badge while at the Bridgeway workshop, or when visiting the home program. Students must sign in and get a 'visitor badge' from the receptionist.
3. Clients have existing files in the WIU Clinic.

Medical and Legal Considerations:

Always call for Bridgeway staff if a client becomes aggressive or emits body fluid, (e.g., blood or urine.) Observe 'universal precautions' at all times.

1. Maintain careful hygiene at all times.
2. Hepatitis B vaccinations are advised, but not required.
3. All clinicians must submit to a **background check** as required by the state.

ELMS PLACEMENT PROCEDURES:

1. One SPA supervisor takes 2-3 students each semester to the ELMS Skilled Nursing Facility in Macomb, Illinois.
2. The student will arrive at the facility prepared to provide services for his/her caseload. The Elms is located at 1212 Madelyn Avenue in Macomb and the phone number is (309) 837-5482.
3. Student clinicians are expected to follow all policies and procedures set forth in the WIU Clinic Manual that are appropriate for The Elms setting. This includes abiding by HIPAA guidelines and maintaining patient's confidentiality. Student clinicians will adhere to the WIU dress code policy and wear their name badge.
4. Each student clinician will manage his/her caseload during the semester. The caseload will fluctuate in the number of patients, but usually ranges from 2-6 individuals.
5. Due to the current circumstances, therapy services will be provided in the corridor of the building to maintain social distancing. The patient will be in the foyer of the building and the student will be in the corridor. A glass wall will be between the patient and the student to inhibit contact between them. This service delivery will pose communication challenges so a good attitude is a must.
6. The student clinician will conduct an initial evaluation using formal and informal assessments. When the assessment is completed, the student clinician will write an evaluation report using the template in ClinicNote titled Speech-Language-Swallowing Evaluation. The evaluation will include patient demographics, a summary of history with baseline measurements, assessment information, summary and goals outlining treatment plan of care for the next thirty days.
7. The student will also write "orders" using the Speech-Language-Swallowing Recommendations template in ClinicNote. The dates of these orders will reflect the date of treatment initiated to the end of the recertification period.
8. At the end of every recertification period (thirty days), the student will reevaluate the patient and determine if treatment plans need to be adjusted. These changes will be reflected in the template in ClinicNote titled Speech-Language-Swallowing Recertification. At this time, the student will also write new orders for the remaining portion of the recertification period.
9. The student clinician will manage the caseload by selecting and sequencing the patients to work with throughout the duration of the time at the facility. The student will bring all materials required for services provided.
10. Each session the student clinician will write a SOAP note to document the services provided during the session. SOAP notes are due at 11:59 pm of the day the services were provided.

11. The student clinician will write a discharge summary using the template in ClinicNote titled Discharge Summary reflecting progress made toward the established goals and recommendations when lack of progress is made, death or at the conclusion of the semester. The discharge summary will include recommendations for treatment during the next semester, staff directives and/or reasons for cessation of services.
12. Deadlines for the reports will be given at the beginning of each semester.

OFF-CAMPUS PRACTICUMS FOR SPA GRADUATE STUDENTS
Responsibilities and Objectives for Off-Campus Practicums

- An off- campus practicum may be assigned to a student as part of their clinical assignment for SPA588, and students will be supervised by licensed Speech-Language Pathologists who are not clinical supervisors at Western Illinois University
- Students should have the opportunity to apply previously learned theory and knowledge to a variety of clients across the lifespan and to further develop and apply knowledge relating to specific client groups with whom they have had limited contact.
- Students should refine and further develop a variety of clinical techniques and skills with diverse range of populations.
- Practicums should afford the student a better understanding of the continuum of care and the subtle nuances of goal setting and service-delivery at various levels of functioning. This should include the efficient use of therapy and administration time, the coordination of services and interdisciplinary teamwork, resource and funding implications for client service delivery and state specific service requirements.
- These placements are secured by the WIU Internship Coordinators. The WIU Internship Coordinators will be available by phone or e-mail to respond to any concerns or questions raised during the internship. It is understood that the practicum may be terminated at any time at the discretion of the site supervisor and/or the WIU instructor/internship coordinator. The reasons for termination of the internship must be supported by written documentation at the time of the termination.

Off Site Supervisor Responsibilities for Off-CampusPracticums

- Supervisors must hold the ASHA Certificate of Clinical Competence (CCC) in Speech-Language Pathology for a minimum of nine months prior to supervision of any student.
- Supervisors are required to complete 2.0 hours of ASHA CEUs in the area of student supervision. This is a one-time training requirement, effective 1/1/2020.
- Supervisors must take time to acquaint the student with the protocols and procedures of the facility. This may include a formal induction period if deemed necessary by the facility in order to support proper and safe working practices.
- At least 25% of the therapy and diagnostic sessions conducted by student (including screenings) must be directly supervised.
- Supervisors must be able to verify the student's client contact hours via the web based CALIPSO system (please refer to the instructions for CALIPSO use.
- In the case of supervisor absence, students are not permitted to work on their own. An alternative plan may be developed that will allow the student to benefit from the work day. Please note that if this includes work with an alternative SLP who is not licensed or another professional, the student is not permitted to treat clients and hours cannot be counted as clinical hours. Students may be given the opportunity to make up hours at an appropriate point in time.
- Evaluation forms must be completed at midterm and at the end of the practicum. These forms are accessible via CALIPSO. At midterm, goals should be set to help students attain their optimal skill development, based upon their formal evaluation. Supervisors are required to complete the clinical population information on the final evaluation on CALIPSO (patient population, multicultural and linguistic diversity), as this offers an indication of the nature of the clients attending the facility.
- All supervisors should make time available for regular meetings with students throughout the internship to inform the student of his or her internship performance, discuss clients and any relevant site specific topics. Written and verbal feedback is encouraged on an ongoing basis.
- Should supervisors have any concerns at any time, for whatever reason, they are expected to contact the Internship Coordinator immediately. Contact details are provided in the letter of introduction. In addition, the Internship Coordinator will be contacting the supervisor by email at the end of the second week and at the midterm and final point of the internship, in order to ensure all is well. Supervisors are asked to respond to these emails and report their satisfaction with student performance thus far.

Student Responsibilities during Off-Campus Practicums:

- The student is expected to be proactive and engage in discussions related to clients, the facility, perceived limitations and concerns throughout the internship. The student is responsible for the promotion of their own learning while in the clinical practicum.
- Client, supervisor and site confidentiality must be maintained at all times. Students are required to adhere to HIPAA guidelines at all times. Students are expected to adhere to the policies and procedures of the facility and the ASHA Code of Ethics without exception.
- Punctuality, proper attire, and adequate preparation are expected at all times. Students must be granted permission by the supervisor to leave at the end of the workday.
- All required clinical paperwork (including plans, notes, reports etc.) must be submitted according to the guidelines, protocols and deadlines specified by the site supervisor.
- The student will use CALIPSO to document all clinical hours on a daily or weekly basis and obtain approval of hours from their supervisor. Students are expected to support the supervisor in their use of CALIPSO if required.
- Absences must be approved by the onsite supervisor and reported to the WIU Internship Coordinator. Absences should be rare and only for good reason (for example, as a result of illness), which does not include vacation.
- The student is required to contact the WIU supervisor via e-mail at the end of the first day of their clinical practicum and on a weekly basis thereafter. They are expected to inform the WIU supervisor of their successful arrival, progress and concerns throughout the duration of the clinical practicum. Students with any concerns, at any time, for whatever reason are expected to contact the WIU supervisor immediately.

<u>**OFF-CAMPUS INTERNSHIPS FOR SPA GRADUATE STUDENTS**</u>
Responsibilities and Objectives Internship in Speech Pathology & Audiology

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

Primary Objectives of Off-Campus Internship:
- Students should have the opportunity to apply previously learned theory and knowledge to a variety of clients across the lifespan and to further develop and apply knowledge relating to specific client groups with whom they have had limited contact.
- Students should refine and further develop a variety of clinical techniques and skills with diverse range of populations.

- Internships should afford the student a better understanding of the continuum of care and the subtle nuances of goal setting and service-delivery at various levels of functioning. This should include the efficient use of therapy and administration time, the coordination of services and interdisciplinary teamwork, resource and funding implications for client service delivery and state specific service requirements.
- To establish whether or not the student is Clinical Fellowship (CF) ready upon completion of the internship. The student must be deemed clinically competent in accordance with the ASHA Knowledge and Skills Acquisition standards in order to successfully complete the program (for further details please see: http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/).
- The WIU Internship Coordinators will be available by phone or e-mail to respond to any concerns or questions raised during the internship. It is understood that the internship may be terminated at any time at the discretion of the site supervisor and/or the WIU instructor/internship coordinator. The reasons for termination of the internship must be supported by written documentation at the time of the termination.

OFF-SITE Supervisor Responsibilities for Off-Campus Internship:
- Supervisors must hold the ASHA Certificate of Clinical Competence (CCC) in Speech-Language Pathology for a minimum of nine months prior to supervision of any student.
- Supervisors are required to complete 2.0 hours of ASHA CEUs in the area of student supervision. This is a one-time training requirement, effective 1/1/2020.

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

Student Intern Responsibilities:
- Prior to leaving on internships:
  - students will respond to emails from the internship coordinators and/or site supervisor to prepare the requirements and meet the guidelines set forth by the site. The student is responsible for providing all necessary documentation and/or requirements requested by the site except for the certificate of insurance.
- During the internships:
  - The student is expected to be proactive and engage in discussions related to clients, the facility, perceived limitations and concerns throughout the internship. The student is responsible for the promotion of his/her own learning while on the internship.
  - Punctuality, proper attire, and adequate preparation are expected at all times. Students must be granted permission by the supervisor to leave at the end of the workday.
  - Client, supervisor and site confidentiality must be maintained at all times. Students are required to adhere to HIPAA guidelines at all times. Students are expected to adhere to the policies and procedures of the facility and the ASHA Code of Ethics without exception.
  - All required clinical paperwork (including plans, notes, reports etc.) must be submitted according to the guidelines, protocols and deadlines specified by the site supervisor.
  - The student is responsible for reaching out to the internship coordinator if a problem arises during the internship. Communication is critical to ensure the student has a successful internship experience.
  - The student will use CALIPSO to document all clinical hours on a daily or weekly basis and obtain approval of hours from their supervisor. Students are expected to support the supervisor in his/her use of CALIPSO if required. DO NOT WAIT until the end of the internship to enter hours!
  - The student is required to complete and submit a site evaluation of his/her internship to the WIU Internship Coordinator upon completion of the internship. This evaluation form will be sent to the clinician via the WIU Internship Coordinator.
  - The student is required to ensure the midterm and final evaluations are reviewed with him/her prior to his/her departure from the facility. The student should submit all contact hours prior to his/her departure.
  - The student will follow the protocol for illnesses set forth by the site. Absences must be approved by the onsite supervisor and reported to the WIU Internship Coordinator. Absences should be limited to the least possible and only for good reason (for example, as a result of illness), which does not include vacation or

going to interviews. Extension of the internship may be required to make up missed days.
- ○ The student is required to contact the WIU Internship Coordinator via e-mail at the end of the first day of his/her internship and on a weekly basis thereafter. They are expected to inform the WIU instructor/internship coordinator of their successful arrival, progress and concerns throughout the duration of the internship. Students with any concerns, at any time, for whatever reason are expected to contact the WIU Internship Coordinator immediately.

<u>Student Acknowledgement of Responsibilities and Objectives of Off-campus Internships</u>

My signature signifies that I have read the Responsibilities and Objectives information as well as the syllabus for SPA 522/600 and will abide by all policies therein. This includes my knowledge of the attendance policy stated in the syllabi and that I will notify both the Internship Coordinator and the internship supervisor prior to absences at my placement. I understand that my placement could be in jeopardy if notice is not given or too many absences occur.

_____   _____
Clinician's Name   Date

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

CHAPTER 9: COVID-19 Procedures

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

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STANDARD PROTOCOLS FOR ALL WIU CLINICS

SCHEDULING AND WAITING ROOM PROTOCOLS
Patients attending appointments will be allowed to bring one guest/caregiver to their scheduled appointment times.

Patients will be asked a list of questions (see scheduling questions) to screen for new symptoms before scheduling an appointment. They will be reminded to wear a face-covering during their entire time in the building unless there is a medical reason they cannot.

Appointments scheduled in the clinic will be given 30-minute breaks between them. This is to allow for the current patient to exit well before the next arrives to eliminate the need for the waiting room. This will also give adequate time to clean clinic spaces. All spaces will be cleaned with products that are approved by the EPA to kill coronavirus (https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf). Building Service Workers will be using the cleaning product Buckey 23 (EPA number 47371-129-559).

If, for any reason, a patient does have to wait for an appointment. We will utilize the large lobby area. This area is large enough to maintain proper social distancing. Walk-in appointments will not be permitted.

SCHEDULING QUESTIONS
In the past two weeks, have you had any newly developed or change in the following:
- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

If the client answers yes to any of these questions and symptoms have occurred within the past two weeks, we will add them to a list of patients to call when scheduling our fall clinic. Patients will be reminded to wear a face-covering while in the clinic.

CHECK-IN/OUT
There will be multiple rooms operating. The hearing aid room and Booth A. In order to control traffic flow in the clinic and prevent patients from meeting in the hallway, patients will call when they arrive for their appointment and remain in their cars. When we are ready to see them, we will call the patient to let them know they can come up to the clinic for their appointment.

Patient's names and approximate check-in/out times will be recorded and they will be reminded to wear their face covering throughout their time in the clinic. Temperatures will be checked for every patient and companion. If a temperature of 100.4 or above is recorded they will be asked to leave and reschedule the appointment.

GENERAL CLEANING

Door handles, elevator buttons, and any surfaces the patient comes in contact with will be cleaned using approved cleaning supplies. This will occur before and after any patient visits the clinic.

Clinicians will wash hands before and after each patient and wipe their face shield before and after use.

AUDIOLOGY CLINIC PROTOCOLS

Evaluation appointments can be performed similarly to the way we currently run them with only slight modification. These are:

- Proper social distancing during the history/paperwork portion of the appointment and while giving the results.
- Use of PPE (gloves/masks) during otoscopy, tymps, and insert earphone insertion.
- Continued proper cleaning of clinic space using approved disinfectants.

CURBSIDE/DROPOFF HEARING AID CHECKS/CLEANING
- Patients wishing to use curbside service will arrive for their appointment time but will stay in their vehicle in the parking lot.
- The patient will then call the clinic to notify us of their arrival.
- The clinician will then go to the patient's car to retrieve hearing aids wearing a face mask and gloves.
- After cleaning and checking the device(s), the hearing aids will then be taken back to the patient who was waiting in their car.
- EPA approved cleaners will be used to clean the devices before and after working on them.

IN-OFFICE HEARING AID ADJUSTMENTS
- Use of PPE during appointments including face masks and face shields.
- Thorough cleaning of all clinic surfaces before and after.
- Clinicians will wash hands before and after each appointment.

HEARING AID FITTINGS
- Use of PPE during the appointment which includes face masks and face shields.
- Thorough cleaning before and after.

FOLLOW-UP HEARING AID FITTING
- Use of PPE during the appointment which includes face masks and face shields.
- Thorough cleaning of clinic surfaces before and after.
- TeleAudiology can also be used for some hearing aid models if the patient has an iPhone/iPad. Knowledge of the technology will be required of the patient.

DIAGNOSTIC EVALUATIONS AND CLINIC PROTOCOLS

SCHEDULING AND WAITING ROOM PROTOCOLS
Clients attending diagnostics will be allowed to bring one guest/caregiver to their scheduled appointment times. Parking passes will be mailed out prior to the initial clinic visit. If the client needs a parking pass when they arrive, collect and record the following in the parking pass binder:

- Client name
- Date of request
- License plate number
- End date (final date of clinic services)

Diagnostic clients will be contacted by the clinician 2-days prior to their appointment to confirm the appointment. On the day of the diagnostic evaluation, clients will be asked a list of questions (see scheduling questions) to screen for new symptoms before scheduling their diagnostic evaluation and they will be reminded to wear a face-covering (unless there is a medical reason they cannot) during their entire time in the building.

Diagnostic appointments scheduled in the clinic will be given 60-minute breaks between them. This is to allow for the current client to exit well before the next arrives to eliminate the need for the waiting room. This will also give adequate time to clean clinic spaces (treatment and observation rooms). All spaces will be cleaned with products that are approved by the EPA to kill coronavirus (https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf). Building Service Workers will be using the cleaning product Buckey 23 (EPA number 47371-129-559).

If, for any reason, a client does have to wait for an appointment. We will utilize the large lobby area. This area is large enough to maintain proper social distancing.

The client's single companion (exceptions may be made on a case-by-case basis, but any exceptions must be in writing and kept for clinic documentation), may use the observation rooms.

SCHEDULING QUESTIONS
In the past two weeks, have you had any newly developed or change in the following:
- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

If they answer yes to any of these questions and they have occurred within the past two weeks, we will add them to a list of patients to call when scheduling spring diagnostics.

Clients and caregivers will be reminded to wear a face-covering while in the clinic.

CHECK-IN/OUT
There will be multiple therapy rooms operating during recurring speech sessions. In order to control traffic flow in the clinic and prevent patients from meeting in the hallway, they will call (phone in the family room) when they arrive for their appointment. Clients/caregivers will be told to come up to the second floor when no other clients are entering the building.

Upon arrival at the clinic, the clinician will record names, temperatures, and approximate check-in/out times of the client and caregiver/companion. They will be reminded to wear their face covering throughout their time in the clinic. Temperatures will be checked for every client and companion. If a temperature of 100.4 or above is recorded they will be asked to leave and reschedule the appointment. If a young client is attending the mask waiver should be reviewed and signed when appropriate.

At the end of the session, all clients and caregivers are required to exit the floor by turning left out of the observation hallway and therapy rooms.

GENERAL CLEANING
Door handles, elevator buttons, and any surfaces the client comes in contact with in the waiting area and clinic room will be cleaned using approved cleaning supplies. This will occur before and after any client visits the clinic. <u>Clinicians will wash hands before and after each client.</u>

DIAGNOSTIC CLINIC PROTOCOL

Modifications to diagnostic appointments are as follows:

- Proper social distancing during the history/paperwork portion of the appointment. Any paperwork needed at the appointment will be completed on an iPad and then the device cleaned promptly after use.
- History and paperwork will be reviewed with the caregiver/client prior to the appointment if possible.
- Clinicians will use PPE (masks and face shields) during the appointment.
- Specialized PPE may be deemed necessary by the supervising Speech Pathologist (i.e., gowns for swallowing evaluations, face masks with plastic windows for aphasia clients, and so on).
- Clients will be guided directly to the appropriate therapy room. The tymp/oae cart from Booth A will be brought to the room to screen hearing.
- Continued proper cleaning of clinic space using approved disinfectants BEFORE and AFTER the diagnostic.
- Any toys, supplies, and/or test materials will be cleaned before and after the appointment.
- Any paper tests, booklets, non-laminated clinic materials will be placed in a "quarantine box" in the clinic library to be left untouched for at least 24 hours.

Bedside/oral mechanism/Voice Evaluations

Evaluations will be conducted as usual with the following additions:

- Clinicians will wear gowns, face shields, masks, and gloves. The use of masks with a window would be preferred when available.
- All food items will be single-use and disposed of after the appointment.
- When using thickening agents, clinicians will use gloves and masks while mixing and transporting all liquids for the evaluation.
- A single trash can will be used for all disposable materials and the trash will be removed (to a larger hall trash bin) after the appointment.

SPEECH THERAPY CLINIC PROTOCOLS
Modifications to therapy appointments are as follows:
- Proper social distancing during the history/paperwork portion of the appointment. Any forms (HIPAA & Confidentiality) needed at the appointment will be completed on an iPad/keyboard at the beginning of the session. The device will then be cleaned promptly after use.
- Any paperwork that can be done prior to the appointment will be reviewed via a phone call with the client and/or caregiver.
- Clinicians will use PPE (masks and face shields) during the appointment.
- Specialized PPE may be deemed necessary by the supervising Speech Pathologist (i.e., gowns for swallowing evaluations, face masks with plastic windows for aphasia clients, and so on).
- Clients will be guided directly to the appropriate therapy room and guest to the observation room. They are to remain in the observation room during the appointment.
- Continued proper cleaning of clinic space using approved disinfectants BEFORE and AFTER the diagnostic.
- Any toys, supplies, and/or test materials will be cleaned before and after the appointment.
- Any paper tests, booklets, non-laminated clinic materials will be placed in a "quarantine box" in the sensory room to be left untouched for at least 24 hours.
- The trash from the therapy room will be removed after each session.
- Mask waivers will be signed for any client where removing their face covering during the appointment is a concern.

OBSERVATIONS
Diagnostic Observations
Any adult accompanying a client will be directed to stay in the observation room at all times. If the client is a child that is under 3-years old, or special circumstances arise, the adult may join in the evaluation room. Client/caregiver will also utilize designated individual bathrooms

Undergraduate Observations
Students are allowed to observe therapy sessions for on-campus clients only that have video releases signed. Student observers will obtain their required observation hours during GA clinic observations via Zoom. A GA will designate 2 hours per week for observers to Zoom in and observe a variety of clinic sessions over each semester. Sessions will only be observed if the client has signed the video and audio release for the session to be observed via Zoom with students who have completed the HIPAA training and strictly follow HIPAA guidelines.

REPORTING EVALUATION/PROGRESS REPORT RESULTS
Diagnostic results will be completed within one week after evaluation via phone conference. Reports will be mailed and/or emailed prior to the phone conference. Results for other appointment types will be conveyed to the client/caregivers via phone call or videoconference within a timeframe set by the supervising SLP.

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Speech-Language-Hearing Clinic
Department of Speech Pathology & Audiology

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Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb. IL 61455
309-298-1955

Adult Contact Information
Confidential

Date: _____

Name: _____ Biological Gender (M / F)

       (First)   (Middle)   (Last)

Birthday (M/D/YY): _____ Age: _____ Occupation: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-Mail: _____

Address: _____

City: _____ State: _____ ZIP: _____

Referred By: _____ Phone: _____

Reason for Referral: _____

Physician: _____ Phone: _____

Physician's Address: (City) _____

Do you currently work at WIU? _____ Are you retired from WIU? _____

What is your connection to WIU? _____

Permission Statement

Clients at Western Illinois University Speech-Language-Hearing Clinic are routinely audiotaped and occasionally videotaped as part of the therapy progress.

Western Illinois University requests permission to utilize diagnostic and therapeutic information for clinical and classroom discussion and instruction. Confidentiality of personal information will be maintained. None of this material will be used outside of Western Illinois University without written consent of the client.

Please check the appropriate statement and sign below:

_____ I give Western Illinois University permission to use video and/or audio recording of me and/or my spouse for the purpose of teaching and research.

_____ No video and/ or audio recording of me and/ or my spouse may be used for the purpose of teaching and research.

_____   _____
Signature (Client/ Responsible Party)   Relationship to Client

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Memorial Hall 230A
Macomb. IL 61455
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Western Illinois University
Attendance Policy for Clinical Services

The Western Illinois University Speech-Language & Hearing Clinic is pleased to provide diagnostic and therapeutic services to the residents of Macomb and surrounding areas at no charge. Services are provided by student clinicians under the supervision of fully licensed speech-language pathologists (SLPs) and audiologists. Providing quality services to our clients while offering solid clinical experience to our students are equally important in this facility. In order to honor both, an attendance policy has been created and will be effective as of 9/23/19. Please let your supervising SLP know if you have any questions or concerns.

Speech and Language Therapy

Weekly attendance is important for successful treatment for the client as well as weekly clinical experiences for student clinicians. Clients will be afforded three excused absences per semester. Excused absences include instances when the clinic was made aware of the absence ahead of time. preferably 24 hours in advance. The staff/faculty is aware that 24 hour notice is not always possible, such as in the case of illness or emergency, and will consider those on a case-by-case basis. Any additional absences will result in discharge from clinical services. The client may reapply for services in a subsequent semester; however, it should be noted that they may be placed on a waitlist.

Three unexcused absences (no call/ no show) will result in immediate discharge from service, and the appointment time will become available to those who are on the waitlist. Clients discharged due to unexcused absences will not be permitted to enroll in clinical services for subsequent semesters.

Diagnostic Evaluations

The WIU Speech-Language & Hearing Clinic is proud to offer diagnostic evaluations. However, there are a limited number of spots per semester, and a number of individuals waiting to be evaluated. Once a diagnostic is scheduled, a cancellation will result in that individual being moved to the bottom of the scheduling list. Failure to cancel prior to missing an appointment will result in the individual being removed from the scheduling list.

Need to report an absence?
Please call 309.298.1955

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Audiology Adult Hearing History

Medical History

Family physician's name and address: _____

_____

Have you seen a doctor in the last six months?

    ○ Yes   ○ No

If yes to the question above, have you seen a doctor specializing in diseases of the ear?

    ○ Yes   ○ No

Please give doctor's name and date seen: _____

Have you ever had any type of ear surgery?

    ○ Yes   ○ No

When? _____

By whom?

_____

What type of surgery? _____

Have you ever had your hearing tested?

    ○ Yes   ○ No

When? _____

By whom?

_____

What were the findings? _____

Is there a history of diabetes in your family?

    ○ Yes   ○ No

Is there a history of dementia in your family?

    ○ Yes   ○ No

Have you experienced any issue with memory loss?

    ○ Yes   ○ No

Have you been exposed to loud noises?

    ○ Yes   ○ No

Do we have your permission to send a copy of your test results to your personal physician?

    ○ Yes   ○ No

Notes: _____

_____

_____

About your ears
Do you have any of these symptoms?

☐ Deformity of the ear?   ☐ Tinnitus (ringing or noises in the ear)

☐ Pain in your ears?   ☐ Hearing loss in one ear in the last 90 days?

☐ Sudden or rapid hearing loss in the past 90 days?   ☐ Have you ever seen a doctor for wax removal?

☐ Sudden or long-term dizziness?   ☐ Drainage from either ear in the past 90 days?

Which is your poorer ear?

    ○ Left   ○ Right   ○ Same

Notes: _____

_____

_____

About your hearing
Do you experience difficulty with...

Understanding all the words in conversations clearly?

    ○ Yes   ○ No

Hearing in a crowd or other noisy situations where background noise is present?

    ○ Yes   ○ No

Please answer the following questions about your hearing:

How long have you had hearing challenges? _____

Do you now or have you ever worn a hearing instrument?

    ○ Yes   ○ No

What brand? _____

What were the results? _____

In what situations does your hearing problem give you the most trouble? Check

☐ At home   ☐ At concerts/movies/lectures

☐ With friends/family   ☐ At club/social meetings

☐ At your place of worship   ☐ In a car/traveling

☐ At work   ☐ Leisure activities by yourself

☐ At restaurants/eating areas   ☐ Leisure activities with others

Does anyone else in your family have a hearing problem?

      ○ Yes   ○ No

What is their relationship to you? _____

Notes: _____

_____

_____

TV and phone use

How well do you understand TV?

      ○ Well   ○ I struggle at times   ○ Not well at all

Do you use closed captioning when watching TV?

      ○ Yes   ○ No

How well do you understand on the telephone?

      ○ Well   ○ I struggle at times   ○ Not well at all

Do you use a landline phone at home?

      ○ Yes   ○ No

Do you use a smart phone?

      ○ Yes   ○ No

What kind/brand? _____

Do you use a tablet?

      ○ Yes   ○ No

What kind/brand? _____

Do you text?

      ○ Yes   ○ No

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Invoice

Date:
Invoice No:
Due Date:

Bill To:
Name:
Address:
City State Zip:

Qty	Description	Price	
		Total Amt	
		Balance Due	

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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the mutual sharing of information between the Western Illinois University Speech-Language-Hearing Clinic and the following agencies/individuals:

PERSON: _____

Organization or Agency: _____

Street Address: _____

City, State, Zip: _____

PERSON: _____

Organization or Agency: _____

Street Address: _____

City, State, Zip: _____

Information regarding (client's name): _____

Client's date of birth: _____

May be released in this format:

    ☐ Written   ☐ Recording

    ☐ Oral   ☐ Other (Specify)

    ☐ Videotape

I understand that this information will be used to coordinate and maximize programming relative to the client's communication condition. All information will be kept strictly confidential between authorized parties. Audiotape and videotape information will be handled in accordance with the Permission Statement authorization currently on file in this clinic.

    Initials: _____

I understand that I am not obligated to authorize release of records; that services will not be denied if I choose not to sign authorization forms.

    Initials: _____

I understand that I have a legal right to inspect and copy any written records disclosed by WIU Speech-Language-Hearing Clinic.

    Initials: _____

Name of the person completing this form: _____

Affiliation:

    ○ Client   ○ Parent   ○ Guardian

Please sign below.

_____

Changes to Clinic Protocols

Documentation of any exception to clinic protocols.

The respondent's email (**null**) was recorded on submission of this form.
* Required

1. Email *

2. Student and Supervisor making the request *

3. Which protocol needs to be adapted for your client? *

4. Please explain how you plan to adapt the protocol for your client: *

Name:

Clinician Self-Evaluations

Really think about your answers & 'where' you want to be as a stronger clinician by the end of the semester

Evaluation Skills Preparedness and independent evaluation, reported baseline data-did you obtain objective (AKA #) data to help develop appropriate goals?, are you conducting ongoing assessment
Strengths: **Areas for Improvement:**
Treatment Skills Develops functional yet creative treatment activities, plans ahead with materials/structure, measures progress through data collection, fades prompts/cues as needed, understands the therapy process (where the client started and what they are moving towards?)
Strengths: **Areas for Improvement:**

Name:

Professional Skills   Background knowledge, seeks information if you do not understand, goes above and beyond for your client's successes, rapport, oral communication, organization, turns in LP/SOAPs on time, preparedness, communicates daily with parents/caregivers on successes/areas of need
Strengths: **Areas for Improvement:**
Writing Skills   Appropriate and professional documentation, correct terminology, reports data in Evaluations, SOAPs, Lesson Plans, Parent/Caregiver Communication
Strengths: **Areas for Improvement:**

Overall Rating 1-5 (5 A+)_____

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WESTERN ILLINOIS UNIVERSITY
SPEECH-HEARING-LANGUAGE CLINIC

CONFIDENTIALITY AND PRIVACY POLICY

(Client/Parent/Guardian)

Western Illinois University (WIU) faculty, staff, students, and observers are not to disclose any confidential information that they might be exposed to as a result of their duties in the WIU Speech-Language-Hearing Clinic. This also applies to clients attending the clinic and their caregivers as well. Clients of the Speech-Language-Hearing Clinic have privacy rights and the clinic abides by confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) policies and procedures. Disclosure to anyone of any confidential information may be cause for disciplinary action.

Confidential information includes, but is not limited to.

1. Demographic information
2. Medical diagnoses
3. Specific healthcare provided
4. Results of evaluations and/or diagnostics
5. Treatment information (e.g., lesson plans, treatment plans, SOAP notes)
6. Payment and insurance information
1. WIU Speech-Language-Hearing Clinic will use this policy and procedure manual to comply with the laws relating to the use and disclosure of protected hearing information (PHI).

Permitted use and Disclosures:

- WIU Speech-Language-Hearing Clinic shall be permitted to use and disclose an individual's PHI to the individual for treatment, payment, and operations as defined within this policy and with a written authorization.
- Patients/clients may examine or obtain copies of their medical records by requesting verbally or in writing.
- WIU Speech-Language-Hearing Clinic will obtain a written authorization from an individual to use or disclose PHI.
- Copies of the consent form and release of information form shall be retained in the patient/client file for six years.
- The consent form and/or release of information form will contain
  o A description of the information to be used or disclosed
  o Identification of the person authorized to agree to the disclosure of information
  o Individual signature or the signature of a legal representative with authority to act on behalf of the individual

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- o Identification of the persons or institution authorized to receive the disclosed information
- o Expiration date of consent/release form
- o A statement of the right to revoke the authorization.

I have received a copy, read, understand and will abide by the WIU Speech-Language-Hearing Clinic's privacy, confidentiality and procedural policies (Confidentiality and Privacy Policy document). Initials: _____

Name: _____

Date: _____

Affiliation:

- O Client
- O Parent
- O Guardian

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Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb. IL 61455
309-298-1955

Confidentiality, HIPAA & Bloodborne Pathogens Agreement

(Faculty/Students)

Western Illinois University (WIU) faculty, staff, students, and observers are not to disclose any confidential information that they might be exposed to as a result of their duties in the WIU Speech-Language-Hearing Clinic. Clients of the Speech-Language-Hearing Clinic have privacy rights and the clinic abides by confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) policies and procedures. Disclosure to anyone of any confidential information may be cause for disciplinary action.

Confidential information includes, but is not limited to.

1. Demographic information
2. Medical diagnoses
3. Specific healthcare provided
4. Results of evaluations and/or diagnostics
5. Treatment information (e.g.. lesson plans, treatment plans, SOAP notes)
6. Payment and insurance information

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

Permitted use and Disclosures:

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

I have received a copy, read, understand and will abide by the WIU Speech-Language-Hearing Clinic's privacy, confidentiality and procedural policies (Confidentiality and Privacy Policy document).

Initials: _____

I have received the HIPAA training and will abide by the Speech-Language-Hearing Clinic HIPAA policies and procedures.

Initials: _____

I have received the Blood Borne Pathogens training and will abide by the Speech-Language-Hearing Clinic policies and procedures.

Initials: _____

Name: _____   Date: _____

Affiliation:

    ○ Student   ○ Faculty   ○ Staff

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Western Illinois University Speech and Hearing Clinic

COVID19 Mask Waiver for Minors

According to the Illinois Department of Public Health, novel coronavirus (COVID-19) is thought to be spread between close contacts via respiratory droplets or contact with contaminated surfaces. Although social distancing and strict hand hygiene are still preferred methods for reducing further spread of COVID-19, face coverings are another preventative measure that may be used by the general public to protect each other from respiratory droplets produced when we cough, sneeze, or talk. The U.S. Centers for Disease Control and Prevention (CDC) now recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain.

The Western Illinois University Speech-Language and Hearing Clinic has implemented numerous safety protocols to reduce the potential for transmission of Covid-19 and other communicable illnesses, including, but not limited to, reducing capacity on the clinic floor, additional cleaning and sanitizing equipment/rooms/materials, and wearing face coverings as well as protective shields by clinicians. While it is suggested by the American Academy of Pediatrics that all children over the age of 2 who can tolerate a face covering wear one, we understand that each child presents with individual needs and those needs may not conform to current guidelines and protocols. During speech-language diagnostic evaluations and therapy services WIU Speech Pathology and Audiology Department faculty, staff, and students are not responsible for placing the face covering back onto your child's face if your child removes their face covering while in the clinic.

I agree with and understand that WIU Speech-Language and Hearing Clinic, along with associated faculty, staff, and students, may not be held liable for replacing a face covering over a child once removed.

Name of Client _____ Date: _____

Name and Relationship to Client of Person completing this form:

_____

DIAGNOSTIC SESSION

Today_____

<div align="center">At</div>

Time_____

This test_____
is being used for a DIAGNOSTIC!

<div align="center">

Today _____
At
Time_____

</div>

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DIRECTIONS

Western Illinois University
Speech-Language Hearing Clinic
1 University Circle
309.298.1955

Directions to Memorial Hall and Parking for Clinic: Cut and paste or type the following link into your browser, double click the link, or scan the QR code. This will provide you the means to get directions from your address to WIU Speech Language Hearing Clinic and to the parking lot used for the clinic.

https://goo.gl/maps/LKpnuvoX7mo1xQ9KA

Parking Instructions: If you email us or call us we can send you a parking pass before your appointment. If your appointment is within a week, the easiest way is to pick it up when you are here. Information we need for your parking pass is the make/color and license plate of the car that will be parked in the lot. The lot is marked on the map as WIU Speech/Hearing Clinic Parking. There are designated slots with speech and hearing signs but you can park anywhere in this lot if you have a parking pass. Parking lot is adjacent to the tennis courts of Corbin/Olson Hall.

Canceling or Changing Appointment: Call 309.298.1955 and we can ensure your clinician and the supervisor are aware that the appointment is canceled. If you have trouble getting here using the directions just call us and we can help direct you here.

Basic contact information:
wiu.edu/spa has all of the information you need to access our services, supervisors, and program information.

Quick Access:
Hearing Clinic: Mike Sharp (298-1955)
Speech Clinic: Haleigh Ruebush (298-1955)
Speech/Language Evaluations: Julie Curless (298-1955)
Program Questions: Amanda Silberer (298-1955)

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Parking Instructions for WIU Speech-Language- Hearing Clinic:

1. A parking permit is required in certain lots from 7:00 a.m. - 5:00 p.m., Monday - Friday, and at all times (24 hours) in certain lots or spaces as posted.
2. Designated parking spaces for our clients are located in the Memorial Hall Parking Lot.
3. The License Plate Number of the vehicle is required to be written in RED on the parking pass.
4. When you receive your pass, please call the Speech-Language-Hearing Clinic at 309-298-1955 and provide your name, the permit ID Number, and the License Plate Number you will use with the Parking Permit.
5. You must have your parking permit displayed from your rear-view mirror when you are parking on campus.

Directions for Speech and Hearing Clients:

1. Drive on Western Avenue, turn into Memorial Hall Parking lot (between the Hainline Theatre and the Tennis courts)
2. Park in the spots marked for Speech-Language-Hearing Clinic.
3. Memorial Hall is east of the parking lot and is the building with the large Satellite Dish on the rooftop. We are located on the 2nd floor. Waiting Room 229A.
4. If you have a Handicap placard/ permit, you may park in any of the handicapped spots without having a special WIU parking permit.
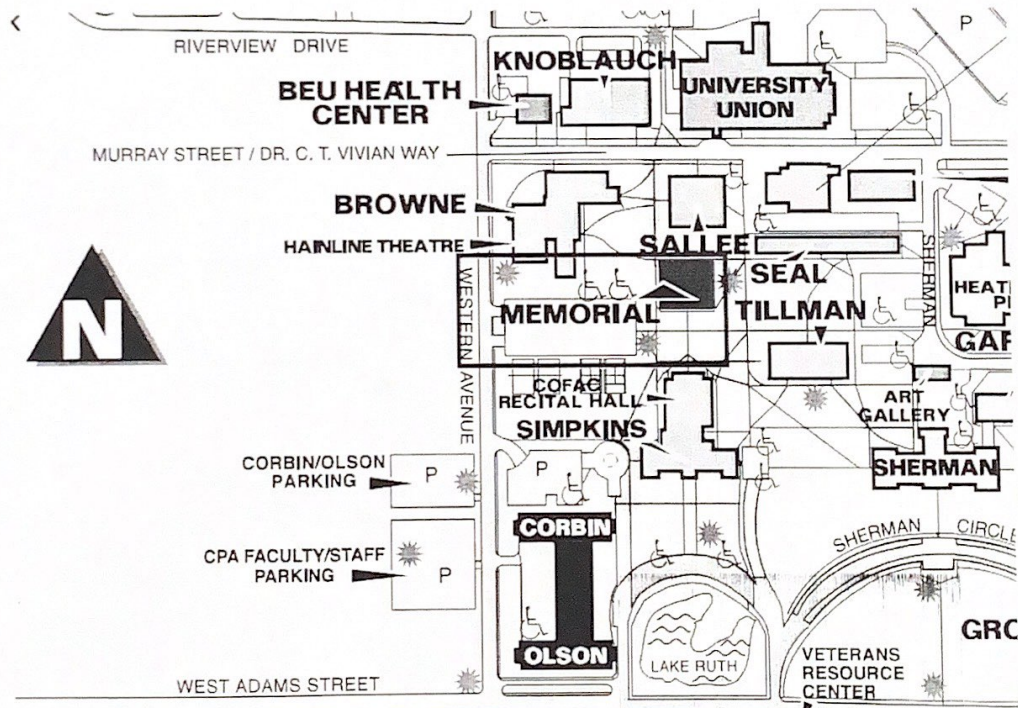
The Elms Off-Site Clinical Practicum
Tuesday/Thursday 9-11

Description: The Elms Off-site Clinical Practicum is an off-site clinical experience that familiarizes the student clinician with speech-language pathology services provided in long term care for geriatric patients.

Supervisor: Heidi Elbe, M.S. CCC/SLP Cell: 309-333-8508

Location: The Elms is located at 1212 Madelyn Avenue, Macomb, IL. The student is responsible for transportation to and from the facility.

Procedures:
- The student will be assigned a caseload ranging from 2-6 patients.
- The student is responsible for managing his/her caseload during the scheduled time on site.
  - Retrieve and return the patient.
  - Organize the schedule to provide services to all of the patients on the caseload.
  - The students should attempt to provide services for the entire caseload each day present in the building.
- The student is encouraged to bring his/her personal laptop to conduct chart history of patients in PointClickCare.
  - Username: telm.WIUSpeech
  - Password:
- The student will follow **ALL** protocols set forth by WIU Clinic and Elms to maintain safety of the student and the patient.
  - Don a mask
  - Follow cleaning protocol for materials and working space
  - Provide a copy of your COVID vaccination
  - Complete COVID training
    - Provide your certificate the first day of services
  - Provide a copy of your vaccination card for COVID
  - Complete weekly/monthly COVID testing completed by the infection nurse at the Elms

The student will complete the following documentation in ClinicNote by 11:59 pm the day of services (exception for the assessment). The student will submit the documentation to the supervisor.

Documentation:	Description:
Speech-Language-Swallowing Evaluation & POC	- Detailed evaluation document describing the patient's history, premorbid level, observation and assessment results and treatment plan with recommendations. - Completed after the assessment is completed.
Speech-Language-Swallowing Recommendation	- Simulates an "order" that clarifies the specific services duration/frequency and description of therapy to be provided - Example: Speech services recommended for 2 times per week for 4

weeks to target improved swallowing function for safe PO intake. Diet recommendations are thin liquids with mechanical soft solids.
- The recommendation will be completed after:
  - Evaluation
  - Recertification
  - Discharge

Speech-Language-Swallowing Re-certification Note	- Review of the patient's response to the treatment plan and update in progress. Goals are updated if warranted. - Completed at the midterm.
Speech-Language-Swallowing Discharge Report	- Completed when a patient is discharged from the caseload with recommendations.
Initial SOAP Note and SOAP Note	- Completed for every scheduled day at the Elms if services were rendered or not.

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Speech-Language-Swallowing Evaluation/POC

Name:

HICN:

Date of Birth:

SOC Date:

Primary Diagnosis:

Treatment Diagnosis:

Room #:

Physician:

Location:

Student Clinician:

Date of Onset:

HISTORY/SUBJECTIVE/LEVEL OF FUNCTION

ASSESSMENT

SUMMARY AND RECOMMENDATIONS

LTG 1:
    STG 1:
    STG 2:

LTG 2:
    STG 1:
    STG 2:

LTG 3:
    STG 1:
    STG 2:

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<u>Speech-Language-Swallowing Discharge Report</u>

Name: Room #:

                                                       Physician:

Date of Birth: Location:

SOC Date: Student Clinician:

Primary Diagnosis:

Treatment Diagnosis:

<u>COURSE OF TREATMENT</u>

<u>CURRENT LEVEL</u>
LTG 1:
   STG 1:
   STG 2:

LTG 2:
   STG 1:
   STG 2:

LTG 3:
   STG 1:
   STG 2:

<u>RECOMMENDATIONS</u>

Heidi Elbe
Supervising Speech-Language
Pathologist
07/13/2021 11:52 AM

Speech-Language-Swallowing Re-Certification Note

Name: Room #:

Physician: Date of Birth:

Location: SOC Date:

Primary Diagnosis: Re-certification Date:

Treatment Diagnosis: Student Clinician:

COURSE OF TREATMENT

CURRENT LEVEL
LTG 1:
   STG 1:
   STG 2:

LTG 2:
   STG 1:
   STG 2:

LTG 3:
   STG 1:
   STG 2:

RECOMMENDATIONS

UPDATED POC
LTG 1:
   STG 1:
   STG 2:

LTG 2:
   STG 1:
   STG 2:

LTG 3:
   STG 1:

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Speech-Language-Swallowing Recommendations

Name: Room #:

                                           Physician:

Date of Birth: Location:

SOC Date: Student Clinician:

Primary Diagnosis:

Treatment Diagnosis:

RECOMMENDATIONS

Heidi Elbe
Supervising Speech-Language
Pathologist
07/13/2021 11:54 AM

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EQUIPMENT LOAN FORM

Tag #	Description	Serial #	Replacement Value

I certify that _____ has received the equipment listed above as a temporary loan. It is understood that the lender is responsible for this equipment in the event that it is lost, stolen, or damaged. In addition, the lender agrees to return the equipment listed above in the condition in which it was received by the scheduled return date or upon five days' notice from the WIU fiscal agent. The equipment's scheduled return date is _____.

Received By: _____
              Responsible Party

_____
              Loan address/Phone

Released By: _____   _____
              Fiscal Agent   Date

Returned: _____   _____
              Fiscal Agent   Date

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Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Hearing Aids

Do you currently wearing hearing aids?   (Yes / No)

Which ear(s)? _____

Do you have any problems with your hearing aids?   (Yes / No)

Specify (fitting poorly, sound quality, feedback, etc.): _____

_____

If you currently do not wear hearing aids:

Would you be interested in hearing aids if recommended?   (Yes / No)

Do you think hearing aids could help you to hear better? _____

_____

What would some of your expectations about hearing aids be if you were to get them? _____

_____

_____

Please rank the following in order of importance (1-4), if a hearing aid is recommended to you:

_____ Improved hearing in quiet   _____ Improved hearing in noise

_____ Cosmetic appearance   _____ Expense

Comments: _____

_____

_____

<u>Supervisor comments regarding PT and Student Clinician:</u>

Supervising Clinician's Name: _____

Student Clinician's Name: _____

Patient's Name: _____

Comments: _____

_____

_____

Do you email?

      ○ Yes   ○ No

Do you use FaceTime or other Video Chat?

      ○ Yes   ○ No

What other mobile Apps do you use on a regular basis? _____

_____

Notes: _____

_____

_____

How did you hear about us?

☐ Relative/Friend   ☐ TV

☐ Doctor   ☐ Online

☐ Newspaper   ☐ Yellow Pages

☐ Direct Mail   ☐ Other: _____

Email: _____

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Hearing Handicap Inventory for Adults (HHIA)

Name: _____ Date: _____

INSTRUCTIONS: The purpose of the scale is to identify the problems your hearing loss may be causing you. Check YES, SOMETIMES, or NO for each question. DO NOT skip a question if you avoid a situation because of your hearing problem. If you use a hearing aid, please answer the way you hear WITHOUT your aid.

S-1. Does a hearing problem cause you to use the phone less often than you would like?

    Yes (4)   Sometimes (2)   No (0)

E-2. Does a hearing problem cause you to feel embarrassed when meeting new people?

    Yes (4)   Sometimes (2)   No (0)

S-3. Does a hearing problem cause you to avoid groups of people?

    Yes (4)   Sometimes (2)   No (0)

E-4. Does a hearing problem make you irritable?

    Yes (4)   Sometimes (2)   No (0)

E-5. Does a hearing problem cause you to feel frustrated when talking to members of your family?

    Yes (4)   Sometimes (2)   No (0)

S-6. Does a hearing problem cause you difficulty when attending a party?

    Yes (4)   Sometimes (2)   No (0)

S-7. Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?

    Yes (4)   Sometimes (2)   No (0)

E-8. Do you feel handicapped by a hearing problem?

    Yes (4)   Sometimes (2)   No (0)

S-9. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?

    Yes (4)   Sometimes (2)   No (0)

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E-10. Does a hearing problem cause you to feel frustrated when talking to coworkers, clients, or customers?

Yes (4)   Sometimes (2)   No (0)

S-11. Does a hearing problem cause you difficulty in the movies or theater?

Yes (4)   Sometimes (2)   No (0)

E-12. Does a hearing problem cause you to be nervous?

Yes (4)   Sometimes (2)   No (0)

S-13. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?

Yes (4)   Sometimes (2)   No (0)

E-14. Does a hearing problem cause you to have arguments with family members?

Yes (4)   Sometimes (2)   No (0)

S-15. Does a hearing problem cause you difficulty when listening to TV or radio?

Yes (4)   Sometimes (2)   No (0)

S-16. Does a hearing problem cause you to go shopping less often than you would like?

Yes (4)   Sometimes (2)   No (0)

E-17. Does any problem or difficulty with your hearing upset you at all?

Yes (4)   Sometimes (2)   No (0)

E-18. Does a hearing problem cause you to want to be by yourself?

Yes (4)   Sometimes (2)   No (0)

S-19. Does a hearing problem cause you/ to talk to family members less often than you would like?

Yes (4)   Sometimes (2)   No (0)

E-20. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

Yes (4)   Sometimes (2)   No (0)

S-21. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?

Yes (4)   Sometimes (2)   No (0)

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E-22. Does a hearing problem cause you to feel depressed?

  Yes (4)   Sometimes (2)   No (0)

S-23. Does a hearing problem cause you to listen to TV or the radio less often than you would like?

  Yes (4)   Sometimes (2)   No (0)

E-24. Does a hearing problem cause you to feel uncomfortable when talking to friends?

  Yes (4)   Sometimes (2)   No (0)

E-25. Does a hearing problem cause you to feel left out when you are with a group of people?

  Yes (4)   Sometimes (2)   No (0)

Totals:

Total # of points ____/100 Total # of points

for SOCIAL ____ / 48=__ Total # of points

for EMOTIONAL ____/ 52=__

0 (no handicap) to 100 (total handicap)

0-16% = No handicap

18-42% = Mild-Moderate Handicap

44% = Significant Handicap

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Item Return Form

Name (Print): _____

Name (Signature): _____

Date of Birth: _____ SSN: _____

Phone: _____ Email: _____

Address: _____

_____

Date of Purchase: _____ Date of Return: _____

Purchase Amount (excluding taxes and fees): _____

Check number (if applicable) : _____

Item Description (Make, Model, Serial Number): _____

_____

Reason for Return: _____

_____

_____

Client's SSN and a copy of a valid ID is required for the return process. All information is sent to Western Illinois University's Billing Department for return processing. A check will be issued to the client by Western Illinois University after the return process is complete. Please allow 3 to 6 weeks for the return to be processed.

Medical Internship Preferences

Student Name:	
Student E-mail:	
Preferred population/setting:	

Choices: List your hospital choices in the order of preference with the contact information including names, phone numbers, E-mail, etc.

Facility/Location/Contact Information:	Contact Log:

Medical Internship Preferences

Facility/Location/Contact Information:	Comment/Additional Information:

Any additional information:

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Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

SPEECH-LANGUAGE-HEARING CLINIC
309.298.1955
Receipt for Hearing Instrument Purchase

Purchaser's Name: Date of Purchase: 7/14/2021
Address:

Hearing Instrument Information

1) Make: Starkey   2) Make: Starkey
Model & Serial #:   RT: Model & Serial #   LFT:
Warranty Expiration Date: Warranty Expiration Date:

All new hearing instruments are covered by a manufacturer's limited warranty for the time period specified above. During the warranty period, the WIU Speech-Language-Hearing Clinic will provide or arrange for, at no cost, any necessary services covered by the warranty.

Fees

Hearing Instrument #1: $00.00   Hearing Instrument #2: $00.00
*Earmold
*Shipping $.00
Tax: $.00   Tax: .00
Total: $.00   Total: $.00

Combined Total: $.00
Less Insurance:
Grand Total: $.00
*All items marked with an asterisk are not refundable.

Return Policy

All new hearing instruments purchased from the WIU Speech-Language-Hearing Clinic may be returned within thirty (30) business days from the date of purchase provided the hearing instrument(s) is/are returned in good condition. All items dispensed with the hearing instruments(s) must also be returned (e.g., warranty and user instruction booklet, hearing instrument specifications, case, batteries, etc.). The WIU Speech-Language-Hearing Clinic is not obligated to accept, for refund, any hearing instruments which have been damaged by accident, maltreatment, or neglect. Refunds will include the cost of hearing instrument(s) minus a $15.00 handling fee per hearing instrument returned. All fees which have been marked by an asterisk (*) above are not refundable. Refunds will be issued within forty-five (45) days of the date of return. The thirty day trial period for this purchase ends on Date. _**By signing this agreement, I hereby acknowledge that this clinic has open hours during the academic calendar only and that the audiologists and student clinicians will be available only during those times to service my hearing needs. Initial here please**_

Purchaser's Signature   Date   Dispenser's signature   Date

Dispenser's name and License Number

Directions:

1. On this document, Click on FILE, then MAKE COPY.
2. Do NOT type on my original document. Only type on copies you have created.
3. Rename the document YOUR LAST NAME (ex: PIERSON)

You can make your document private, so it is only visible to you and me, if you want!

School Internship Request Form

Student Name	
Are you looking for an internship in the St. Louis Area?	Yes or No
Are you looking for an internship in Chicago or Chicagoland Suburbs	Yes or No If yes, please list suburb/surrounding areas:
Are you looking for an internship in Iowa?	Yes or No If yes, please list which AEA(s) you are interested in being assigned:
Preferred Location	Country: State/Province: City/ Town:
Age Group Preferences	
First Choice for placement	District: Specific building preferences (optional): Contact information:
Second Choice for placement	District: Specific building preferences (optional): Contact information:
Third Choice for placement	District: Specific building preferences (optional):

	Contact information:

Anything else you want me to know?

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Adult Case History Form

Patient Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Occupation: _____

Primary Care Physician: _____ Phone: _____

Referral source: _____

Background Information:

Please describe your speech, language, and swallowing concern:

_____

_____

_____

When did you first notice the concern?

_____

_____

Has the problem changed since it was first noticed?

_____

_____

Have you ever seen a specialist/therapist regarding these difficulties? If yes, who and when? What were their conclusions/recommendations?

_____

_____

_____

_____

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Medical History:

Please check all that apply. Please provide the dates where applicable

□ Heart attack   □ Cancer

□ Heart issues   □ Bronchitis

□ Hypertension   □ COPD

□ Diabetes   □ Sinusitis

□ Stroke   □ Asthma

□ Laryngitis   □ Thyroid issues

□ Acid reflux   □ Hearing loss

□ Meningitis   □ Voice issues

□ Head injury   □ Vocal polyps or nodules

□ Neurological conditions   □ Pneumonia

□ Allergies   □ Seizures

Please list any current medications you are taking. In addition, please provide the approximate times you consume these medications (e.g., morning, noon, night).

_____

_____

_____

_____

_____

_____

Family/Social History:

Describe current or past occupation/employer.

_____

Highest grade, diploma, or degree earned.

_____

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Please describe your current living situation, including who you live with and the setting (e.g., home, apartment, assisted living facility) in which you live.

_____

_____

List any children (names, gender, and ages).

_____

_____

Is there any family history of speech, language, or medical issues?

_____

_____

Speech/Language History

Do you have difficulty expressing your wants and needs? If yes, please explain.

_____

Do others find you difficult to understand? If yes, please explain.

_____

Do you find it hard to understand others? If yes, please explain.

_____

Do you feel you have short-term and/or long-term memory difficulties? If yes, please explain.

_____

Do you have difficulty with word-finding (i.e. remembering the names of objects and/or people)? If yes, explain.

_____

_____

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Do you have difficulty with reading or writing? If yes, please explain.

_____

_____

Do you find it difficult to make decisions (e.g., planning, managing finances, etc.)?If yes, please explain.

_____

_____

Do you have a hard time focusing on tasks (e.g., listening to conversations, focusing on the weather forecast, etc.)? If yes, please explain.

_____

_____

Have there been any changes to your voice (i.e. hoarse, breathy, loss of volume)? If yes, please explain.

_____

_____

Swallowing History

Please indicate if you experience any of the following while eating/drinking

☐ Coughing

☐ Choking

☐ Drooling

☐ Increased meal times

☐ Difficulty chewing

☐ Difficulty swallowing solids

☐ Difficulty swallowing liquids

☐ Difficulty clearing food/liquid from the mouth

Are you currently on a modified food and/or liquid diet? If yes, please explain.

_____

Do you currently wear dentures? Indicate full or partial. _____

Additional Information:

If recommended, what do you hope to get out of speech-language therapy?

_____

_____

Statement of the Problem

Please describe your child's speech and language problem:

List any other concerns you have regarding your child's development:

Speech, Language, and Hearing Development

Your child currently communicates using (check all that apply):

❑ body language

❑ sounds (vowels, grunting)

❑ words (show, doggy, up)

❑ 2 to 4 word sentences

❑ sentences longer than four words

❑ other_____

How well can he/she be understood by the following individuals? (Indicate "A" for all the time; "S" for some of the time; or "R" for rarely)

_____Parents _____ Siblings _____ Teachers _____ Friends _____ Strangers

Does the child hesitate, 'get stuck,' or repeat sounds or words? ___Yes ____No

Does your child:

❑ Repeat sounds, words, or phrases over and over?

❑ Understand what you are saying?

❑ Retrieve/point to common objects upon request (get the ball, shoe, cup) ❑ Follow simple directions (shut the door, get your shoes)

❑ Respond correctly to yes/no questions?

❑ Respond correctly to who/what/when/where questions?

Has the child been evaluated and/or treated by another speech-language pathologist? Who and when? What were their conclusions and/or suggestions?

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Please provide any additional information that may be helpful to the evaluation/treatment process.

_____

_____

_____

_____

Individual Completing Form: _____

Relationship to Patient: _____

Signed: _____ Date: _____

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Pediatric Case History Form

General Information:

Child's First and Last Names: _____ Child's Date of birth: _____

Address: _____ Phone: _____ City: _____

State: _____ Zip: _____ Does the child live with both parents? _____

Parent/Guardian Name: _____ Age: _____

Parent/Guardian's Occupation: _____ Business Phone: _____

Parent/Guardian Name: _____ Age: _____

Parent/Guardian's Occupation: _____ Business Phone: _____

Pediatrician: _____ Phone: _____

Address: _____

Referred By: _____ Phone: _____

Brothers and Sisters (include names and ages): _____

_____

With whom does he/she spend most of his/her time?

What is the child's primary language? What languages are spoken in the home?

Medical History

Please list any current medical diagnoses:

Does your child currently take any medications? If yes, please specify:

Provide the approximate ages at which the child suffered the following illnesses and conditions:

Asthma_____   Seizures_____   Croup_____

Ear Infections_____   Encephalitis_____   Pneumonia_____

Frequent Colds_____   Tonsillitis_____   Allergies: _____

PE Tubes _____   High Fever_____

Meningitis_____   Chicken Pox_____

Developmental/Motor History

Check which is applicable: This is our _____biological   _____foster   _____adopted child

Provide the approximate age at which the child began to do the following activities:

Crawl: _____   Walk: _____   Use toilet: _____

Sit: _____   Feed self: _____

Stand: _____   Dress self: _____

How does your child respond to sound? (Check all that apply)

_____ Turns head toward sound
_____ Inconsistently responds to sound
_____ Responds to name

Are there or have there ever been any feeding problems (e.g., problems with sucking, frequent choking on food or liquids, drooling, etc.)? If yes, please describe.

Do the physical needs of the child require any special support or equipment? If so, please describe (wheelchairs, hearing aids, glasses, etc.)

Statement of the Problem

Please describe your child's speech and language problem:

List any other concerns you have regarding your child's development:

Speech, Language, and Hearing Development

Your child currently communicates using (check all that apply):

❑ body language

❑ sounds (vowels, grunting)

❑ words (show, doggy, up)

❑ 2 to 4 word sentences

❑ sentences longer than four words

❑ other_____

How well can he/she be understood by the following individuals? (Indicate "A" for all the time; "S" for some of the time; or "R" for rarely)

____Parents ____ Siblings ____ Teachers ____ Friends ____ Strangers

Does the child hesitate, 'get stuck,' or repeat sounds or words? ___Yes ____No

Does your child:

❑ Repeat sounds, words, or phrases over and over?

❑ Understand what you are saying?

❑ Retrieve/point to common objects upon request (get the ball, shoe, cup) ❑ Follow simple directions (shut the door, get your shoes)

❑ Respond correctly to yes/no questions?

❑ Respond correctly to who/what/when/where questions?

Has the child been evaluated and/or treated by another speech-language pathologist? Who and when? What were their conclusions and/or suggestions?

Social/Behavioral History

Behavioral Characteristics:

- ❑ cooperative
- ❑ attentive
- ❑ willing to try new activities

- ❑ prefers to play alone
- ❑ separation difficulties
- ❑ easily frustrated

- ❑ poor eye contact
- ❑ self-abusive behavior
- ❑ other_____

Does the child attend?   Daycare _____   Preschool_____   Kindergarten _____

Additional Comments:

Electronics/Technology Use:

How often does your child use/interact with technology (e.g. iPad, tablet, phone, computer, TV:

- ❑ 0 hours
- ❑ 1 hour

- ❑ 2 hours
- ❑ 3 hours

- ❑ 4 hours
- ❑ 5+ hours

How does your child interact with their technology (e.g., watching movies, YouTube videos, listening to music)?

Person completing form: _____ Relationship to child: _____

Signed: _____ Date: _____

WIU's Fall Speech Program 2021

Thank you for your interest in attending the WIU Speech-Language & Hearing Clinic! We are excited to serve you and your family! Due to the current COVID-19 precautions, individual therapy will be offered in-person or via teletherapy, while our group services will only be offered via teletherapy.

Dates: Beginning week of August 30 & September 6- December 6, 2021
Sessions will be offered Monday & Wednesdays or Tuesdays & Thursdays. Times will be dependent on assigned Speech Sprout times and individual availability.

(A) Speech Spouts: This is a teletherapy based class designed for children ages 0-4 and their caregivers. These 30-minute sessions include music, movement, and sign language to facilitate language development. This class is offered Mondays at 10am and Tuesdays at 2:30pm.

(B) Individual services: CHILDREN - Therapy will be offered individually in-person (50-minute) or via teletherapy (30-minute). If your child is enrolled in a specialized group, they can also enroll in individual therapy.

(C) Individual services: ADULTS - Therapy will be offered individually in-person or via teletherapy for 50-minute sessions targeting language, voice, swallowing and/or speech difficulties.

Please indicate you or your child's preference below:
* Required

1. Email *

2. Client's name: *

3. Client's date of birth: *

4. Client's address: *

_____

5. Caregiver(s) Name(s): *

_____

6. Caregiver(s) Relationship: *

_____

7. Phone Number: *

_____

8. My main concerns about my/my child's speech/language skills are: *

_____

9. If you or your child receive additional speech and language services outside of our clinic and would like our clinic to collaborate with them, please list their contact information below. We will have a release of information ready for you to sign the first week of clinic.

_____

_____

_____

_____

_____

10. This is my first time receiving services from the WIU speech clinic: *

Mark only one oval.

◯ Yes

◯ No

11. I/my child are interested in: (Check all that apply) *

Check all that apply.

☐ Individual services

☐ Speech Sprouts

12. If Speech Sprouts is preferred, please select the days that you wish to receive therapy:

Check all that apply.

☐ Monday (10-10:30am)

☐ Tuesday (2:30-3:00pm)

☐ N/A (I wish to receive ONLY individual services)

13. If individual services are preferred, please select between the two delivery options:

Mark only one oval.

◯ In-person

◯ Teletherapy

◯ N/A (I wish to ONLY participate in Speech Sprouts)

14. If individual services are preferred, please check the days that you wish to receive therapy:

Check all that apply.

- ☐ Monday & Wednesday
- ☐ Tuesday & Thursday
- ☐ N/A (I wish to ONLY participate in Speech Sprouts)

15. If individual services are preferred, please indicate ALL preferred times:

Check all that apply.

- ☐ 8:00am
- ☐ 8:30am
- ☐ 9:00am
- ☐ 9:30am
- ☐ 10:00am
- ☐ 10:30am
- ☐ 11:00am
- ☐ 11:30am
- ☐ 12:00pm
- ☐ 12:30pm
- ☐ 1:00pm
- ☐ 1:30pm
- ☐ 2:00pm
- ☐ 2:30pm
- ☐ 3:00pm
- ☐ 3:30pm
- ☐ 4:00pm
- ☐ 4:30pm

Follow-Up Information

After completing this form you will receive an email from our department confirming your enrollment and times at the beginning of August 2021. You will also receive a separate email from our patient online system at this time. This email will ask you to enroll in our patient portal program. All additional registration forms, waivers, etc. will be completed through this portal. If you do not have access to an email please call 309-298-1955 and ask for Haleigh Ruebush. Thank you!

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SPEECH PATHOLOGY & AUDIOLOGY

School Case History Form

General Information

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Does the child live with both parents? _____

Parent/Guardian's Name: _____ Age: _____

Parent/Guardian's Occupation: _____ Business Phone: _____

Parent/Guardian's Name: _____ Age: _____

Parent/Guardian's Occupation: _____ Business Phone: _____

Pediatrician: _____ Phone: _____

Address: _____

Referred By: _____ Referral Phone: _____

Brothers and Sisters (include names and ages): -

What is the child's primary language? What languages are spoken in the home?

With whom does he/she spend most of his/her time?

Medical History

Provide the approximate ages at which the child suffered the following illnesses and conditions:

Influenza_____	Encephalitis_____	Measles_____
Asthma_____	Tonsillitis_____	Ear Infections_____
Dizziness_____	Chicken Pox_____	Pneumonia_____
Seizures_____	Tongue Tie_____	PE Tubes_____

Allergies (a snack will be offered so please be specific):

Statement of the Problem

Describe the child's speech, language, motor and/or sensory problem.

Is the child aware of the problem? If yes, how does he or she feel about it?

List any other concerns you have regarding your child's development:

What do you hope to get out of this evaluation?

If recommended, what do you hope to get out of speech-language therapy?

Speech, Language, and Hearing Development

(Check all that apply)

❑ Responds to his/her name

❑ Makes choices

❑ Follows basic commands

❑ Communicates basic want/needs

❑ Name objects/items

❑ Requests items

❑ Requests items politely

❑ Requests help

❑ Able to state their own information (name, parent's name, birthday)

❑ Interacts with others

❑ Interacts with others in a polite manner (greetings, thank you, etc.)

❑ Initiates conversations

❑ Takes responsibility (compared to blaming others)

❑ Asks questions to gain more information ("why?")

❑ Role plays as/with different characters

❑ Role plays with props (i.e., banana is a phone)

❑ Expresses humor/sarcasm

❑ Identifies sounds & letters

Comments:

How well can he/she be understood by the following individuals? (Indicate "a" for all the time; "M" for most of the time; "S" for some of the time; or "R" for rarely)

_____Parents _____ Siblings _____ Teachers _____ Friends _____ Strangers

Has the child been evaluated and/or treated by another speech-language pathologist? Who and when? What were their conclusions and/or suggestions?

Social/Behavioral History

How does the child interact with others (e.g., appropriate, aggressive, uncooperative, etc.)?

Does the child have any difficulty with controlling emotions or their behavior? If so, please describe?

Are there any specific techniques or behavioral plans that are successful for the child during these situations?

Educational History (if applicable)

Does the child attend?

Daycare _____

Preschool_____

Kindergarten _____

Grade School_____

Junior High _____

Senior High _____

School: _____ Grade: _____

Teacher(s):_____

In school, does he/she do: average_____   below average _____   above average _____

Does the child display any behavioral or attention issues at school?

What are your impressions of the child's learning abilities?

Does the child receive special services? If yes, describe (ST, OT, PT, Social Worker, etc.).

If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, please attach a copy. _____ No _____ Yes (please attach a copy of the IEP)

Does the child have a formal diagnosis? _____ No _____ Yes

If yes, what is it? When was it made and by whom?

Electronics/Technology Use

How often does your child use/interact with technology (e.g. iPad, tablet, phone, computer, TV, etc.)

❑ 0 hours   ❑ 2 hours   ❑ 4 hours

❑ 1 hour   ❑ 3 hours   ❑ 5+ hours

How does your child interact with their technology (e.g., watching movies, YouTube videos, listening to music)?

Person completing form: _____

Relationship to child: _____

Signed: _____ Date: _____

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Teletherapy HIPAA, ZOOM, Video/Audio Recording Consents

The American Speech-Language-Hearing Association (ASHA) defines telepractice (the act of providing Telehealth services) as "the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation". The clinician and the client would join a computer based session at the designated therapy time and would work on the same materials as in the office.

We term this "teletherapy". This service delivery model is supported through the Illinois licensing board and ASHA. Please complete this entire form which is valid for one (1) year from the date of signature.

Full name of the client:_____

Date of Birth:_____

Email Address:_____

Confidentiality Agreement:

Western Illinois University (WIU) faculty, staff, students, and observers are not to disclose any confidential information that they might be exposed to as a result of their duties in the WIU Speech-Language-Hearing Clinic. This also applies to clients attending the clinic on-campus and via teletherapy and their caregivers as well. Clients of the Speech-Language- Hearing Clinic have privacy rights and the clinic abides by confidentiality and the Health Insurance
Portability and Accountability Act (HIPAA) policies and procedures. Disclosure to anyone of any confidential information may be cause for disciplinary action. Confidential information includes, but is not limited to: Demographic information, Medical diagnoses, Specific healthcare providers, Results of evaluations and/or diagnoses, Treatment information (e.g., lesson plans, treatment plans, SOAP notes). WIU Speech-Language Clinic will obtain a written authorization from an individual to use or disclose protected health information and be on file for 6 years.

○ I understand

Video/Audio Consent:

The Speech-Language-Hearing Clinic at WIU has the primary purpose of training students who wish to become speech-language pathologists and audiologists. The clinic respects the right of privacy of the clients and will treat sessions and information regarding clients as confidential. IMPORTANT! In order for our clinicians to perform therapy with you/your child you must consent to video and audio

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recordings by the student clinician and faculty supervisors. These recordings will only be utilized to review sessions and complete further evaluation if needed.

⊙ I agree

⊙ I disagree and do not wish to have myself and/or loved one participate in teletherapy services.

Zoom Consent:

I understand that I am responsible for (1) providing the necessary equipment and internet access for my/my child's teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my/my child's teletherapy session. Teletherapy has been determined as an appropriate service delivery model for this client; however, the assigned clinician/supervisor might ask that an adult facilitator be present in the room for assisting with technical difficulties, or keeping a child on task.

⊙ I have read and understand

Zoom:

WIU is currently using Zoom for teletherapy services with password access. While Zoom is HIPAA compliant, any internet-based communication is not 100% guaranteed to be secure/confidential. I understand that there are risks and consequences from teletherapy/video observation, including, but not limited to, the possibility, despite reasonable efforts on the part of WIU that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my/my child's medical information could be accessed by unauthorized persons. Please note that this documentation will be recorded into individual's electronic medical records file on the ClinicNote platform.

⊙ I have read and understand

_____

Name of the person completing this form

_____

Signature of the person completing this form   Date

Affiliation:

⊙ Client   ⊙ Parent   ⊙ Guardian

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Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Speech-Language & Hearing Clinic
Updated Client Communication Form

Client Name: _____ Date of Birth: _____

Current Parent/Caregiver Concerns: _____

_____

_____

Current Client Concerns: _____

_____

_____

Any new progress you would like to share since last semester: _____

_____

Do you wish us to send final progress reports to your primary care provider at the end of the semester?

    ○ YES   ○ NO

If yes, have you signed the release of information?

    ○ YES   ○ NO

Any new medical and/or education information you would like us to be aware of? _____

_____

Any new allergies: _____

Signature: _____ Date: _____

Relationship to the client: _____

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WIU Department of Speech and Audiology
Speech-Language Hearing Clinic
Video, Audio, and Photographic Recording Consent (Child/Adult)

The Speech-Language-Hearing Clinic at Western Illinois University (WIU) has the primary purpose of training students who wish to become speech-language pathologists and audiologists. The clinic respects the right of privacy of the clients and will treat sessions and information regarding clients as confidential. Please complete this entire form which is valid for one (1) year from the date of signature. IMPORTANT! For our clinicians to perform therapy with you/your child you must consent to video and audio recordings by student clinicians and faculty supervisors. You may choose not to consent to the other options below.

By student clinicians and faculty supervisors working with you/your child.

      Yes

Department of Speech Pathology and Audiology supervisors and instructors for the purpose of student learning:

      Yes   No

Department of Speech Pathology and Audiology Courses for the purpose of student learning:

      Yes   No

Research purposes (no personal identifiable information included)

      Yes   No

Professional or Academic presentations/conferences (no personal identifiable information included)

      Yes   No

Published or professional journal (no personal identifiable information included)

      Yes   No

Web sites (ex. Clinic or department website)

      Yes   No

Department marketing materials (ex. Clinic brochure)

      Yes   No

WIU is currently using Zoom for teletherapy services to support student learning. While Zoom is HIPAA compliant, any internet-based communication is not 100% guaranteed to be secure/confidential. WIU shall not be held responsible if any outside party gains access to Zoom's personal or confidential information by bypassing their security measures.

      ○ **I have read and understand**

Student Observations: Undergraduate students are required to observe a number of therapy sessions. By agreeing, you are stating that it is okay for undergraduate students to observe your/your child's therapy session in-person.

      Agree   Disagree

Student Observations: By agreeing below, you are stating that is okay for undergraduate students to observe your/your child's therapy session via Zoom with restricted access from their home environment following HIPAA guidelines (observe independently, no other individuals can hear or see the screen, students will not communicate about the session, etc.)

Agree   Disagree

I understand that there are risks and consequences from teletherapy/video observation, including, but not limited to, the possibility, despite reasonable efforts on the part of WIU that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

Please note that documentation will be recorded into individual's electronic medical records file on the ClinicNote platform.

○ I have read and understand

_____

Name of the person completing this form

_____   _____

Signature of the person completing this form   Date

Affiliation:

○ Client
○ Parent
○ Guardian

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WAIVER OF MEDICAL EXAMINATION

I have been advised of the following by the supervising audiologist at the WIU HEARING CLINIC that the Food and Drug Administration (FDA) and the State of Illinois Department of Public Health, Hearing Aid Consumer Protection Program have determined that it is in my best interest to have a medical evaluation by a licensed physician, preferably a physician who specializes in diseases of the ear, before purchasing a hearing aid.

Despite this warning I do not wish a medical evaluation before purchasing a hearing aid.

Signature:_____

Date:_____

Updated: 7/13/2021