

EAST TENNESSEE STATE UNIVERSITY

COLLEGE OF CLINICAL & REHABILITATIVE HEALTH SCIENCES



COLLEGE *of*
CLINICAL *and* REHABILITATIVE
HEALTH SCIENCES

EAST TENNESSEE STATE UNIVERSITY

**DEPARTMENT OF AUDIOLOGY & SPEECH-LANGUAGE
PATHOLOGY**

SPEECH-LANGUAGE-HEARING CLINIC

GUIDELINES, POLICIES, AND PROCEDURES

REVISED

August 2021

Version 3.0.82021

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Statement of Nondiscrimination The Speech & Hearing Clinic of East Tennessee State

University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability or status as a protected veteran. Any person having inquiries concerning ETSU's or the clinic's compliance with implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 or other civil rights laws should contact one of the following:

James Batchelder, Assistant Dean
Assistant Dean
Office of the Dean
College of Clinical & Rehabilitative Health Sciences
Box 70282
423-439-7456

...if all my possessions were taken from me with one exception, I would choose to keep the power of communication, for by it I would soon regain all the rest.” – Daniel Webster

I. INTRODUCTION

The purpose of the East Tennessee State University Speech-Language-Hearing Clinic is twofold: first, to provide training to students majoring in speech-language pathology and audiology; and second, to provide professional services to members of the general public and university community with speech, language, cognitive, and/or hearing problems. Clinical training presents an opportunity for students to apply and integrate academic learning into clinical experience. Clinical experiences are selected according to students' academic levels and clinical needs. Program requirements are designed to meet the standards of the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA), the State of Tennessee Licensure Board of Speech Pathology and Audiology, and the ETSU School of Graduate Studies. In fulfilling these two purposes, students are expected to maintain professional ethics and to meet clinical management responsibilities.

II. PURPOSE OF THE CLINICAL HANDBOOK

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

III. EXPERIENCES AND RESPONSIBILITIES

Experiences

The following are representative examples of experiences the student may be able to participate in during his or her clinical program:

- a. Observation of therapy sessions;
- b. Assessment and intervention with a variety of communicative disorders in a variety of settings;
- c. Conferences with teachers, parents, and/or other professionals;
- d. Speech and language screenings; hearing screenings; and/or threshold testing;
- e. Completion of documentation used by the ETSU clinic and other clinical practicum sites;
- f. Professional meetings such as staffings; conferences; and in-services.
- g. Completion of clinical simulation educational experiences
- h. Engaging in clinical case presentations

Responsibilities

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

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

1. The students will adhere to the ASHA Code of Ethics (<http://www.asha.org/Code-of-Ethics/>) and conduct herself/himself in a professional manner in all activities relating to the Department of Audiology and Speech-Language Pathology and the practicum site to which s/he is assigned. Students are required to review the Code of Ethics prior to the first week of clinic. A meeting will be held during

the students' general orientation related to ASHA Code of Ethics and professionalism. Individuals can refer to Code of Ethics policy.

2. Each student must obtain and maintain professional liability (malpractice) insurance throughout his/her entire program matriculation. Coverage must be renewed annually and should be purchased prior to clinical practicum enrollment.
Students must be members of the National Student Speech-Language-Hearing Association (NSSLHA) to apply for professional liability insurance through Mercer Consumer.
NSSLHA membership applications and liability insurance forms may be obtained from the department executive aide or online at <http://www.asha.org/nsslha/> and <http://www.proliability.com/about-us>. Any student who cannot document insurance application will be denied a clinical assignment for that semester.
3. Students enrolled in graduate speech-language pathology program are required to complete 20 hearing screening hours before graduation. This satisfies ASHA requirements. Students must enroll in the 1-hour CDIS 5510 Audiology Clinic for SLP course to count credit for these hours. Students should enroll in this course in their second year.
4. Students enrolled in graduate speech-language pathology program should have completed the required 25 observation hours. Should students not have these hours completed when entering the program, it is the student's responsibility to obtain these hours during the first year of the graduate program.
5. Mandatory Speech-Language Pathology orientations will be held before/during the first week of each semester for first and second year students. Any student enrolled in practicum must attend. Students enrolled in an off campus clinical practicum should begin their clinic the first week of classes unless otherwise notified by the Clinical or Assistant Clinical Director. This initial meeting will assist in orienting students to their matriculation through their clinical experiences, provide information about available materials and support, as well as instruct them on their responsibilities as graduate students in the Speech-Language Pathology program.
6. During the first year of graduate work, students have the option to participate in a vocal screening and hygiene training program. ETSU Faculty will supervise screenings. The purpose of this activity is to 1) identify any vocal use difficulties that would impact implementation of activities during clinical practicum and 2) participate in training to improve knowledge of how to use one's voice more efficiently.
7. Students must complete Universal Precautions/Infection Control training prior to the beginning of any clinical practicum. Students are required to adhere to Universal Precaution in all clinical interactions. Students will also adhere to the Materials Cleaning policy and follow subsequent procedures.
8. Students must complete training/turn in any applicable paperwork in the following areas after the initial clinic orientation before students can participate in their clinical practicum. These include: ASHA Code of Ethics, Universal Precautions/Infection Control, and HIPAA training. Students are also required to sign the clinical attendance policy, technical standards form and clinic handbook signature page. These documents may be turned into the appropriate Clinic Director's mailbox or emailed. Students are made aware of these assignments at first year orientation. HIPAA training is required to be current throughout the students' entire clinical practicum.
9. All clinical pre-requisite information must be turned into Dr. Boggs/appropriate personnel/CALIPSO before beginning clinical practicum. These include: immunizations (Hep B, MMR), physical, TB test, CPR, liability insurance, training certificates, NSSLHA card, background check, completed clinical observation hours. Students are required to get a flu shot for some clinical sites. The appropriate Clinical Director will inform students when this is necessary. It is the students' responsibility to ensure all documents and requirements to participate in clinical practicum are updated throughout their time in the graduate program.
10. The student is required to attend clinic meetings/teaching clinics as scheduled by their supervisor. Each supervisor will establish a specific schedule to meet the needs of their students and clinic; however, all teaching clinics will provide training related to disorder to be treated, treatment methodology and

rationale, documentation requirements, related issues to patient's communication disorders. Teaching clinics are held weekly for all first year students.

11. If a student feels that her/his academic background is weak or lacking in an area or areas, it is the student's responsibility to fill the gaps through reading, asking pertinent questions, etc. The supervisor will be pleased to provide the student with bibliographical references and direct them to evidence based practice and information from ASHA, or provide them with materials to borrow.
12. The student should keep track of her/his clinical clock hours to ensure that s/he is accumulating the necessary hours to meet the requirements of graduation, ASHA certification, State Licensure, and/or Public School endorsement. Clinic hours and competencies will be entered into Calipso clinic schedule software monthly by the student. Students may refer to the policy and procedures for submission of clinical clock hours.
13. The student must clear all major decisions regarding client management with the supervisor prior to implementing or communicating them to client, family members, or other professionals.
14. The student must be prompt, well prepared, and should show initiative concerning clinical responsibilities.
15. The student is expected to respect client confidentiality at all times and is cautioned to refrain from gossiping about clients and/or other professionals. This shall be covered in more detail during HIPAA training. For additional information, students may refer to Confidentiality policy.
16. The student is expected to participate in electronic medical record training for clinical placement as appropriate. Specific information will be presented to students when clinical placements are assigned.
17. The student is expected to present an acceptable professional appearance when involved in clinical or clinically-related activities.
18. Students are responsible for checking out tests and materials following the correct procedure which is outlined in the policy and procedures.
19. Each student is responsible for ensuring that the clinic area is clean following each appointment and that all materials have been returned properly.

TECHNICAL STANDARDS

Department of Audiology & Speech-Language Pathology Speech-Language Pathology Graduate Program

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

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

2. Motor skills:
 - a. Sustain physical activity level necessary in classroom and clinical activities (e.g., ambulate to access clients; lift and manipulate clinical instruments, tests and materials).
 - b. Respond quickly to provide a safe environment for clients in an emergency situation (e.g., fire, choking).
 - c. Access transportation to clinical and academic placements.
 - d. Participate in classroom and clinical activities for the defined workday (e.g., full 8-10 hour workday).
 - e. Manipulate patient-utilized equipment (e.g., computer systems, hearing aids) in a safe manner.

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

4. Behavioral/Social skills:

Revised July 2015

IV. GENERAL RULES OF THE CLINIC

ETSU ASLP Clinical Attendance Guidelines

Graduate clinicians enrolled in clinical practicum, both on campus or external campus externships, have an ethical obligation to provide clients with regular and consistent therapy days. Consistent attendance is required to enable students to gain appropriate skills and competencies across disorders.

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

Only illness will be considered an excusable absence and a reason for canceling an appointment with clients, and/or failing to attend assigned clinical placements. You may be required to offer make-up days for any treatment/diagnostic days missed while you were out sick. Other absences are deemed excusable if approved by the Clinic Director or Department Chair. If you are absent from clinic, you must let your supervisor and the Clinical Director or Clinical Coordinator know of the absence.

Clinicians must submit a doctor's note if absences are in excess of one day during a semester. During each semester, absences not related to illness from clinic in excess of one time per assignment (ETSU clinics, externship, etc.), will be considered excessive and will necessitate corrective action. The following actions may be considered and determined appropriate by the clinical educator:

- (1) Graduate clinicians who miss more than one unexcused day within a semester will be required to make-up the days missed in the current semester if the situation permits. The clinical grade for the semester may be lowered. Graduate clinicians in external placements will be required to attend practicum on an additional day at the discretion of the externship supervisor.
- (2) Graduate clinicians who miss more than one unexcused day within a semester will perform the make-up days during the following semester. The clinical grade for the current semester will be an "Incomplete" and the grade may be lowered. Depending upon circumstances and client availability, graduate clinicians needing to make-up days may need to extend their program in order to accumulate the experience and types of clinical hours required for graduation.
- (3) Graduate clinicians who miss more than one unexcused day within a semester may be removed from that particular clinical assignment per supervisors discretion; in this case no hours will be accrued and the clinician will earn a clinical grade of C or lower.
- (4) Graduate clinicians who miss more than 5% of clinical practicum or do not earn a grade of B- or better will be placed on clinical probation and a remediation plan will be developed. No clinical hours will be accrued.

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

Graduate clinician signature

Date

For additional information, refer to attendance policy and procedures.

Dress Code Guidelines

The East Tennessee State University Speech-Language-Hearing Clinic provides services to the community. Students will participate in a series of professional interactions with clients. Therefore, student clinicians will dress to reflect these responsibilities. All clinic personnel, students and staff, should be neat and professional in appearance when engaged in any clinic activity.

Accessories, jewelry, and perfume/cologne should not distract clients from the clinical interaction. Please realize that various clinical populations may require more formal attire while others may require less formal clothing. Some sites may expect medical scrubs. Students are expected to follow the dress code assigned to the specific clinical assignment. Exposed body piercing (other than ears) and exposed tattoos are not acceptable in any clinical setting. Your clinical educator will instruct you in specific dress for your practicum. For additional information, refer to Dress Code policy.

Addressing Other Professionals and Clients

1. Supervisors, staff, and other professionals are to be addressed by the appropriate title (e.g., Dr., Mrs., Ms., Mr.) unless otherwise instructed. The student may have to adopt alternate names for younger clients (e.g., “Ms. Kate”).
2. Children expect to be addressed by their given name. Adults should be asked their preferred form of address.
3. Professional posture contributes to credibility when delivering professional information or services. Professional posture includes direct eye contact (if culturally appropriate), pleasant facial expression, composed physical posture, personal hygiene, selection and maintenance of garments worn while functioning in a professional capacity appropriate to the specific clinic requirements.

Observation of Speech-Language Assessment and Intervention

Observation Rules

1. Appropriate attire
2. Talk quietly
3. Do not enter the therapy room unless invited by clinician and/or supervisor
4. Remain respectful of the parents who may also be observing
5. For parents who choose to observe their child during therapy, they must be in the same therapy room with their child and clinician. Sitting in the hallway is not acceptable.
6. Students are expected to protect client confidentiality by following all HIPAA guidelines when observing.

Conferences with Parents and Supervisors

1. When conducting conferences in the ETSU SLH Clinic, contact your clinical educator regarding a space to hold the conference.

2. The waiting room and observation area will not be used for consultation or conferences.
3. Occasionally, conferences may occur before or after a therapy session in the therapy rooms. This is permissible. However, if confidential information is being shared, it is best to use either the conference room or the supervisor's office to guard against accidental observation.
4. Parent, family and/or patient conferences should be held at the end of fall and spring semesters to discuss goals, objectives, progress and recommendations. Individual supervisors may vary the format of the conference.

Clinician-Initiated Therapy Cancellation Procedures

The student must contact her/his supervisor if s/he needs to cancel a therapy session. The student should then contact the clinic office staff. The office staff will call to cancel the session. This should be done as soon as possible to ensure that contact can be made with the client and/or client's family. Unless an emergency or illness, student clinicians should rarely need to cancel a session. Please refer to clinical attendance policy related to absences.

Therapy Materials, Tests, and Special Materials Procedures

The clinical materials available for student use have been chosen to provide a broad exposure to current testing and treatment methods. Speech and language materials are housed in therapy rooms, the clinic office and with each supervisor. Materials are organized in cabinets with identifying labels. These tools are for student use. Students should be considerate of others who need them and return them to the proper place. Damaged or missing items should be reported to the Assistant Clinic Director and/or office staff. Off campus clinics have specific materials located at their facility for student use. **Materials from ETSU may not be taken to off-campus sites, unless under special circumstances, approved by the Assistant Clinic Director.**

Check-Out Procedures for Tests, Special Materials, and Recording Equipment

1. Students are encouraged to familiarize themselves with these materials so that they may make appropriate choices for clients.
2. All assessments, treatment materials, recording equipment, special materials are kept in the clinic office. All items must be checked out prior to leaving the office. This must be done even if the items will be kept on the floor.
3. An updated list of tests and special materials is kept by the clinic staff in the Clinic Office. Students are encouraged to look at this list periodically to familiarize themselves with new materials available for use.
4. The student is required to check out any materials s/he may need from the Clinic Office. Students need to provide the office staff with your name and let the staff member know if you are taking the tests overnight or just for the day. Students will use his/her ID card and E-number to check out materials.
5. Students will be able to check out a material for a 2-business day period. Any exceptions to this policy must be arranged between the student's supervisor and the office staff. Late fees will be accrued should materials not be brought back to clinic on due date. The charge is \$1 per item per day the item(s) are late. Refer to information provided from Office Manager, during week of orientation, related to clinic procedures for checking out materials.
6. Materials for diagnostic or therapy sessions should not be checked out until shortly before the student intends to use them. Students should plan accordingly if they need to review an assessment prior to administration. All materials should be returned as soon as possible after the session has ended. If the student needs the test manuals following the session, s/he should get the supervisor's approval and follow the overnight materials check-out procedures.
7. Students should take the ENTIRE test or item when checking out materials. The student is responsible for ALL materials relating to the test or item while it is in his/her possession. All test or item

components should be returned together and in their proper order. Missing or damaged materials should be reported to the Assistant Clinic Director and/or office staff. If test forms are few and need to be reordered, inform the office staff.

8. Portable audiometers and tympanometers must be checked out by the student prior to use.

Videotaping Procedures

Videotaping is an important component of the East Tennessee State University Clinical Training Program. Each student will, at some level of training, be videotaped.

These videos may be used for a variety of educational, instructional, and demonstration purposes. They are generally used to:

- Demonstrate specific client behavior(s)
- Demonstrate specific clinician behavior(s)
- Demonstrate the use of assessment tools and/or provide instruction in the use of a specific assessment tool
- Demonstrate strategies used in intervention and supervision
- Aid students in developing skills in observing behavior and recording and analyzing data
- Allow students to review and assess their clinical skills by completing video reflections
- Store information related to specific clients that can be used to measure clinical gains
- Provide research data (all data are confidential)

For additional information, refer to Videotaping policy and procedures.

Mail

Graduate students are provided with a mailbox in the clinic office. These mailboxes should be used for communication between students, supervisors, and professional/clerical staff of the clinic. It is the student's responsibility to check her/his mailbox daily.

E-Mail

As a means of improving departmental communication, graduate students must obtain an ETSU e-mail address. ETSU provides this service free of charge. The student is responsible for checking messages daily. Students' ETSU email address should be used for all communication used during clinical and academic matriculation. Emails containing clinical related information should have 'encrypt' in the subject line for security purposes. Additionally, students are encouraged to permanently delete emails with PHI weekly to limit exposure in case of an email breach. Additional information regarding email communications will be provided in HIPAA training.

Name Badges/ID

Name badges will be ordered and purchased through the Department of Audiology & Speech-Language Pathology. Name badges are required for all clinical practica and must be visible at all times when in clinic. The departmental name "ASLP" and the title "Graduate Clinician" should appear on each student's name badge. The Department provides this service free of charge. Additionally, students will need an ID card to allow him/her access to designated clinical spaces. To access the clinic office, students must have ID card; if not in your possession, you will not be allowed entry. Both of these are available at Campus ID Services. For additional information, please refer to Name Badges and Student ID policy and procedures.

Student Workroom

Students have a workroom, computer lab, and break room at the Nave Center. These rooms are specifically designed for students to work on clinical and course related assignments. When using these spaces, students are reminded to be respectful of other students who are also using the room. This means using a quiet voice, working on class/clinic assignments, and logging off computers when not in use, etc. Students should be mindful to respect client confidentiality at all times and are cautioned to refrain from gossiping about clients and/or other professionals while using the student workroom space.

Students are also responsible for maintaining the cleanliness and organization of their workroom spaces. This demonstrates professional behavior. Students should discuss and implement procedure(s) for routine maintenance to be completed throughout each semester. This can include, but not be limited to: washing and putting away dishes, cleaning countertops, sweeping floors, cleaning out refrigerator, washing dishtowels, etc.

V. SAFETY PROCEDURES

Alcohol and Drug Policy

COLLEGE OF CLINICAL AND REHABILITATIVE HEALTH SCIENCES ALCOHOL AND DRUG POLICY

In addition to the ESTU GENERAL POLICY on a DRUG-FREE CAMPUS as stated in the ESTU SPECTRUM, the COLLEGE OF CLINICAL AND REHABILITATIVE HEALTH SCIENCES (CCRHS) must also maintain a safe academic environment for students and faculty, and must provide safe and effective care of clients while students are in the classroom and clinical/field settings. The presence or use of substances, lawful or otherwise, which interferes with the judgment or motor coordination of students in these settings, poses an unacceptable risk for clients, colleagues, the institution, and the health care agency. This policy will be included in publications distributed to students by CCRHS programs. Students will also sign a Statement of Acknowledgement and Understanding Release Liability Form (attached to this policy) to indicate that they have read and understood the policy.

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

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

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

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

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

PROCEDURES:

1. If reasonable suspicion has been established (as identified on a form attached to this policy) that any provision of this policy has been violated, the following actions are to be taken:
 - a. In all cases, the faculty or affiliate personnel responsible for that student has the responsibility for dismissing the student from the classroom or clinical/field experience immediately.
 - b. If the incident occurs in the classroom, the individual will be accompanied to the Dean's office or Dean's Designee.
 - c. If the incident occurs in a clinical setting, the Dean or Dean's Designee will be notified by telephone.
2. Subsequent to an immediate preliminary investigation by the Dean or Dean's Designee, that office will make the determination as to whether testing is appropriate and will then take steps to have the student tests at the student's expense.
If the determination is made that testing is appropriate, the student will immediately be asked to submit body fluid testing for substances at a laboratory designated by the College of Clinical and Rehabilitative Health Sciences. Based on the outcome of the test, the Dean or Dean's Designee will determine whether to initiate disciplinary charges.
3. If any student is asked and refuses to submit to a drug/alcohol screen, this information will be given to the Dean or Dean's Designee. That office will determine whether university judicial charges for failure to cooperate with an institutional officer are to be forwarded to the Office of Student Affairs.
4. The Dean or Dean's Designee will report screening results for licensed students/personnel to the respective state boards of licensure when applicable in accordance with their practices.
5. Upon determination that a student has violated ETSU/and/or CCRHS Drug Rules as set forth in this policy, disciplinary sanctions may be imposed as outlined in the ETSU SPECTRUM under Disciplinary Sanctions.
6. All cases may be appealed by the student to the next higher level judicial authority in accordance with the Appeal Procedures outlined under Disciplinary Sanctions in the ETSU SPECTRUM.

All information related to these procedures will be held in confidence and released only in those instances required by the University, the Office of Student Affairs, the College of Clinical and Rehabilitative Health Sciences, and/or appropriate state board policy.

Fire Safety Response Plan

Fire prevention is YOUR responsibility. ETSU is a tobacco-free campus effective August 11, 2008.

With regard to the Fire Safety Response Plan, you will be trained in the following areas:

- What to do if you should discover a fire;
- Your responsibilities during a fire;
- How to use a portable fire extinguisher.

You should also know the location of all fire exits (must be kept unlocked) and of all fire extinguishers in the department. Please read the following information carefully.

1. If you should discover a fire:

Immediately yell “CODE RED” and the room number or area at least three times or until you see someone coming to assist you.

2. Your responsibilities during a fire:

- Remember the acronym **R.A.C.E.** This acronym stands for **RESCUE, ALARM, CONFINE,** and **EXTINGUISH** to remind you what you need to do in case of a fire.
 - a. **RESCUE** the person in immediate danger.
 - b. **ALARM** – Call the university’s Emergency Number 9-4480. Campus Security will notify the fire department and direct responders to the building. Campus security personnel are also trained as fire fighters.
 - c. **CONFINE** the fire by closing the door to the room of fire origin.
 - d. **EXTINGUISH** the fire by using a portable fire extinguisher if it can be done safely. Remember that you are not a trained fire fighter. Fire extinguishers are for small fires and should be used only if you have been trained in their use.
 - *If you are not involved in the RESCUE and EXTINGUISH responsibilities, you should direct and assist clients and all others out of the building via the closest fire exit. If a client cannot be removed safely from a therapy room, you should close the door to that room to keep smoke and heat from entering. Remember that smoke and heat rise and that you should crawl along the floor to get cleaner air if necessary.*

3. How to use a portable fire extinguisher:

- Once a year, the fire marshal will hold an in-service to demonstrate the proper use of a fire extinguisher. You will also be expected to review all aspects of the fire safety plan as a part of that training. Students should make themselves familiar with the location of fire extinguishers.

Universal Precautions and Safety Plans- Policies and Procedures

Students must complete Universal Precautions/Infection Control training prior to the beginning of any clinical practicum. Students are required to adhere to Universal Precautions in all clinical interactions. Students will also adhere to the Materials Cleaning policy and following subsequent procedures.

AIDS/HIV Safety Plan

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

FRESH Tools for Effective School Health
<http://www.unesco.org/education/fresh>

First Edition
2004

Universal Precautions to Prevent the Transmission of HIV

Normal teaching and learning activities do not place anyone at risk for HIV infection, but accidents and injuries at school can produce situations where students or staff might be exposed to another person’s body fluids. Because very often people do not know they are infected with HIV, and as it is not possible to tell someone is

infected by the way he or she looks, school personnel should apply “universal precautions” to every person and every body fluid in every situation.

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

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

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

Standard precautions include:

1. Do not make direct contact with any person’s blood or body fluids. **Wear gloves** when attending to someone who is bleeding or when cleaning up blood, vomit, faeces, pus, urine, non-intact skin or mucous membranes (eyes, nose, mouth). Gloves should be changed after each use. Learners should not touch blood or wounds but should ask for help from a staff member if there is an injury or nosebleed.
2. Stop any bleeding as quickly as possible. Apply pressure directly over the area with the nearest available cloth or towel. Unless the injured person is unconscious or very severely injured, they should be helped to do this themselves. In the case of a nosebleed, show how to apply pressure to the bridge of the nose.
3. Help injured person to wash graze or wound in clean water with antiseptic, if it is available, or household bleach diluted in water (1 part bleach, 9 parts water). Cover wounds with a waterproof dressing or plaster. Keep all wounds, sores, grazes or lesions (where the skin is split) covered at all times.
4. Wash hands or other skin surfaces that become exposed to blood or other body fluids immediately and thoroughly. Hands should be washed immediately after gloves are removed. Cleaning should be done with running water. If this is not available, pour clean water from a container over the area to be cleaned. If antiseptic is available, clean the area with antiseptic. If not, use household bleach diluted in water (1 part bleach, 9 parts water). If blood has splashed on the face, particularly eyes or the mucous membranes of the nose and mouth, these should be flushed with running water for three minutes.
5. Wash contaminated surfaces or floors with bleach and water (1 part bleach, 9 parts water). Seal in a plastic bag and incinerate (burn to ashes) bandages and cloths that become bloody, or send them to an appropriate disposal firm. Any contaminated instruments or equipment should be washed, soaked in bleach for an hour and dried. Ensure that bathrooms and toilets are clean, hygienic and free from blood spills.
6. Every school must ensure that there are arrangements for the disposal of sanitary towels and tampons. All female staff and learners must know of these arrangements so that no other person has contact with these items.

Essential supplies include:

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

- **Two first aid kits, each containing:**

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

- **A bottle of household bleach**

- **A stock of plastic shopping bags checked for holes**

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

- **A container for pouring water**

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

This article is reprinted with permission from the following:

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

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

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

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

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

What the public and human services professionals knew just one year ago about AIDS/HIV is now being reviewed, and in many cases revised. This update is an attempt to keep speech-language pathologists and

audiologists current regarding AIDS/HIV precautions for the management of persons with AIDS/HIV infection. The reader is referred to the original ASHA article (1989, pp 33-38) for background information.

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

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

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

Suggested Precautions

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

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

General Procedures

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

Gowns, masks, and goggles are recommended if a splash of blood or body fluid containing visible blood is anticipated; otherwise, no barrier precautions are indicated. However, good handwashing before and after client contact is an essential part of any infection control program and should be specified in institution-specific

policies on Universal Precautions. If a splash or spill occurs in spite of precautions, immediate decontamination is indicated (e.g., a solution of 1 part household bleach to 10 parts water). If in doubt, contact the local hospital's Infection Control expert, local public health personnel, or one of the AIDS hotlines listed at the end of this update. The Environmental Protection Agency lists registered products that are known to kill the AIDS virus (EPA, 1989).

Clinical Equipment and Materials

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

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

Dressings and Tissues

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

Handwashing

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

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

Gloves

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

Urine and Feces

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

- Flush urine and feces down the toilet.
- If you handle urinals or empty catheter bags or bedpans, wear gloves.
- If it is necessary to use a portable urinal, bedpan, or commode, empty it into the toilet and thoroughly clean and sanitize before replacing it at the client's bedside or returning it to storage.
- When changing diapers, wear gloves. Dispose of soiled diapers.

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

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

Food Utensils and Containers

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

Clothing and Personal Effects

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

Observation of Significant Other/Family Participation

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

Daily Cleaning and Terminal Disinfection Procedures

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

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

When housekeeping personnel are not available, practitioners should:

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

Summary

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

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

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

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

CPR

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

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

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HOTLINE NUMBERS:

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

ETSU Speech-Language-Hearing Clinic Infection Control Procedures

Individuals may refer to the Materials Cleaning Policy for additional information.

I. General Procedures for On campus Clinical Equipment and Materials

A. Procedures for Speech-Language Pathology

1. Clean table surfaces after each use with disinfectant solution/wipes. Spray and wipe thoroughly with a paper towel, spray again and let dry (“spray-wipe-spray”).
2. Clean therapy materials that have washable surfaces after use if client has drooled on them, has put them in his/her mouth, or if they are visibly soiled. Use disinfectant solution/wipes and wipe thoroughly with a paper towel, spray again, and let dry before putting away (“spray-wipe-spray”).
3. If contamination from head lice is suspected, before auditory amplifiers are returned to the office, remove foam ear cushions, wash with soap and water, rinse well, blot dry with a paper towel, wrap in a dry paper towel, and place in the box with the headset.
4. Specific protocol for disinfecting “Speech Buddy” placement device is located in the clinic office at the Nave Center.

II. Hand Washing

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

III. Wearing Gloves

- A. In the Speech-Language Pathology Clinic, latex gloves must be worn when performing invasive procedures. These procedures include:
 1. Oral speech mechanism exam
 2. Showing a client correct tongue or lip placement (using the client’s mouth) using hands or “Speech Buddy” placement device.
 3. Managing tracheostomy tubes or other prostheses

IV. Disposal of Materials

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

VI. CLINICAL PRACTICA IN THE UNIVERSITY CLINIC

Multicultural Considerations in Clinical Practicum

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

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

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

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

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

1. Present clear explanations of objectives. Care should be taken to ensure that the methods and procedures used in the sessions do not violate the beliefs of the client.
2. Be flexible. Avoid scheduling appointments on religious holidays when possible. Native Americans, African Americans, and some Hispanic groups have an elastic concept of time (i.e., they believe they have kept the appointment if they arrive 5 to 15 minutes late).
3. Show enthusiasm. However, be aware of cultural parameters. Touching, using elevated pitch, and gushing over babies can be offensive behaviors to some cultural groups.

4. Be businesslike and task-oriented. Examples from real-life situations could show the importance of the session and how to use the new information appropriately.
5. Use praise and encouragement. While constructive criticism may encourage change in a behavior, negative reports of progress in some cultural groups may result in punishment of the child.
6. Provide opportunities to learn. Create an environment that encourages social interaction and is acceptable to the client's culture and communication style.
7. Preview and review lessons. Clients should be told the purpose of the lesson and why it is important.
8. Use multiple levels of questions or cognitive discourse. Knowledge of cultural activities and various communication needs should be used to demonstrate different pragmatic aspects of language. Teach the concept in different settings and in different ways.

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VII. PROCEDURES FOR SPEECH-LANGUAGE PATHOLOGY PRACTICA

East Tennessee State University

Department of Audiology and Speech Language Pathology

Policy on SLP Clinical Education for ETSU Graduate Students

Specific guidelines are provided by Medicare and Medicaid related to student supervision of SLP procedures and billing requirements. Medicaid has the most stringent guidelines and decisions related to amount and level of supervision were developed to ensure compliance related to codes used for billing and supervising SLP and student provided services.

To ensure that the ETSU Speech and Language Clinic is compliant in all student training and billing activities, the following guidelines are enforced:

Codes to be used in billing of services and SLP and student ratios:

Code as **individual therapy** when the speech-language pathologist (SLP) *or* student is treating **one** client, while the other is not treating/supervising any other residents/students

Code as **concurrent therapy** (i.e., patients are performing different activities) if the SLP is treating two clients while the student is not treating any residents *or* if the student is treating two residents while the SLP is not treating any residents.

Code as **group therapy** (i.e., patients are performing similar activities) if the full group is conducted by *either* the supervising SLP or the student; the other may not be supervising any other students or treating clients.

Guidelines for percent of supervision for assessment and intervention:

1. The supervising SLP determines the appropriate amount of supervision based on the graduate student's level of knowledge, experience and competence. Students in the first semesters (e.g., less than 50 hours of clinical practice) of clinical practicum at ETSU receive a minimal of 75% supervisor during clinical services. Graduate students in their first semester require line-of sight supervision by the SLP during all services. The supervising SLP has direct contact with clients during each visit. Clients that demonstrate profound communication disorders, those that are medically fragile or those that have aggressive behaviors are supervised 100% of the time by the supervising SLP. Initial assessments are supervised at 100% of the time. The amount of direct supervision required may also vary by insurance.
2. The supervising SLP determines the appropriate amount of supervision based on the graduate student's level of knowledge, experience and competence. Graduate students in their second semester (i.e., 50 to 150 clinical hours) of clinical practicum at ETSU receive a minimal of 50% supervision. Graduate students who have been approved by the supervising SLP to practice with increase autonomy in selected client's situations can perform clinical services without line of supervision. However the SLP must be physically present in the facility and immediately available to provide observation, guidance and feedback. Clients that demonstrate profound communication disorders, those that are medically fragile or those that have aggressive behaviors are supervised 100% of the time by the supervising SLP. Initial assessments are supervised a minimum of 75% of the time.
3. The supervising SLP determines the appropriate amount of supervisor based on the graduate student's level of knowledge, experience and competence. Graduate students in their third semester (i.e., 150 plus clinical hours) of clinical practicum at ETSU receive a minimal of 25% supervision. Graduate students who have been approved by the supervising SLP to practice with increase autonomy in selected client's situations can perform clinical services without line of supervision. However the SLP must be physically present in the facility and immediately available to provide observation, guidance and feedback. Clients that demonstrate profound communication disorders, those that are medically fragile or those that have aggressive behaviors are supervised 100% of the time by the supervising SLP. Initial assessments are supervised a minimum of 50% of the time.
4. Fourth and fifth semester students who are completing clinical practicum off site must follow the guidelines established by said facility. The supervising SLP is always required to be physically present in the facility and immediately available to provide observation and guidance.
3. The supervising SLP is required to review and co-sign all graduate students' patient documents at all levels of clinical experience and retains full professional **responsibility/liability** for the care of the client.

Students are not considered qualified providers by either Medicare or Medicaid; thus the SLP is responsible for all aspects of service.

https://www.asha.org/practice/reimbursement/medicare/student_participation_slp/

<https://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit-Qualified-Provider/>

Clinical Observation

1. Students are required to complete a minimum of 25 hours of observation before beginning clinical practicum. In the event these are not obtained, students should obtain there during first year of graduate work.
2. An Observation of Clinical Session form will be used to document each observation completed after entry into the program. Form can be found in appendices.
3. A Log of Supervision - Observation Hours will also be kept. Form can be found in appendices.
4. Documentation of observation hours from other university programs will be accepted in lieu of the course and records requirement.

Clinical Assignments

1. Assignments will be based upon the student's academic and clinical experience/skill level, area(s) of professional need, and the availability of a clinical population or supervisors.
2. Any concerns or difficulties with clinical assignments should be discussed with your clinical educator or the Assistant Clinic Director.
3. During at least the first three semesters, students will receive the maximum amount of supervision required by ASHA. The nature and amount of supervision will be determined by the student's individual clinical educator and adjusted to reflect the competence and growth of the student. Students will have access to the clinical educator during their assigned clinical times.
4. Students in ETSU clinics will also participate in a weekly (or biweekly) teaching clinic with their individual clinical educator and other students in similar clinical experiences. Clinical educators will schedule additional individual and group conferences based on the needs of the clinician.
5. Students will have the opportunity to participate in a wide variety of clinic experiences; both pediatric and adult focused. Clinics that are supported by ETSU Faculty include: High Risk Infant Follow-Up Clinic, The Language Center at Nave: A Program for Children with Social and Communication Challenges, Positive Eating Program at Nave, Jeremiah School, School-Age Speech and Language Clinic, AVT Clinic, Crumley House, Voice Clinic, VA hospital and long term care, rehabilitation center and dysphagia program, ETSU Outpatient Adult Clinic, Concussion Screening/Management clinic, Gary Shealy Memorial ALS Clinic. Availability of these clinics may be impacted by the Covid-19 pandemic.
6. External clinical placements are located throughout the Tri-Cities area and typically assigned to fourth and fifth semester students. Specific information related to these placements can be obtained from the Assistant Clinical Director.
7. Students will be assigned at least one adult placement throughout his/her clinical matriculation. Additional adult-focused clinical placements will be assigned as available based on both student and clinical educator needs as well as student experience and clinical skills. Students will participate in multiple pediatric clinics throughout their clinical matriculation plan.
8. All students will be required to participate in diagnostic experiences throughout their training program. Some students will be assigned to a full Diagnostics Clinic, when available.
9. An example of a clinical practicum plan is given below. Clinical practicum plans are highly variable and student specific. Clinical caseload distribution will be based upon their level of clinical experience (see Appendix D):

1st Semester: 2 to 3 days in ETSU pediatric or adult clinic with ETSU supervisor

2nd Semester: 2 to 3 days in ETSU adult or pediatric clinic with ETSU supervisor

3rd Semester: Variable; Combination of on-campus/external clinical assignments

4th & 5th Semesters: On campus clinic or off campus practicum (depending on student clinical needs, skill level, and experience).

10. Over the course of their clinical matriculation, students may be placed in an ‘intensive’ clinical assignment. This entails students completing a clinical rotation at a site for a certain number of weeks, called the ‘on period’, and a period of weeks where students are not enrolled in that clinic, called the ‘off-period’. During the ‘off period’ the students may be assigned to and are encouraged to participate in the following clinical obligations such as, but not limited to: completing hearing screenings, observing other clinics and tx sessions, assisting with other clinics as necessary, assisting with completing evaluations, completing clinical simulation cases using SimuCase, participating in ChildFind screenings.
11. Students may correspond with the Assistant Clinic Director regarding particular interests and needs related to clinical assignments. The Assistant Clinic Director is responsible for coordinating clinic assignments for SLP students. Student preferences will be considered, but are not guaranteed. Students are encouraged to use the Clinic Placement Request Form (found in appendices) or email to make formal requests for internal clinic options during their first year. Students can set up a meeting with the Assistant Clinical Director to discuss clinical placement options for future clinical experiences.
12. Students may be assigned to complete clinical simulation (CS) through Simucase to gain experience in the areas of assessment and intervention. Requirements to complete a Simucase study include a prebrief with the clinical educator and a debrief after the case is completed. A score of 90% or higher must be achieved to earn clinical clock hours for each Simucase completed. Students may gain up to 75 hours in simulation learning experiences.

On-Campus Scheduling Procedures

The Assistant Clinic Director and/or clinical educators are responsible for:

1. Choosing clinical assignments
2. Scheduling clients for therapy sessions
3. Designating therapy rooms (if needed)
4. Arranging teaching clinics and individual or group conference times

The student is responsible for:

1. Arranging a pre-clinic and weekly conference time with the clinical educator of each client and/or attending pre-scheduled orientation meetings.
2. Per clinical educator instruction, calling clients or family members prior to the start of clinic to introduce her-/himself, re-confirm the dates and times for therapy, and to discuss favorite activities or particular interests of the client(s).
3. Attending all clinic and clinic-related activities, such as teaching clinics.
4. Completing all required documentation (see clinical documentation section below for more information)

The Office Manager (in cooperation with the ASLP Clinic Committee) is responsible for:

1. Determining fees on an individual basis.
2. Explaining the billing procedures and collecting the fees.
3. Checking clients in prior to each therapy session.
4. Completing any special arrangements for payment.
5. Checking out any materials to clinicians that are located in the office.

For additional information, refer to the Scheduling Policy and Procedures.

Client Records

The ETSU Speech-Language-Hearing Clinic uses electronic medical record (EMR) for documentation. Laptops are available for student check-out in the clinic office; however, must remain in the clinic when in use. An EMR training will be held during first year student orientation to provide more details and information regarding this system. Students will be given a log-in and access to EMR during the semester(s) they are placed in ETSU clinic sites. No student will have access or should access this system unless treating clients in the ETSU clinic, serving as peer mentor, or under special circumstance, approved by the office manager or clinic director. Additional information regarding patient privacy will be provided at the HIPAA training, held during orientation week for first year students.

The client records/laptops **MUST ALWAYS**:

1. Remain in the clinic area.
2. Be checked out via the procedures indicated below.
3. Accessed using a secure connection.
4. Clinic documentation should be saved on encrypted flash drive and deleted at semester end.

The client records/laptops **MUST NEVER BE**:

1. Accessed using non-secure connection.
2. Kept overnight by ANYONE.
3. Left unattended (opened or closed).
4. Photocopied/Printed.

Check-Out Procedures

The Office Manager is responsible for accessing client records at all times.

1. The student should be familiar with the location of client records.
2. All laptops should be checked out from the office staff. All information should be given including the clinician's name, E-number/ID, and the date and time of check-out.
3. Encrypted flash drives are available for all students to check-out to save clinic related information in a secure way throughout their clinical placement. These drives are available in the clinic office from the office staff. Students should obtain an encrypted flash drive at the beginning of the semester, delete all information before returning to clinic staff at the end of the semester.
4. The laptops must be returned the **SAME DAY** of check-out.

- Any student violation of the check-out procedure or confidentiality rules will result in the incident being reported to his/her clinical educator and University Compliance office as warranted. This violation will be reflected in her/his clinical practicum grade.

Clinical Clock Hours

Each student is expected to maintain accurate and complete clock hour records with supervisor verification. The clinic handbook has a template that you may use, depending on your clinical site. **It is IMPERATIVE that every student keep duplicate copies of all clinical clock hour records for her/his personal files.** In the event that the University record is misplaced or lost, the student will have evidence of the number of clock hours earned.

The clinical educator is responsible for notifying the office manager and clinical director of the students' names and the names of each client he/she is seeing for services each semester. The student is responsible for updating direct contact hours and competencies obtained with a client into the computerized Calipso system. The clinical educator approves the hours input by the student and notifies the clinical director for final approval.

General Considerations

- Only time spent in direct client contact can be counted for clinical clock hours. This includes time spent in parent/family conferences provided that the activity/conversation is directly related to evaluation and/or treatment.
- Time spent writing lesson plans, scoring tests, transcribing language samples, preparing for activities or evaluations, and writing reports cannot be counted toward clinical clock hours.
- Conference time with supervisors cannot be counted, however; teaching clinics may be counted toward staffing hours.
- Each student should indicate the number of minutes per session and round them off to the nearest unit of five.
- A breakdown of ASHA's Clinical Practicum Hour Requirements for certification and graduation can be found in the appendices of this handbook. Each student is responsible for working with the appropriate Clinical Director to ensure that at least these minimal requirements are met. Students should not strive towards obtaining a "minimal" number of hours; however, focus on obtaining clinical competency for all skills areas targeted during each clinical experience.
- The duration of a student's clinical training is based upon the following factors: (1) quality of student performance; (2) specific training needs/desires of the student; (3) client welfare; and (4) completion of practicum responsibilities at a particular site. If additional clinical training is needed, the appropriate Clinical Director, with approval from the faculty, will make recommendations for extended clinical work when indicated.

Diagnostic Hours

Diagnostic clock hours and competencies will be kept by all students using the computerized Calipso program and appropriate hours form.

Speech-Language Pathology Therapy Hours

- The student must keep a record of obtained and competencies. Additionally, input of clinical hours into the Calipso system on a monthly basis is mandatory.

2. If a client's communication disorders fall within two or more disorder categories, the accumulated clock hours should be distributed among the categories according to the amount of time in treatment. For example, if a client receives treatment for both speech and language, and each therapy session is divided equally between speech and language, the clinician should record one half of the time spent in therapy as speech clock hours and one half as language clock hours.

For additional information, individuals may refer to the Submission of Clinic Clock Hours and Competencies policy and procedures.

Clinical Documentation

Each student is required to complete clinical documentation as a part of their clinical placement. The type, timing and frequency of the documentation is up to each clinical educator. Examples of required documentation include, but are not limited to the following: *Personal goals, chart review form, treatment activity/lesson plans, personal reflection, data tracking form, SOAP notes/daily documentation and a semester summary report (SSR)*.

Personal Goals

Personal goals formats will vary depending upon your clinical educator and clinical site. Students will be encouraged to develop personal goals for their semester and time in the given clinical placement. These goals may be revisited throughout the semester (e.g., during a midterm/final conference).

Chart Review Form

Completing a chart review before seeing a new client is an important part of every clinical experience. The format will vary depending on your clinical educator and clinical site. Students will be required to complete a document compiling information retrieved from prior documentation on a client. Examples of this information may include diagnosis, previous SLP services, current short term goals etc.

Treatment Activity/Lesson Plans

Lesson plan formats will vary depending upon your clinical educator and clinical site. During your initial supervisory conference, lesson plan due dates and formats will be provided. Individual student-clinical educator conferences will be held as needed to assist the student with writing lesson plans and planning therapy sessions. All decisions regarding a client's plan of care will be made after consultation with the clinical educator.

Personal Reflection

Personal reflections will vary depending upon your clinical educator and clinical site. Students may be asked to complete weekly or bi-weekly written reflections and/or a video reflection after watching a recording of themselves engaging in clinical practice.

Data Tracking Form

Data tracking forms will vary depending upon your clinical educator and clinical site. A data tracking form will be utilized to monitor client progress over the course of the semester and to assist in completing the SSR, if applicable.

SOAP Notes

SOAP notes serve as a daily log of the client's visits. These notes should be written after each client visit and are to be turned in to your clinical educator. SOAP notes must be finalized within 48 hours after session end. Time needed for revisions and corrections will vary by student; however, timeliness of SOAP note writing is of utmost importance. The SOAP notes include (a) brief notes concerning specific clinical management

techniques, (b) interpretation of how the client responded and statements regarding the client's progress, (c) suggestions or assignments given to the client or parents, and when appropriate, (d) recommendations or plans for the next clinical session. These notes should be typed using the template provided by your clinical educator. The note must be signed by the graduate clinician and the supervising SLP/AUD. SOAP note formats may vary depending on the clinic. It is the student's responsibility to access and use the specific clinical educators preferred SOAP note template.

Off-site placements may have very different ways of recording daily notes. As with any clinical placement, the student will modify his/her paperwork to match the needs/expectations of the clinic in which he/she is placed.

Specific SOAP Note Format:

The term "SOAP notes" refers to a particular format of recording information regarding treatment procedures. Documentation of treatment is an extremely important part of the treatment process. SOAP notes consist of information presented in the following order:

Subjective:

This part of your notation should describe your impressions of the client/client general condition or information presented to you by a client/parent/caregiver. For example: "Billy was eager to complete the tasks presented to him" or "clients mother reported that he successfully utilized a 2-word phrase to request an object at home yesterday" This section should be utilized to report subjective information of clinical significance. The statement "Billy was a cute little boy with blue eyes" is a subjective statement; however, this observation would probably not be clinically significant with respect to the treatment of this client.

Objective:

This section is where you will report the measurable and observable information that you obtain during the treatment session. For example: "Bob will produce /s/ in word initial position with 80% accuracy with minimal cueing in 3/5 treatment sessions. Progress: 70% accuracy at the imitative level." This section can be used to report behaviors that you observe, not just the behaviors that you are targeting. For example, you could report, "Bob attempted to avoid producing treatment targets by saying, 'Let's do something else.'"

Assessment / Analysis:

This section is where you analyze and synthesize objective information obtained during the session and/or the session itself. For example: "John's performance showed a decrease in accuracy over the last session; however, due to limited attention to tasks, fewer trials were presented."

Plan:

The final section of your SOAP notes is where you outline the course of treatment, after considering the information you gathered during the session. For example: Training at the current level will continue with modification made on complexity of activity.

SOAP notes should be written and submitted using appropriate template, following each treatment session. These SOAP note records should be available prior to the start of each therapy session for the clinical educator's use and will be reviewed at supervisory conferences as needed.

Semester Summary Reports (SSR)

The purposes of the Semester Summary Reports are to summarize the statement of the problem and impressions, indicate the semester's goals and results of treatment, provide recommendations for upcoming therapy, and

have current information available for other agencies or professionals who work with the client. Each student should discuss individual variation with her/his clinical educator.

If the client will not be returning the following semester, the Semester Summary Report will serve as the Discharge Summary and should be so titled. Discharge from services should be documented in the permanent file, in the SSR / Discharge Summary Report template, and will include the reason for discharge

The student and the clinical educator must both sign the final copy of the document. Any student who does not obtain the clinical educator's signature in approval of the Semester Summary Report will receive a grade of incomplete for that semester. The student will follow the procedure set forth by their clinical educator in placing SSR in patient chart.

Discharge and Follow-Up: The clinical educator is responsible for determining the need for discharge. The following criteria should be considered when determining discharge:

1. Long term goals for remediation have been met.
2. Skill area are determined to be with normal limits or functional for needs.
3. Treatment has not resulted in any measurable gains for the client.
4. Treatment has reached maximum benefit.
5. Client attendance has been poor resulting in decreased benefit.
6. Two unexcused absences without notification.
7. Client/parent request discharge from site of clinical services.
8. Scheduling conflicts do not permit continued intervention.

End of Semester Responsibilities

Final conferences will be held with the client/parent(s) or other professionals working with the client. General progress and recommendations should be reviewed with client/parent(s) at that time. If clients will be returning the next semester, the treatment schedule may also be discussed at that time. Final conference requirements are determined by the clinical educator. Each student should discuss variations with the clinical educator. Typically, conferences are held in the fall and spring semesters.

Grades for practica will not be released until all end of semester responsibilities have been completed. Each clinician should verify with the supervisor that each of the following have been completed and entered into the client's chart:

1. Daily SOAP notes (signed and submitted).
2. Semester Summary Report filed and copies distributed to appropriate persons.
3. Biographical information has been updated.
4. All updated testing forms have been signed by student, clinical educator, include DOB (use pen only-if you use pencil, you must go over with pen). These forms are to be turned into your clinical educator. They will either be kept in your clinical educator's office or in the main clinic office for 12 months. Results from testing will be included in the full report which is uploaded to the electronic medical record.
5. Student has logged final clinic hours in Calipso and ensured previously entered hours have been approved by clinical educator.
6. Student has met with clinical educator for final grade meetings.

7. Clinic space duties have been completed as assigned (i.e., cleaning out tx rooms and materials, putting away materials, etc.)

In addition, all clinicians must complete and return the Evaluation of Clinical Educators to the Departmental Executive Aide/Clinic Secretary before grades can be released.

Clinical educator and students will have a final conference to discuss the evaluation of the student's clinical work for the semester. During this conference, the evaluation form from Calipso will be reviewed and signed by the clinical educator and student.

Speech-Language Evaluations

During a given semester, speech-language pathology students may also be assigned to complete speech-language-hearing evaluations as part of their primary clinical practicum with assigned clinical educator or by the Clinic Director. The purpose of an evaluation is to determine the presence of a communication disorder/difference/delay, any needs for intervention, and appropriate programming. The following guidelines will be used dependent upon the individual presenting concerns and needs:

Prior to the Diagnostic Evaluation

The student is responsible for completing the following tasks prior to a diagnostic session:

1. Reviewing the client's chart and any other available information in the case file. The student must determine if any additional information needs to be obtained from other agencies or professionals.
2. Planning the specific procedures or tests that may be included in the diagnostic session. Diagnostic plans are based upon information from the client chart and other pertinent information in the case file.
3. Preparing and/or discussing the test battery and diagnostic protocols with clinical educator at least 48 hours prior to the diagnostic session.
4. Arriving at least 30 minutes prior to the evaluation to set up materials, recording equipment, etc.
5. Following the established procedures for materials check-out.
6. Ensuring that all materials needed for the evaluation are available. These materials include:
 - a. Tests and test forms
 - b. Developmentally appropriate toys/activities
 - c. Oral motor examination materials including gloves, tongue blades, penlight, etc.
 - d. Portable audiometer and tympanometer if applicable.
 - e. Any necessary reinforcement materials
 - f. Appropriate ETSU Speech-Language-Hearing Clinic forms

Conducting the Diagnostic Evaluation

When all of the pre-diagnostic preparations have been completed and the client has arrived, the student(s) conducting the diagnostic evaluation should:

1. Confirm that the client has checked-in at the clinic office
2. Meet the client in the waiting room or; if completing evaluation at a satellite clinic follow clinical educator procedures.
3. Introduce her-/himself to the client and others accompanying the client.
4. Describe the general procedures, approximate time schedule of the evaluation, and location of appropriate facilities.

The following procedures are usually included in every diagnostic session. However, due to client needs (e.g., age or developmental level), these procedures may be modified as clinically warranted:

1. Interview the client and/or person accompanying the client. The student should obtain all biographical information not included on the client information form.
2. Examine the oral speech mechanism. Gloves must be worn during this exam. All disposable materials (e.g., gloves, tongue blades) must be properly discarded after use.
3. Administer pure tone air conduction screenings, tympanometry, and otoscopic examinations. All hearing screenings will count toward clinical clock hour requirements in audiological diagnostics. If a hearing screening cannot be completed (e.g., a very young child), the student should contact an audiology supervisor to arrange an audiological evaluation as given authorization by the clinical educator.
4. Administer the appropriate speech and/or language assessments.
5. If the client or parent/guardian wants a copy of the report sent to other agencies or professionals, a Records Release form must be signed. Students should suggest possible recipients, such as the referral source, school(s), doctors, and any other outside agencies involved with the client.
6. If a student needs to obtain information about previous evaluations or therapies, s/he should ask the client/responsible party to complete a Request for and Consent to Release Information form.

After the Diagnostic Session

Upon completion of the diagnostic session, the student(s) should complete the following:

1. Follow the clinic return procedures for clinic materials. Clinic materials should be returned to the cabinet from which they came. If the student needs the test manual for scoring and interpretation, the student should keep the entire test and return ALL other materials as soon as possible.
2. Complete the first draft of the diagnostic report. Individual clinical educators will assign due dates. Evaluations must be finalized and submitted for billing within 7-10 business days.
3. Report templates are available to assist with report writing. Phonetic symbols may be hand-written or typed using SIL Phonetic fonts (installed on all student computers). Phonetic symbols should be included in drafts. Consult supervisor on specific diagnostic templates used for specific clinical settings.
4. All drafts of reports should be given or directly sent to the clinical educator. Pre-evaluation paperwork and test forms should be included. To ensure client confidentiality, forms should be placed in a file folder or envelope. Once completed, the student should give the test forms to their clinical educator; they will be saved either in their office or the clinic office for one year.
5. If the report should be sent to outside sources, the clinical educator/student will make the clinic staff aware. Results of the assessment will be included in the evaluation report which will be uploaded to the client's chart, and copies should be distributed to appropriate persons by the Office Manager/Clinic Secretary.
6. A grade of Incomplete will be given for clinical practicum if any diagnostic report has not been completed by the last day of finals.

Documenting Client Contact

Any contact that is made with clients, other than when associated with an evaluation or treatment session should be documented as appropriate using the EMR documentation system. This includes documenting phone, personal, home/site visits or mail contacts. This documentation should include consultation with other professionals, the client or client's family, staffing, etc.

Follow-up with clients formerly in treatment is planned at the discretion of the clinical educator or Clinic Director. For some services, follow-up is considered an integral aspect of treatment.

Communication associated with such follow-up is documented in patient's EMR. Ultimately, it is the responsibility of the client or parent to notify the clinic if concerns continue to exist and intervention is requested.

VIII. EXTERNAL CLINICAL PRACTICA

Each external clinical placement has its own set of requirements (policies/procedures/protocols) for student clinicians. All clinical placements except those aforementioned in the clinical assignments section are considered external.

It is important to note that students may be expected to provide services for as little as two days per week or as much as five full days per week.

Objectives:

1. The student will acquire in-depth knowledge of speech, language, hearing and communication disorders and differences, as well as swallowing disorders, including etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, linguistic, and cultural correlates.
2. The student will gain direct clinical experience in providing evidence-based services including assessing client's/patient's needs, developing and implementing treatment plans or prevention programs, and evaluating their effectiveness.
3. The student will participate in professional interaction with speech-language pathologists, audiologists, and in health care and other related professions
4. The student will become familiar with administrative structure and operations of either a speech-language or audiology department in which patient service delivery is the primary mission.

Description

Students will participate in the evaluation and treatment of both children and adults with communication disorders. They will interact professionally with other specialties. They will gain experience and provide services in all areas of medical speech pathology and/or educational speech language pathology. They will document all patient/client encounters in the documentation system specific to each clinical placement. Student's experiences may include evaluation/treatment of individuals with dysphagia, speech and language disorders, cognitive disorders, and voice disorders.

Policy/Procedures for Speech-Language Pathology Students' Role in Selection of External Clinic Assignment

Policy: It is the policy of the ETSU Speech-Language Hearing Clinic (ETSU-SLHC) to provide students with the opportunity to participate in the selection of external clinical assignments.

Procedures: Students are frequently encouraged to contact Assistant Clinical Director at any time throughout his/her program matriculation to provide their input and discuss clinical interest, preferences, etc. The Assistant Clinical Director can advise students on potential site options for upcoming placements based on the feedback provided. During the end of the students' first year in the program, the Assistant Clinical Director seeks feedback from students regarding external clinic preferences by requesting the students to provide the following information: interest for upcoming clinics, hours and competencies obtained from previous clinics, scheduling (course, work study), etc. to facilitate preparation for placements This is typically held via Zoom.

Policy/Procedures on How Students are Selected and Placed in External Clinics

Policy: It is the policy of the ETSU Speech-Language-Hearing Clinic (ETSU-SLHC) to meet student training needs through placement in a variety of clinics throughout program matriculation, taking into account student and supervisor factors to meet these needs.

Procedures: Typically, students will participate in external clinical placements during their final 2-3 semesters for traditional students; however, student and supervisor needs, skill level, requirements and experiences vary which impact clinical placement matriculation. Clinic placements are located in the local Tri-Cities area, 5-50 minutes' drive from campus, (1) to ease travel burden to sites by students, (2) ease of access for site visits, (3) for availability of placements, and (4) placement of students with local alumni. These off-site placements include both adult & child placements, including schools, hospitals, skilled nursing facilities, private practices, and rehab facilities.

The Assistant Clinical Director selects a clinic placement that fits the student's clinical hour and competency needs, skill level, schedule availability, and best possible match for student-supervisor personalities. Students' past clinical performance is considered when selecting students for external sites. Students must receive scores of 5 and 6 in competency areas on the Supervisor's Evaluation of Supervised Practicum, as well as be recommended by their clinical educator to continue in off-campus clinical practicum

Purposes

For the Student

The purposes of an external clinical practicum experience include the following:

1. To give the student a continuing series of practical experiences that are geared toward her/his level of expertise and that will provide a chance to apply the principles, skills, and techniques that have been acquired;
2. To help the student learn to assume professional roles in clinical and/or school settings while becoming accustomed to a variety of organizational structures, working relationships, and job expectations;
3. To help the student develop a professional identification as a Speech-Language Pathologist and gain experiences in fulfilling her/his role as a team member who works with other professionals in the rehabilitation process;
4. To ensure that the student meets the ASHA requirement for 50 clinical clock hours in at least two other clinical settings.

For the Sponsoring Site

The goals of placing students in external clinical experiences for the sponsoring site include:

1. To give the sponsor or sponsoring site input into the clinical training program and thereby share in the development of future Speech-Language Pathologists and Audiologists;
2. To serve as growth experience for the sponsoring site or sponsor's staff through the interaction with students;
3. To provide the sponsor with an opportunity to recruit employees and reduce the time needed for on-the-job training of any students or Clinical Fellows hired.

For the University

The purposes of placing students in external clinical experiences include:

1. To provide the University and the Department with a measure of the student's ability to perform job functions as a Speech-Language Pathologist or Audiologist;

2. To serve as a means of continually evaluating the relevance and effectiveness of the curriculum leading to modifications where necessary.

Policy and Procedures for Supervisor and Site Selection

Policy: It is the policy of the East Tennessee State University Speech, Language, Hearing Clinic (ETSU-SLHC) that off-campus Supervisors/Preceptors meet requirements according to ASHA guidelines.

Procedures: Minimal requirements of an off-campus Supervisor/Preceptor include:

1. Must hold current ASHA certification
2. Have at least 9 months of full-time practice experience post-certification
3. Have completed a minimum of 2 hours of professional development in the area of supervision post-certification
4. Must have completed a minimum of 1 hour of professional development in the area of ethics each interval
5. Hold appropriate Tennessee state and/or public-school licensure
6. A site visit will be completed prior to any off-campus clinical placement to determine needs and contributions of the supervisor to the student's education and evaluate the appropriateness of facility and resources
7. All off-campus supervisors/preceptors will be given a supervisory handbook and will be offered yearly supervisor resources and training.

Policy: It is the policy of the East Tennessee State University Speech, Language, Hearing Clinic (ETSU-SLHC) to select external clinical sites that have appropriate populations and personnel to provide appropriate clinical education experiences for students.

Procedures: All practicum sites are selected by the Assistant Clinical Director for Speech-Language Pathology. These sites represent a variety of settings and experiences and include hospitals, private speech and hearing clinics, private practices, health care centers, developmental centers, and public schools. The Assistant Clinical Director completes site visits with all facilities where students are enrolled in placement. An initial visit is completed, and every 6-8 semesters a follow-up visit is planned. In the meantime between site visits, the Assistant Clinical Director is in frequent contact with appropriate personnel and supervisors as appropriate.

A practicum sponsor is expected to have the following:

1. A program whose primary function is the diagnosis and/or remediation of speech, language, and/or hearing disorders;
2. A staff that is professionally trained for and dedicated to this purpose;
3. An expressed interest in training students;
4. A willingness to devote adequate time to the training of students.

Persons involved in the direct supervision of students are selected by the sponsoring clinic or school system in conjunction with the Speech-Language Pathology Clinic Director/Assistant Clinic Director.

A student may opt to have a concentrated practicum during her/his training program. This schedule would ensure that the student receives at least 100 clinical clock hours. A concentrated practicum also necessitates registering for a Clinical Externship (CDIS 5690 for Speech-Language Pathology; these courses are 6 credit hours).

Reporting Absences for Off-Campus Clinical Experiences

Once schedules have been established at each practicum site, the student is expected to be present. Students should view the external practica as a 'job' opportunity, where the same standards of professionalism are expected. Therefore, attendance and active participation is vital. Any planned absences, including ETSU breaks, must be coordinated with the off-campus supervisor/preceptor. The off-campus supervisor/preceptor may require that students attend clinic during ETSU breaks. It is the student's responsibility to make up absences, even those associated with cancellations due to weather, or to coordinate other options with their off-campus supervisor/preceptor. Students are expected to follow the ETSU Clinical Attendance Guidelines and Policy aforementioned in this handbook. Students will make a plan for attendance with their clinical educator at the beginning of the clinical placement.

Role and Responsibilities of the Site Supervisor

The site supervisor plays a vital role in a student's clinical training experience. The responsibility for guiding and training students is demanding. Those supervisors who are willing to provide the amount of time, effort, and energy required of this endeavor should be commended. They perform an invaluable service to the students they train, to the University and Department, and to their profession.

Responsibilities of the Site Supervisor/Preceptor include:

1. Explaining program's/center's functions and services;
2. Orienting the student to the physical facilities of the practicum site, including the location of materials and equipment available for use;
3. Introducing the student to other staff members and description of their roles;
4. Explaining the rules and regulations that apply to employees including, but not limited to, dress code requirements, work hours, use of the telephone, etc.;
5. Providing an overview of the documentation used by the site;
6. Providing a list of duties, procedures, and experiences that the student may expect. This list can be used to clarify the student's role at the practicum site.

A Handbook for Off-Campus Supervisors/Preceptors will be provided by the Assistant Clinic Director. A person holding the appropriate ASHA certification must be available on-site for consultation at all times when a student is providing clinical services. A minimum of 25% direct observation of all therapy sessions and 50% direct observation of all diagnostic evaluations is required by ASHA.

It is expected that the student will observe the site supervisor for a brief period of time before directly working with clients. For large and/or more challenging caseloads, the following timeframe is suggested to allow the student to assume more responsibility:

1. One-Fourth of the caseload by the second week;
2. One-Half of the caseload by the third week;
3. The full caseload by the fourth week.

These guidelines may be altered according to the competency and confidence level of the student clinician.

The Site Supervisor is ultimately responsible for all factors relating to the professional management of a case. The student must clear all major decisions regarding client management with the supervisor prior to implementing or communicating them to clients, family members, or other professionals.

A student may be removed from a case temporarily and without notice if, in the judgment of the supervisor, the best interests of the client are not being served. Permanent removal of a student from a clinical assignment requires the action of the Speech-Language Pathology Clinic Director and Assistant Clinical Director.

For more information related to off-site supervision, please refer to the SLP Handbook for Off-Campus Supervisors/Preceptors.

IX. EVALUATION OF STUDENT CLINICIANS

Evaluation of Students Conducting Therapy in Internal and External Practica

Evaluations, both informal and formal, of the student's performance will be made on a regular basis in both written and oral form. These sessions will allow the student to become immediately aware of her/his strengths and weaknesses in the clinical setting. These evaluations are relative to the clinical educator observations. Conferences are also a means of providing feedback to students.

Each student will take part in both informal and formal evaluations during the semester. Typically, one will occur around the mid-point of the semester and the other will take place at the end of the semester; however, the clinical educator has discretion as to when these evaluations will occur. The Clinical Educators Evaluation of Supervised Practicum, or grading form used by the clinical educator, explains the competencies the student is expected to demonstrate during the clinical practicum. It will be completed by the clinical educator, or clinical educator/and student together and used for evaluations. The student should discuss her/his progress with the clinical educator at these times in order to gain an understanding of her/his clinical skill development. It is the student's responsibility to ensure that the off-campus clinical supervisors have been provided with the appropriate forms which are available in the clinic office. The clinical educator should complete the evaluation forms with comments in Calipso regarding the student's strengths and weaknesses and then discuss the results with the student.

Grade determinations are based upon the following clinical experience levels:

Level I (Beginner): Any student in the first two semesters of practicum;

Level II (Intermediate): Completion of two semesters of Level I practicum with a minimum clinical grade point average of 3.0;

Level III (Advanced): Completion of two semesters of Level II practicum with a minimum clinical grade point average of 3.0.

Students may refer to the competencies to identify which skills are evaluated and what performance level is expected. Students are graded as compared to peers in the same clinical experience level.

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

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

The final grade, based upon all available information including input from the Site Supervisor(s) and the student, will be assigned by the appropriate Clinical or Assistant Clinical Director.

Clinic Grading-Clinic Probation/Remediation Policy and Procedures

Students must achieve and maintain a 3.00 gpa in each clinical practica taken at the graduate level. Students must have satisfactory completion of all required clinic practica as determined by the appropriate clinical educator(s) and the Graduate Coordinator. A clinic practicum experience must be repeated when the grade assigned is “B-” or lower in order to complete graduation requirements.

If these requirements are not met, a student will be placed on clinical probation with a clinical remediation plan developed to facilitate student achievement.

Clinic Probation. Students will repeat a course for which the final grade is “B-” or lower in order to complete graduation requirements. A clinical remediation plan will be developed by the clinical educator of record, the Clinical Director, and the student and placed in the student’s file. A student may not be placed in an externship while on clinic probation. No clinical hours or competencies will be awarded for substandard clinic practica. The student's advisory committee, the clinical educator of record, the Clinical Director, and the department Chair will review the status of the student at the end of the probationary period. Clinical educator will determine if student can be placed in an external clinical placement based on student’s clinical ability and not just the clinical grade received. A student who fails to obtain at least a “B” in the clinical practicum and a 3.00 cumulative clinical average in by the end of the probationary period will be dropped from the program.

Such a student may petition the graduate faculty for reinstatement if he/she believes extenuating circumstances exist. Students who have been dismissed from the School of Graduate Studies for academic reasons may address a written request for reinstatement to the chair of their department of their major. The request should include reasons why the reinstatement should be considered. The department will review the request for reinstatement and make recommendations to the Dean of the Graduate School. If the request is denied at the departmental level, the student may then direct a written appeal to the Dean of the Graduate School, and a final decision will be made in accordance with policies established by the Graduate Council. Students on probation will not be eligible for department assistantships or be advanced to higher clinical competency levels.

Evaluation of Supervisors in Speech-Language Pathology Clinical Practica

At the end of each semester, the students anonymously evaluate the clinical teaching of their clinical educators. The form Clinician Evaluation of Supervision in Speech-Language Pathology (see Appendices) is used for this purpose. This form must be turned in to the Office Manager who compiles the student data for each clinical educator and distributes this information to the Department Chair (internal supervisors) and the Clinical Director (external supervisors). Students who do not complete the supervisor evaluations will receive a clinic grade of incomplete.

X. Resources for Supervisors

Notebooks containing resources for supervisors (e.g., clinical training tools, orientation information for specialized clinics), will be kept on file in the Clinic Office or location assigned by the Clinic Director.

XI. Further Certification Information

- The following link has been pasted into the Student Clinical Handbook in order to facilitate acquisition of certification information for SLP students: http://www.asha.org/certification/slp_standards.htm

APPENDICES

Appendix A
CODE OF ETHICS
of the
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Code of Ethics (2016) <http://www.asha.org/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). For more information, read the Issues in Ethics Statements on [Audiology Assistants](#) and/or [Speech-Language Pathology Assistants](#).

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. For more information, [see the telepractice section](#) on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

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

Rules of Ethics

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

persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

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

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

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

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

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

Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

<https://www.asha.org/Certification/2020-SLP-Certification-Standards/>

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 <https://www.asha.org/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 the university requirement in the statistics, biology, physical science, or chemistry areas.

[Acceptable courses](#) in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary

science). Chemistry and physics are important for the foundational understanding of the profession of speech-language pathology. For all applicants who apply beginning January 1, 2020, courses that meet the physical science requirement must be in physics or chemistry. Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Coursework in research methodology in the absence of basic statistics cannot be used to fulfill this requirement.

Standard IV-B

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

Standard IV-C

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

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

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.

The observation and direct client/patient contact hours must be within the [ASHA Scope of Practice in Speech-Language Pathology](#) and must be under the supervision of a qualified professional who holds a current ASHA certification in the appropriate practice area. 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, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification.

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: Effective January 1, 2020, supervisors for ASHA certification [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, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP.

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.

Appendix C. Observation of Clinical Session**EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY****OBSERVATION OF CLINICAL SESSION**

Name of Observer _____ Date _____ Time _____

Name of Client _____ Type of Case _____

Name of Clinician(s): _____

Number of times you have observed this case: _____ Video _____ Live _____

1. What were the apparent objectives of this session?
2. What material(s) did the clinician(s) employ?
3. What technique(s), method(s), procedure(s), did the clinician(s) employ?
 - a. How did the client respond?
 - b. How do you evaluate what the clinician(s) did? Were the objectives accomplished?
 - c. If applicable, was there continuity between this lesson and the ones previously taught? How was this done?
 - d. Comment on the use of assignment and/or parental counseling, if observed.
 - e. Questions you would like to pose to the clinician:

Appendix E
CLINICAL PRACTICUM PLAN

Student Name: _____

First Semester

Child Evaluation and Treatment Clinic or Adult Evaluation and Treatment Clinic

Second Semester

Child Evaluation and Treatment Clinic OR Adult Evaluation and Treatment Clinic

Third Semester

Child Evaluation/Treatment Clinic OR Adult Evaluation and Treatment Clinic

Fourth Semester

Advanced Clinic OR Externship
Adult Evaluation and Treatment Clinic/Child Evaluation Treatment Clinic

Fifth Semester

Externship or Advanced Clinic

Appendix F

a: Internal Clock Hours Form

INTERNAL CLOCK HOURS FORM

Name:

Semester/Year:

Site:

Client:

MONTH:

	EVALUATION SPEECH		TREATMENT SPEECH		EVALUATION LANGUAGE		TREATMENT LANGUAGE		TOTAL	
	A	C	A	C	A	C	A	C	A	C
Week 1										
Week 2										
Week 3										
Week 4										
Week 5										

Notes:

MONTH:

	EVALUATION SPEECH		TREATMENT SPEECH		EVALUATION LANGUAGE		TREATMENT LANGUAGE		TOTAL	
	A	C	A	C	A	C	A	C	A	C
Week 1										
Week 2										
Week 3										
Week 4										
Week 5										

Notes:

MONTH:

	EVALUATION SPEECH		TREATMENT SPEECH		EVALUATION LANGUAGE		TREATMENT LANGUAGE		TOTAL	
	A	C	A	C	A	C	A	C	A	C
Week 1										
Week 2										
Week 3										
Week 4										
Week 5										

Notes:

MONTH:

	EVALUATION SPEECH		TREATMENT SPEECH		EVALUATION LANGUAGE		TREATMENT LANGUAGE		TOTAL	
	A	C	A	C	A	C	A	C	A	C
Week 1										
Week 2										
Week 3										
Week 4										
Week 5										

Notes:

Total Hours Accrued this Semester:

Clinical educator Signature:

ASHA Number

Date:

Percentage Observed:

Appendix F - b. External Clinical Clock Hours Forms

SPEECH
PATHOLOGY
CLINIC HOURS

EAST TENNESSEE STATE UNIVERSITY
COLLEGE OF CLINICAL & REHABILITATIVE HEALTH SCIENCES
DEPARTMENT OF AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY
SPEECH-LANGUAGE-HEARING CENTER

Student Clinician: _____

ID # _____ Month _____

Major: Speech-Language Pathology

							Record hours under areas in which they were obtained.					
Supervisor's Full Name	Supervisor's ASHA Account #	Site	A or C	E or T	% Obs	Date	Language Disorders	Speech Disorders - Articulation, Voice, Fluency, Dysphagia	Staffing Hours			
										TOTAL STAFF HRS	TOTAL LANG.	TOTAL SPEECH
Supervisor's Signature	ASHA #	Site	Average % Observation			LANGUAGE Total Hours: AE _____ AT _____ CE _____ CT _____					A	C
						SPEECH Total Hours: AE _____ AT _____ CE _____ CT _____					A	C
Supervisor's Signature	ASHA #	Site	Average % Observation			LANGUAGE Total Hours: AE _____ AT _____ CE _____ CT _____					A	C
						SPEECH Total Hours: AE _____ AT _____ CE _____ CT _____					A	C

**Appendix G
Audiology Hours for SLP**

Student Name _____ **ID#** _____

Supervisor's Full Name	Supervisor's ASHA #	Supervisor's CCC Area	Practicum Site	G or U	Evaluation of Hearing Disorders	Treatment of Hearing Disorders	Supervisor Signature
					TOTAL	TOTAL	

Appendix H. Clinical Clock Hours Requirements for SLP

Clinical Clock Hours Requirements for Certification in Speech-Language Pathology for ETSU
 (To view *ASHA's current requirements*, visit this link: <https://www.asha.org/Certification/2020-SLP-Certification-Standards/>)

- I. Completion of at least 25 hours of supervised observation. Preferably before beginning clinical practicum, but certainly within the first graduate year
 - A. These hours must concern the evaluation and/or treatment of children and adults with disorders of speech, language, or hearing.
 - B. Actual observations or videotapes may be used for observation.
 - C. It is the student's responsibility to complete these 25 hours.

- II. Every graduate from ETSU for certification must complete at least 400 clock hours of supervised clinical practicum that involves the evaluation and treatment of children and adults with speech, language, and hearing disorders.
 - A. 375 of the 400 clinical clock hours must be obtained in direct patient/client contact. Clock hours may only be counted for amount of actual client contact. Time spent counseling, giving information, or providing training for a home program can be counted only if the activities are directly related to evaluation and/or treatment.
 - B. Time spent writing lesson plans, reports, scoring tests, transcribing language samples, preparing materials, organizing the environment, etc. cannot be counted as direct client contact.
 - C. At least 325 of the 400 clock hours must be obtained in speech-language pathology while enrolled in a graduate study program.
 - D. Each student must earn at least 50 clock hours in three different clinical settings.
 - E. No more than 25 clock hours may be obtained through participation in staffing meetings in which evaluation, treatment, and/or recommendations were discussed with or without the client present.
 - F. 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.
 - G. **Completion of the clinical training program is COMPETENCY-based and not merely the acquisition of clinical hours. Students will be required to master clinical skills as detailed in the KASA guidelines. Detailed information on KASA is in the Departmental Graduate Handbook.**

- III. Each graduate for ETSU for certification must have a minimum number of clinical clock hours in evaluation and treatment of children and adults with a variety of types and severities of speech, language, and hearing disorders.
 - A. Each student must have the following **MINIMUM** hours in evaluation:
 1. Speech disorders in children – 20 hours
 2. Speech disorders in adults – 20 hours
 3. Language disorders in children – 20 hours
 4. Language disorders in adults – 20 hours
 - B. Each student must also have the following **MINIMUM** hours in treatment:
 1. Speech disorders in children – 20 hours
 2. Speech disorders in adults – 20 hours

3. Language disorders in children – 20 hours
 4. Language disorders in adults – 20 hours
- C. Each student must also earn **at least 20 hours** in audiology related to hearing screenings.
- D. Up to 20 hours of related disorders may be counted. Related disorders includes hours earned through:
1. Participating in activities related to prevention of communication disorders.
 2. Participating in activities that promote communication effectiveness (e.g., IEP meetings).
 3. Hours earned through accent reduction activities may also be counted under this area.

Students who do not meet the minimum criteria for the above required categories must contact the Clinical Director for approval. It is the student's responsibility to contact the Clinical Director in a timely manner.



SPEECH-LANGUAGE-HEARING CLINIC

College of Clinical and Rehabilitative Health Sciences

EAST TENNESSEE STATE UNIVERSITY

Appendix I: Semester Treatment Plan Example

156 S. Dossett Drive

Semester Treatment Plan

Patient:	Clinician:
Date of Birth:	# Tx sessions scheduled:
Parents:	Fx/Dx of Tx:
Address:	School:
Telephone:	Grade:
Age:	Date of Report:

Current Diagnosis

Background Case Hx / Previous Speech/Language Dx/Tx

Current Goals

Plans to Complete Baseline / Updated Testing:

Long-Term:

Short-Term (Objectives):

Tx Methods / Activities

Your Name, B.A./S.
Graduate Clinician

Xxxx Xxxxx, M.S., CCC-SLP
Speech-Language Pathologist

cc: Parents

Appendix J: Sample Semester Summary Report/Discharge Summary Template



SPEECH-LANGUAGE-HEARING CLINIC
College of Clinical and Rehabilitative Health Sciences
EAST TENNESSEE STATE UNIVERSITY

156 S. Dossett Drive
PO Box 70643
Johnson City, TN 37620
P 423-439-4355
F 423-439-4607

Semester Summary Report/Discharge Summary

Patient: _____ Clinician: _____
Date of Birth: _____ Age: _____ # Tx sessions attended/scheduled: x/x
Parents/Guardians: _____ Frequency/Duration of Tx: 2x/week x 60-minutes
Address: _____ School: _____
City/State/Zip: _____ Grade: _____
Telephone: _____

Current Diagnosis at End of Semester/Discharge

Background Information

Semester Tx Goals

Long-Term:

Short-Term:

Assessments

Summary & Recommendations

It has been a pleasure working with Name this semester. Please do not hesitate to contact the ETSU Speech-Language-Hearing Center at 423.439.4355 with any questions or concerns regarding this report.

Your Name, B.A/S.
Graduate Clinician

Xxxx Xxxxx M.S., CCC-SLP
Speech-Language Pathologist

cc: Parents



SPEECH-LANGUAGE-HEARING CLINIC
 College of Clinical and Rehabilitative Health Sciences
 EAST TENNESSEE STATE UNIVERSITY

Appendix K. Diagnostic Evaluation Template Example

156 S. Dossett Drive
 PO Box 70643
 Johnson City, TN 37620
 P 423-439-4355
 F 423-439-4607

Speech and Language Evaluation

Patient:	Date of Birth:
Parents:	Date of Evaluation:
Address:	Age:
City/State/Zip:	School:
Telephone:	Grade:

Clinical educator:
 Graduate Clinician: Xxxx Xxxx, B.S.
 Referred by:

Diagnosis:

STATEMENT OF THE PROBLEM:

PERTINENT HISTORY AND BACKGROUND INFORMATION:

TESTING BEHAVIOR

ASSESSMENT PROTOCOLS ADMINISTERED:

CLINICAL IMPRESSIONS:

RECOMMENDATIONS:

Please feel free to contact the ETSU Speech-Language-Hearing Center at 423.439.4355 should you have any questions or concerns regarding this report. It was a pleasure working with Name during today's evaluation.

 Xxxx Xxxxx, B.A/S.
 Graduate Clinician

 Xxxx Xxxxxx, M.S. CCC-SLP
 Speech-Language Pathologist

cc: Parents

Appendix L. Evaluation of Supervisors

**EAST TENNESSEE STATE UNIVERSITY
CLINICIAN EVALUATION OF SUPERVISORS**

Supervisor: _____ **Semester/Year:** _____

Clinic Course: _____ **Practicum Site:** _____

Circle appropriate practicum:

Audiology

Speech Language Pathology

KEY

0 Not Applicable

1 Unsatisfactory

2 Satisfactory

3 Good

4 Outstanding

EVALUATION OF SUPERVISION (Audiology AND Speech-Language Pathology)

- | | |
|--|-----------|
| 1. Communicated to student expectations regarding clinical responsibilities. | 0 1 2 3 4 |
| 2. Fulfilled observation commitment to student. | 0 1 2 3 4 |
| 3. Exhibited knowledge about the cases supervised. | 0 1 2 3 4 |
| 4. Encouraged independent thinking and planning as term progressed. | 0 1 2 3 4 |
| 5. Promoted active participation of student during supervisor/clinician conferences. | 0 1 2 3 4 |
| 6. Receptive to student feedback. | 0 1 2 3 4 |
| 7. Provided objective, data-based comments that encouraged self- evaluation. | 0 1 2 3 4 |
| 8. Demonstrated assessment/intervention techniques when needed. | 0 1 2 3 4 |
| 9. Facilitated growth of confidence in clinical skills. | 0 1 2 3 4 |
| 10. Overall summary of supervisor. | 0 1 2 3 4 |

EVALUATION OF SUPERVISOR (Audiology ONLY)

- | | |
|--|-----------|
| 1. Explained procedures for submitting documentation (i.e., charting, reports, etc.) | 0 1 2 3 4 |
| 2. Returned reports promptly. | 0 1 2 3 4 |

EVALUATION OF SUPERVISOR (Speech-Language Pathology ONLY)

- 1. Explained procedures for writing/submitting lesson plans &/or eval. reports. **0 1 2 3 4**
- 2. Held scheduled conferences with student. **0 1 2 3 4**
- 3. Returned lesson plans and reports promptly. **0 1 2 3 4**

**EVALUATION OF CLINIC MATERIALS/EQUIPMENT
(Speech-Language Pathology ONLY)**

- 1. Materials and supplies were accessible. **0 1 2 3 4**
- 2. Treatment and assessment materials were adequate and appropriate. **0 1 2 3 4**

EVALUATION OF CLINIC MATERIALS/EQUIPMENT (Audiology ONLY)

- 1. Materials and supplies were accessible. **0 1 2 3 4**
- 2. Equipment was available and functional. **0 1 2 3 4**

OVERALL PRACTICUM EXPERIENCE

- 1. Rate the degree to which this experience increased your clinical competence **0 1 2 3 4**
- 2. Provide an overall rating of this clinical experience. **0 1 2 3 4**

COMMENTS:

A strength of this clinical experience was: _____

An improvement opportunity for this clinical experience would be: _____

Appendix M: Internal Clinic Placements

Internal Clinical Placement Options

Internal Clinical Placements/Supervisors

Teresa Boggs, Ph.D., CCC-SLP
High Risk Infant Follow-Up Clinic
Baby Steps Clinic
Nave Language Center/PEP
(423) 439-4535
BOGGS@mail.etsu.edu

Marie Johnson, M.S., CCC-SLP
AVT Clinic
(423) 439-4585
johnsonma@etsu.edu

Lindsay Greer, M.S., CCC-SLP
Positive Eating Program
(423)439-4534
greerlp@etsu.edu

Courtney Andrews, M.A., CCC-SLP
Crumley House/Concussion Management/ALS/
ETSU Adult Clinic
andrewscm@etsu.edu
(423) 439-4712

Kristy Eisenzopf, M.Ed., CCC-SLP
School-Age Speech and Language Clinic
(423) 439-8608
eisenzopf@etsu.edu

Chaya Guntupalli, Ph.D., CCC-SLP
ETSU Voice Clinic & ENT Associates
(423) 439-4607
nanjundeswar@etsu.edu

Jennifer Quillen, M.S. CCC-SLP
Jeremiah School/ETSU Pediatric Clinic
quillenj1@etsu.edu
(423) 439-4582

James H. Quillen VA Medical Center at Mountain Home

Jody Rice, M.S., CCC-SLP

Kara Burton, M.S., CCC-SLP

Jill Metcalf, M.S., CCC-SLP

Kelli Johnson, M.S., CCC-SLP

Patrick Henley, M.S., CCC-SLP

Appendix N. Incident/Accident Report

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

FACULTY, STAFF, STUDENT OR PATIENT REPORT OF ACCIDENT/INCIDENT

Date of report:

Report filled out by:

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

1. Name :

2. Address:

3. Date of injury:

Time of injury:

4. Place where injury happened:

5. Description of injury and part of body affected:

6. Response to injury and/or action taken:

7. Signature of injured:

8. Signature of supervisor:

Appendix O: Tennessee Teacher Licensure Information

APPLICATION FOR TENNESSEE TEACHING OR SPECIAL GROUP LICENSE OR ADD-ON ENDORSEMENT TO LICENSURE

ETSU students who have completed an initial teaching or special group licensure program or add-on endorsement program will need to submit an application to the Certification Officer in the Clemmer College of Education in order to be issued the Tennessee school licensure or add-on endorsement.

Eligible candidates should complete the first page of the relevant form found at <http://www.state.tn.us/education/lic/forms.shtml>, enclose it with a complete set of their college transcripts (There may be exceptions for add-ons. Please consult Joanna Wicker) and mail to:

Joanna Wicker, Certification Officer

Box 70685, Clemmer College of Education

East Tennessee State University

Johnson City, TN 37614

OR

Deliver in person to Ms. Wicker at Room 323C Warf-Pickel Bldg. or to Education Student Services Room 321 Warf-Pickel. Be sure your packet is addressed "To the Attention of Joanna Wicker"

Other contact information for Ms. Wicker:

Email: wicker@etsu.edu

Phone: 423-439-7562

Regarding Praxis Exams: Applicants need to be sure that the requires Praxis Score Reports have been sent o East Tennessee State University, Recipient Code 1198. Examinee's copies are not accepted for licensure or add-on endorsements.

Updated August 2019



East Tennessee State University
Claudius G. Clemmer College of Education

Office of the Dean • Box 70685 • Johnson City, Tennessee 37614-1709 • (423) 439-7626 • Fax: (423) 439-7560

**PRAXIS SERIES TESTS REQUIRED FOR TENNESSEE TEACHING LICENSURE
OR OTHER SCHOOL SERVICE LICENSURE AND ENDORSEMENT**

The following pages were forwarded from the Tennessee Department of Education and indicate the tests required for teaching and other public school service licensure in Tennessee. **These tests are in effect starting September 1, 2013. They are expected to be in effect for the testing cycle September 1, 2013 through August 31, 2014. However, it is advisable to consult the Tennessee Praxis website before registering to take tests for Tennessee school licensure: <http://www.ets.org/praxis/tn/requirements>. Special caution is advised if taking the tests at a center outside Tennessee to make sure that you are registered for the 4-digit test code that is specified for the Tennessee license or endorsement that you seek.**

The previous test for admission to Tennessee teacher education programs, Pre Professional Skills Test (PPST)—Reading, Writing, Mathematics, is replaced by Core Academic Skills for Educators (Core)—Reading, Writing, Mathematics.

Initial teaching licensure requires a test from the PRINCIPLES OF LEARNING AND TEACHING (PLT) group. Candidates choose one test from the PLT Early Childhood, PLT K-6, PLT 5-9, or PLT 7-12, depending on the grade levels included in their teaching field. Check footnote (*NOTE) for the PLT test specified for your initial license. Licensure for School Counselor, School Social Worker, School Psychologist, and School Speech/Language Pathologist does not require the PLT.

In addition to the PLT, PRAXIS II Specialty Area Tests are required for most initial teaching licenses. Specialty Area Tests are also required for add-on endorsements and most school service personnel licenses. Please take time to carefully review this material and identify the correct tests for your teaching area(s). Online, go to <http://www.ets.org/praxis> to access registration information. If you are unsure of the tests you need, feel free to contact me. My contact information is given below.

Remember, in order for us to recommend you for a Tennessee teaching license, we must have your qualifying report of scores directly from the Praxis Series Services. To avoid an additional fee to have scores sent to us, designate East Tennessee State University, Recipient Code 1198, as one of your score recipients when you register for the tests. In addition, we suggest that you designate the Tennessee Dept. of Education, Recipient Code 8190, as a score recipient. The Tennessee Dept. of Education cannot validate a score report that does not have the candidate's social security number. This requires that you enter your social security number in the test registration.

Angela "Angie" Murray, Certification Officer
Clemmer College of Education
Box 70685, ETSU
Johnson City, TN 37614

Office: Room 323-C Warf-Pickel Bldg.
Phone: 423/439-7562
Fax: 423/439-7560
Email: murrayp@etsu.edu



TENNESSEE STATE BOARD OF EDUCATION	
Professional Assessments For Tennessee Educators	5.105

State law¹ and Board rules² require individuals applying for initial teacher licensure in Tennessee to submit passing scores on a test that measures professional knowledge and is correlated to Tennessee's Professional Education Standards. This requirement does not apply to school counselors, school psychologists, school social workers, or speech/language teachers.

The examinations and corresponding required scores on the Praxis Series are as follows:

Tests allowed for enrollment of teacher candidates in educator preparation programs (September 1, 2013):

Educator preparation program admission requirements allow the following exams.

Praxis Test Code/Title*	Test Code	Passing Score
Core Academic Skills for Educators: Reading	5712	156
Core Academic Skills for Educators: Writing	5722	162
Core Academic Skills for Educators: Mathematics	5732	150

Tests required for all licensure candidates (Effective September 1, 2013):

Every initial license applicant is required to take one of the PLT exams*****

Praxis Test Code/Title*	Test Code	Passing Score
Principles of Learning and Teaching (PLT) Early Childhood	0621	155
Principles of Learning and Teaching (PLT) K-6	0622	158
Principles of Learning and Teaching (PLT) 5-9	0623	158
Principles of Learning and Teaching (PLT) 7-12	0624	155

¹ T.C.A. §§ 49-1-302 and 49-5-5605

² 0520-02-04-.05 The Praxis Series: Professional Assessments for Tennessee Educators

SPECIALTY AREA TESTS

Applicants for licensure in Tennessee must also submit passing scores on the content specialty area test(s) for all endorsements to be listed on the licenses.

Endorsement Area	Test Code		Test Title	Passing Score
** Instructional Leader – Beginning	6011	#	School Leader Licensure Assessment	160
Agriculture Education 6-12/7-12	0700		Agriculture	530
Visual Arts K-12	0135		Art: Content and Analysis	157
*** Biology 6-12/7-12	0235	#	Biology: Content Knowledge	148
Business Education 6-12/7-12	0101	#	Business Education: Content Knowledge	154
*** Chemistry 6-12/7-12	0245	#	Chemistry: Content Knowledge	152
Chinese (Mandarin)	5665	#	Chinese (Mandarin): World Language	164
Early Child Ed PreK-3	0021	#	Education of Young Children	155
	0014	#	Elementary Education: Content Knowledge	140
	5203	#	Teaching Reading: Elementary Education	162
Early Dev. & Learning PreK-K. (Dual Endorsement)	0021	#	Education of Young Children	155
	0014	#	Elementary Education: Content Knowledge	140
	0691	#	Spec. Educ.: Preschool/ECE	159
*** Earth Science 6-12/7-12	0571	#	Earth & Space Science: Cont. Knowledge	146
Economics 6-12/7-12	0911		Economics	150
Elementary Education K-5/K-6	0011	#	Elementary Educ.: Curriculum, Instruction and Assessment	159
	5203	#	Teaching Reading: Elementary Education	162
	0014	#	Elementary Educ.: Content Knowledge	140
N/A	5047		Middle School English Language Arts	164
English 6-12/7-12	5038	#	English Language Arts: Content Knowledge	167
English as a Second Language PreK-12	0361		English to Speakers of Other Languages	143
Family & Consumer Sciences 6- 12/7-12	0121	#	Family & Consumer Sciences	157
French 6-12/7-12, or French PreK-12	5174	#	French: World Language (Computer delivered)	156
Geography 6-12/7-12	0921		Geography	149
German 6-12/7-12, or German PreK-12	5183	#	German: World Language (Computer delivered)	157
Gifted PreK-12	0357		Gifted Education	146
Government 6-12/7-12	0931	#	Government/Political Science	149
Health & Wellness K-12	0550	#	Health Education	570
History 6-12/7-12	5941	#	World and U.S. History: Content Knowledge	136
Latin 6-12/7-12, or Latin PreK-12	0601		Latin	141
Library Information Specialist PreK12	0311	#	Library Media Specialist	146
Marketing Education 6-12/7-12	0561		Marketing Education	160
Mathematics 6-12/7-12	5161	#	Mathematics: Content Knowledge	160
Middle Grades Education 4-8	0146	#	Middle School: Content Knowledge	150
	5203	#	Teaching Reading: Elementary	162
Middle Grades Math 6-8	5169	#	Middle School Mathematics	165
	5203	#	Teaching Reading: Elementary	162
Middle Grades Science 6-8	0439	#	Middle School Science	135
	5203	#	Teaching Reading: Elementary	162
Music (Vocal/Gen.) K-12, or Music (Instrumental/Gen) K-12	0114		Music: Content and Instruction	162
Physical Education K-12	0095	#	P.E.: Content and Design	164
*** Physics 6-12/7-12	0265	#	Physics: Content Knowledge	144
Psychology 9-12	0391		Psychology	154
	5391			
** Reading Specialist PreK-12	5301	#	Reading Specialist	164
* School Counselor PreK-12	0421	#	Professional School Counselor	156
* School Psychologist PreK-12	0401		School Psychologist	154
Sociology 9-12	0950		Sociology	540



****	Spanish 6-12/7-12, or Spanish PreK-12	5195	#	Spanish: World Language	163
****	SPED-Comprehensive K-12	0545	#	Spec. Educ.: Core Knowledge & Severe to Profound Applications	153
		5203	#	Teaching Reading: Elementary Education	162
****	SPED-Preschool ECE PreK-3	0354	#	Spec. Educ.: Core Knowledge & Applications	145
		0691	#	Spec. Educ.: Preschool/Early Childhood	159
		5203	#	Teaching Reading: Elementary Education	162
****	SPED- Hearing PreK-12	0354	#	Spec. Educ.: Core Knowledge & Applications	145
		0272	#	Ed. Of Deaf & Hard of Hearing Students	160
		5203	#	Teaching Reading: Elementary Education	162
****	Interventionist K-5 Interventionist 6-12 SPED-Modified K-12	0543	#	Spec. Educ.: Core Knowledge & Mild to Moderate Applications	153
		5203	#	Teaching Reading: Elementary Education	162
*	SPED-Spch/ Lang Pathologist PreK-12	0330	#	Speech/Language Pathology	600
****	SPED-Vision PreK-12	0354	#	Spec. Educ.: Core Knowledge & Applications	145
		0282	#	Spec. Educ.: Teaching Students with Visual Impairments	163
		5203	#	Teaching Reading: Elementary Education	162
	Speech Communication 6-12/7-12	0221		Speech Communications	144
	Technology Engineering Education 6-12/7-12	0051		Technology Education	156
	Theatre K-12	0641		Theatre	159

Footnotes to previous listings:

Note: Computer-Delivered Tests (either currently available as computer-delivered OR will be available as computer-delivered during 2011-2012 academic year).

* Note: Candidates seeking licensure in early childhood education PreK-3 or preschool/early childhood special education PreK-3, are encouraged to take the Principles of Learning and Teaching (PLT) Early Childhood or PLT K-6. Candidates seeking licensure in elementary education K-5/K-6 are encouraged to take PLT K-5. Candidates seeking licensure in one of the middle grades endorsement areas 6-8/4-8 are encouraged to take PLT 5-9. Candidates seeking licensure in secondary education areas are encouraged to take PLT 7-12. Candidates seeking licensure in K-12, or PreK-12 areas may choose from PLT Early Childhood, PLT K-6, PLT 5-9, or PLT 7-12.

Candidates for licensure as School Counselor, School Psychologist, and Speech/Language Pathologist are required to take only the content knowledge exam for the endorsement (no PLT is required for these endorsements).

**** Note: Special Education: Core Knowledge and Applications is required for the following special education areas: hearing, vision, and preschool/early childhood. Teaching Reading: Elementary Education, is required for the following special education areas: interventionist, comprehensive, hearing, vision and preschool/early childhood.

***** Note: Those candidates for practitioner licensure may complete a performance assessment that 1) is aligned to the Tennessee Professional Education Licensure Standards, and 2) has documented reliability and validity, in order

to satisfy the professional education assessment requirements required by statute and SBE rule.

**** Note: The Department will continue accepting endorsement applications under the existing structure for candidates who are enrolled in preparation programs aligned with the current licensing structure. In particular, we will continue to issue existing endorsements for candidates for the middle grades (0416, passing score = 150) and modified special education endorsements while preparation programs align programs to new requirements and timelines proposed in revised licensure standards. See Educator Licensure Policy (5.502) for complete details.

**DECLARATION OF INTENT
TO PURSUE PROFESSIONAL LICENSURE IN EDUCATION**
E# _____

I _____
Name SSN

understand that the following criteria must be met before I can be admitted to the Teacher Education Program for initial licensure in the College of Education at East Tennessee State University.

1. Proof of passing scores on all portions of the PPST or passing score on the ACT or SAT.
2. An official transcript showing a 2.5 or higher GPA on all attempted hours
3. An official transcript showing 30 hours of completed general education (6 hrs/ Eng Comp., 8 hrs/Science, 3-4 hrs/Math, EDFN 2100 (if applicable) and EDFN 3300 (if required by student's program) with "C" or better.
4. Completion of Admission Board Interview and recommendation of Admission Committee.
5. A signed statement of Good Moral Character.
6. Passing score on an approved speech and hearing test (for students entering program as of Fall '95).

I also wish to pursue licensure/endorsement in the following public school teaching/service area(s):

Subject area(s) you would like to teach: _____

_____ Area Grade Level

I understand that this declaration indicates my intent to pursue a professional program in education and that it does not constitute admission to Teacher Education.

_____ Phone Number Signature Date

I am currently enrolled
At ETSU as follows: Undergraduate ___ 2nd Bachelors program ___ Graduate ___

Major(s) _____ Minor _____

M.A.T. Elementary ___ with interdisciplinary major in _____

M.A.T. Secondary ___ with teaching field(s) _____

M.Ed. Program with the
following concentration: Pre-K-3 ___ Special Education ___ School Administration ___ School Counseling ___

Other ___ (please specify) _____

Please state degree(s) and teaching license(s) on next page

Name: _____ SSN: _____

I currently hold a degree from the following colleges/universities:

College/University

Degree Year

I hold/have held public school licensure/certification as follows:

Subjects/grade level:

State:

The information below must be validated by the Professional Education advisor to be complete.

Student information for Pre-Education status:

Earned hours _____ Current Overall G.P.A. _____

Current Major (code) _____ Option (code) _____

Change of Major is being submitted to the registrar? Yes ___ No ___ Date: _____

New Major (code) _____ New Option (code) _____

Test Scores: (Applicable to initial licensing only. Praxis II (NTE) Subject Assessment tests for add-on endorsements).

PPST: Reading: _____ (169/318) Writing: _____ (172/315) Math: _____ (169/314)

ACT Composite: _____ (22) SAT (Combined): _____ (920)

Other: (Specify) _____

Comments: _____

Signature _____

Professional Education Advisor

Date

EAST TENNESSEE STATE UNIVERSITY
COLLEGE OF EDUCATION

STATEMENT OF GOOD MORAL CHARACTER

Last Name

First Name

Middle Name

ETSU Student E#

I certify that I am at least 18 years of age, possess good moral character, and am free from chemical addiction which would impair my effectiveness as a teacher.

____ Yes

____ No

Signature of Student: _____ Date: _____

Notarized by

State of Tennessee _____ County of: _____

Signature: _____ Date: _____

Print Name: _____

Term Expires:

Affix Seal

Appendix P. Clinical KASA Information



EAST TENNESSEE STATE UNIVERSITY

Logging Hours & Competencies in Calipso

- Clinical hours must be entered on a monthly basis. Before you enter your hours, please have the following information ready:
 - ⊖ Accurate name of the clinical setting
 - ⊖ Hours for the month totaled across all clients for each domain (e.g., evaluation, treatment, speech, AAC, fluency)
- 1. Sign into <https://www.calipsoclient.com/etsu/account/login?o=%2Fetsu>
- 2. Click on the “clockhours” link located on the lobby page or the “student information” link, then “clockhours”
- 3. Click on the “daily clockhours” link located within the blue stripe
- 4. Click on the “add new daily clockhour” link
- 5. Complete the requested information and click “save”
- 6. Record clock hours and click “save” located at the bottom of the screen. You will receive a “clockhour saved message”

To add clock hours for a *different* supervisor, setting or semester

1. Repeat the above steps to enter clock hours gained under a different supervisor, clinical setting or semester

To add additional clock hours to the *same* record

1. Click on the “daily clockhours link located within the blue stripe
2. Select the record you wish to view (posted by supervisor name, semester, course and setting) from the drop-down menu and click “show”
3. Click the “copy” button located next to the date of the previous entry
4. Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “clockhour saved” message

- To view/edit daily clock hours, click on the “daily clockhours” link located within the blue stripe.
- Select the record you wish to view from the dropdown menu and click “show”
- Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click “save”
- Please note: clinical educators are not notified and not require to approve daily clock hour submissions.
You must submit hours for approval.

To submit clock hours for clinical educator approval

1. Click on the “daily clockhours” link
2. Select the record you wish to view from the drop down menu and click “show”
3. Check the box (located beside the entry date) for all dates you wish to submit for approval then click “submit selected clockhours for supervisor approval”. Clockhours logged for the dates selected will be consolidated into once record for supervisor approval
4. Please note- daily entries cannot be edited once approved, however, if you delete the entry from the list prior to approval, daily hours may be resubmitted

** Be sure to keep a hard copy of your clinical hours for your records.

Appendix Q. *How to Seek Advising Responsibly*

From a talk by Matthew Kelly

“What is the first thing you do universally every morning for work. Check your email. What does your email do? It takes you back into yesterday. It drags you back into yesterday. And it drags you back not into opportunities of yesterday but problems of yesterday. And not your problems of yesterday but somebody else’s problems of yesterday. And the moment they hit send, it stopped being their problem. It is now your problem. When was the last time you checked your email in the morning and thought to yourself ... “I’m so glad I checked my email this morning because now I’m strategically focused for the day.” Our emails tend not to bring us focus, they tend to bring us distraction. They tend not to take us into the long view; they tend to give us the short view.”

Guidelines for Finding Answers to Graduate Program Questions.

1. Check the graduate/clinical handbook.
2. Check the graduate school website <http://www.etsu.edu/gradstud/>
3. Check the graduate advising bulletin board.
4. Check the ASLP D2L Administrative site. Frequently asked questions and their answers will be added to a list. This list will be posted and updated regularly.
5. Check with your 2nd year buddy and two classmates.
6. If you have still not discovered the answer or its meaning is not clear, only then email your advisor. For clinical questions and concerns, please follow the same procedure listed above. If you do not find the answer, you may contact Mrs. Greer (greerlp@etsu.edu) or Dr. Boggs (boggs@etsu.edu).

We will be happy to answer your questions!

Appendix R.

SimuCase

<http://www.speechpathology.com/simucase/>

“SimuCase is an innovative technology platform allowing users to assess, diagnose and make recommendations for a library of virtual patients. It encourages critical thinking and facilitates interprofessional education in a no-risk learning environment.”

-From SimuCase website

Throughout your clinical matriculation, you will have the opportunity to obtain some of your clinical hours through clinical simulation experiences using SimuCase. It is expected that in your second year, you complete 10 hours using SimuCase. Log-in information will be provided to you from Dr. Boggs. Additional hours may be obtained, not to exceed the ASHA requirement of direct contact hours.

Some internal supervisors may have you complete a clinical case from SimuCase while enrolled in their individual clinics, during your first year. If this is the case, your supervisor will guide you to work through the assigned case and will provide you with more details as appropriate.

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.

SimuCase is considered an external clinic for entering hours and clinical competencies obtained.

Appendix S: Clinic Site Request Form

Clinic Site Request Form

Please list your top three clinic placement choices. You may list internal or external placements. Depending on your clinical experiences, clinical skill level, hour accumulation, and site availability, you will be assigned a clinic. If you do not make requests, then the Clinic Coordinator will choose an assignment for you based on her knowledge of your graduation needs and skill level.

You may submit this request form to the Assistant Clinical Director through email (greerlp@etsu.edu)

1. _____
2. _____
3. _____

If you have questions or concerns, please contact Lindsay Greer, Assistant Director of Clinical Services, at 439-4534 or greerlp@etsu.edu.

Appendix T.

Student Signature Page Certifying Proper Review of Handbook

The Clinical Handbook includes important information that is designed to help you understand policy and procedures for the ETSU Speech Language and Hearing Clinic. Please read all information carefully and sign below to indicate your understanding of and agreement to follow these guidelines.

I have read the ETSU Clinic Policy and Procedure Handbook. I understand the information and will do my best to adhere to the policies and procedures.

Signature of Student

Date

Assistant Clinic Director for SLP

Date

Please return the form to the Assistant Clinical Director.