2020

Undergraduate Clinic Manual

Communication Disorders & Sciences

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EIU Speech-Language Hearing Clinic
Policies and Procedures for Clinical Practicum
Updated Fall 2020

A. BEGINNING OF SEMESTER INFORMATION

1. CLINICIAN INFORMATION

Clearly print your name (**last name first**), E-number, local address, **EIU** email address, and telephone numbers; **and** your permanent address (including zip code), telephone number, and parent(s) names on the card. ***Please inform the Front Office if this information changes during the semester.*** This is our primary means of contacting you.

2. COMMUNICATION

a. Clinicians will also enroll in Remind. You will receive an email invitation from Felicia. Please sign up for that ASAP after receiving the invite.

b. All departmental and university communication will use Panthermail. Students preferring to use an outside email service as a primary method of electronic communication are responsible for activating the auto-forward feature on their EIU email account and for keeping that address updated if they change internet service providers. EIU and the CDS Department will not follow up on "undeliverable mail." Email accounts are listed in the online directory and members of the EIU community are responsible for checking their account in a consistent and timely fashion.

3. CLINICAL ASSIGNMENTS

a. The first day of clinic is the second week of class. The last day of clinic is the last day of classes.

b. Assignments have been made but are subject to change, so check your mailbox, email, and the schedule **daily** to be sure you are aware of any changes.

c. Your registration for CDS 4900, 5900 will be completed by the Clinic Director. Rosters will be switched by the 10th day.

d. Review the client(s)' files and make an appointment to see your supervisor this week.

e. Call clients/guardians prior to first day of therapy to confirm days and time.

f. Review your supervisor's syllabus for information regarding expectations for initial conferences.

g. Unless otherwise noted on the clinic schedule, all sessions are 45 minutes long. Therapy rooms must be vacated promptly at the end of your session. There are only 15 minutes between sessions. Therapy sessions are expected to start on time. If necessary, vacate your therapy room prior to meeting with parents.

4. PARKING PERMITS

Be sure your clients or parents have current parking permits. Permit parking is available for speech and hearing clients in the parking lot adjacent to the Human Services Center. Parking for clients is also available in staff lots along Seventh Street, south of the clinic by the tennis courts, and the Fourth Street lot between Coleman Hall and Taylor Hall. This parking is not for students.

B. CLINICIAN RESPONSIBILITIES

1. Call client prior to first therapy session. See **phone call checklist** for details.

2. ATTENDANCE/DISPOSITION SHEETS

a. **Check** the client attendance/disposition sheet (in the binder at the Front Desk); verify with the client or guardian that all information including the name, address, etc. are correct on the form. **Do not use the address/phone numbers from previous reports.**

b. **Verify** the client's attendance every day by writing in the date and initialing the attendance grid. Please use a pen.

c. When writing reports, letters, etc. regarding the client, refer to the attendance log for the most current address/phone information.

d. At the end of the semester, have your clinical supervisor complete their sections, sign and date this form and **return it to the binder in the front office.**

3. **CLINICAL CLOCK HOURS**
   a. Clinical hours are calculated by actual minutes (45 minutes = 45 minutes; not an hour). You may round to the nearest 5 minutes (22 minutes = 20 minutes; 23 minutes = 25 minutes).
   b. We expect you to accumulate 18 to 21 hours for clients in the Clinic that come 2 times per week.
   c. If you feel that you will have difficulty accumulating the required number of hours, discuss the situation with your supervisor and then see the Clinic Director as necessary.
   d. **Make sure you keep track of treatment and assessment hours throughout the semester.**
   e. **5900** – hours are tracked through Calipso- track daily or weekly and submit to supervisor for approval at end of semester.
   f. **4900** – need to keep track of your own hours. You will receive an hours log at the end of the semester that you will record your hours and supervisors will be required to sign.

4. **CHANGES IN SCHEDULED TIMES, ROOMS, CLINICIANS AND/OR SUPERVISORS**
Changes must be reported in writing to the Clinic GA and to the Technology GA, who will make the changes on the Master Schedule and the ISR video recording system. This may only happen after you verify the change with your supervisor and Clinic Dirctor. Please do not change the Master Schedule. The Clinic Director will notify you of changes via email.

5. **VIDEO RECORDINGS**
   a. All therapy sessions will be recorded. Sessions are scheduled ahead of time by the Tech GA and will be recorded using the ISR Intelligent Stream Recording system.
   b. To maintain confidentiality, the monitors are to be left off when no one is watching.
   c. The Tech GA needs to be notified in advance of all make-up session so that the session can be scheduled to be recorded.
   d. Notify the tech GA if there are any issues with the ISR system.
   e. Should you need to use an additional video camera, cameras are available for checkout from the Clinic Director's office.

6. **CLINICIANS' ROOM**
This is your working space. The refrigerator, microwave, toaster, etc. are for your use. We will trust you to keep it clean and neat.

7. **MAILBOXES**
You have a mailbox in the Clinicians' Room which is to be used for professional correspondence between you, your fellow clinicians, and supervisors. It is your responsibility to check your mailbox on a regular basis. Do not use mailboxes to store therapy materials, books, etc. Supervisor mailboxes are located on the wall outside their office doors. All correspondence concerning clients should be placed in the provided folders and the folders turned so the name of the client is not visible.

8. **CLINIC AFTER HOURS (Sunday – Thursday from 5:00-8:00)**
All CDS students welcome to work in the Clinic from 5:00-8:00pm while GAs are on duty. Only students enrolled in the CDS Graduate Program may remain after hours (after 8:00) but must enter the building before the outside doors are locked. The last person to leave is responsible for closing doors and turning out lights.

9. **NAME TAGS**
Wear your name tag whenever you are seeing clients or parents for therapy, diagnostics, and conferences.

10. **CONCERNS ABOUT CLINIC**
If you are concerned about anything related to your clinic assignment, first, you should discuss the situation with your supervisor. However, if you believe that you cannot discuss the situation with your supervisor, you should discuss it with the Clinic Director. Our experience is that the best results are achieved if you make us aware of problems sooner rather than later.

11. **STUDENT COMPLAINT PROCESS**
A concern should initially be communicated to the supervisor/instructor. If that presents a problem for the person with the complaint, the concern should be addressed with the Clinic Director or Department Chair, as

appropriate. Complaints not resolved with the Clinic Director can be forwarded to the Department Chair. Complaints not resolved within the department can be submitted to the Dean of the College of Sciences, followed by the Vice President for Academic Affairs. Complaints not addressed within the University to the satisfaction of the student, may be submitted to the Council on Academic Accreditation of the American Speech-Language-Hearing Association.

C. CONFIDENTIALITY: ONBASE AND CLIENT FILES

1. CLIENT FILES

a. Client files can be accessed using the On-Base Records System which is installed on your computers, as well as the computers in the clinicians' room. **Students should not access paper files from the front office unless an On-Base file is not available.** Refer to the attached instructions on how to access client files. It is important that all appropriate information is maintained in client files.

b. **Do not access paper files in the Front Office unless specifically instructed to do so by your supervisor, or if OnBase is down. Ask office staff for assistance. Files may not be taken from this floor of this building. Client files checked out from the Front Office must be returned before the office closes each day. If you have a file checked out and cannot get it returned before the office closes, you must give to the GA on duty to store in their locked offices overnight. GAs must return the files to the front office first thing in the morning of the following day.** Missing files will be reported to the clinician and supervisor. Under no circumstances, should you copy anything from a client's file without permission of your supervisor or the Clinic Director.

Do not add new documents to a client file. Turn documents into the office for scanning. Office staff will add the documents to the client's file.

2. CONFIDENTIALITY concerning our clients is paramount!

a. **Read, sign and return the Statement of Confidentiality.**

b. Avoid speaking about your clients outside of the professional setting or casually in the hallways of the Clinic. Confidentiality must also be maintained within conversations. Do not discuss your clients by name with anyone such as your parents, friends, secretaries, or teachers. Discussions of a client are confined to other clinicians, clinical supervisor and the Clinical Director.

c. Under no circumstances should any saved, electronic material about a client from the OnBase system leave the building.

d. **De-identification of client information is imperative in electronic communication** and is a requirement of HIPAA. De-identification does not only apply to client, but also their relatives, employers or household members. Electronic communication **should not contain** any of the following information:

- Names
- Geographic area smaller than state (e.g. city, street number)
- Telephone or fax numbers
- email addresses

This policy not only applies to emails, but also applies to attachments in emails. Although sending client documents through email should rarely be necessary, there may be occasions when SharePoint is not working. In a case such as this, please do not include first and last names of clients on the documents. Please use the least amount of identifying information as possible. For example, use the word "client" or if absolutely necessary, initials may be used. (See above for other guidelines regarding de-identification).

g. Clinic documents such as therapy plans, ITP and reports contain confidential information and should be saved only on our secure server, SharePoint. If you would like to save a copy of a clinic document on your personal computer, you should not include any identifying information on the document. Identifying information can be added when saving your final copy/draft to SharePoint.

h. Delete and/or shred all rough drafts of reports, letters, therapy plans, etc. that contain any personally identifiable information about a client.

3. SOCIAL MEDIA

a. Client privacy measures taken on social networking sites and other online media should be the same as those taken in any public forum. Faculty, staff, and students should never publicly make comments about the treatment of a specific client, especially online. Even acknowledging the care of a client is an unacceptable disclosure of PHI. The Health Insurance Portability and Accountability Act (HIPAA) regulations apply to comments made on social and online media and violators are subject to the same federal prosecution as with other HIPAA violations. Discussions regarding specific clients, research subjects, and volunteers should be avoided, even if all identifying information is excluded. It is always possible that someone could recognize the individual to whom you are referring based upon the context.

b. Under no circumstances should photos of patients or research subjects be displayed. Interactions with clients or caregivers within these sites are strongly discouraged.

c. Do not give treatment advice using social media. Direct individuals with inquiries about services to an appropriate hospital or clinic website or phone number. Negative comments on social networking sites can jeopardize internship sites for you and future students and have a negative impact on potential employers. It can also adversely influence relations with peers and faculty.

d. Be mindful about what you post on social media.
e. Clinicians are not allowed to "friend" or "follow" clients or clients' family members on social media.

D. PROFESSIONAL CONDUCT

1. CODE OF ETHICS

Review the ASHA Code of Ethics. Ensure that your conduct adheres to these ethical guidelines. Violations of the Code will be reflected in your grade and, depending on the seriousness of the violation, may be grounds for dismissal from clinic.

2. NEGLIGENCE OF PROFESSIONAL RESPONSIBILITY

Negligence is considered very serious in its implication. Missing appointments with supervisors, unexcused absences for clinical sessions, not following MC procedures and tardiness in paperwork are examples of negligence and may result in lowering of your clinic grade or could be considered grounds for dismissal from 3900/4900/5900/5910/5920. Dismissal from clinic may be appealed to the Clinic Director and the Department Chairperson.

3. CLINIC ATTIRE

a. When conducting therapy, clinicians are expected to adhere to the following:
- General Dress Guidelines
  - Clothing should be clean and free of odor.
  - No strong fragrances.
  - No facial or tongue piercings, other than earrings.
  - Tattoos should not be visible.
  - Dress should be professional and appropriate to the client.
  - No flip-flop shoes
  - No denim pants
- Do not use cups, hats, etc., in therapy which have profanity or logos for alcoholic beverages, tobacco, etc.

b. Name tags must be worn when conducting clinical activities (therapy, testing, etc.) Name tags should be worn above the waist.

c. Faculty who observe a clinician dressed inappropriately may send the student home to change. If there is not time to change, the clinician may be required to wear a lab coat from the Front Office.

4. NETIQUETTE FOR ELECTRONIC COMMUNICATION

a. Use formal modes of address unless you are absolutely certain that informality is acceptable to the receiver.

b. Use appropriate and professional language in your communications. Use correct spelling, capitalization, punctuation, grammar, and avoid using internet abbreviations (i.e. : brb, lol, etc).

c. Keep email short and to the point. If meeting on the phone or in person would be more effective, indicate this. Email should be used for simple communication, not to solve problems.

d. Unless professor is out of the office, email will be checked M-F during business hours. Please allow 24 hours for a response. If email is received after 12:00 p.m. on Friday expect a response Monday afternoon.

e. Remember that email is about communication with other people. When you compose a message, read it over before sending it and ask yourself what your reaction would be if you received it. Take care with sarcasm and humor so that you are not misinterpreted.

5. **UNLICENSED PRACTICE**

Student clinicians shall provide therapy only when enrolled in clinical practicum with an assigned clinical supervisor. Any CDS student determined to be providing services within the scope of practice for speech-language pathology or audiology that are not directly related to the academic or clinical training program shall be considered to be engaging in unlicensed practice and may be referred to the Illinois Department of Financial and Professional Regulation for possible disciplinary action.

6. **NONDISCRIMINATION/EQUITABLE TREATMENT**

Students, faculty, staff, and persons served in the program's clinic are treated in a nondiscriminatory manner – that is without regard to race, color, religion, sex, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship, or status as a covered veteran.

E. CLINICIAN/CLIENT ABSENCES AND FIELD TRIPS

1. **CLINICIAN/CLIENT ABSENCES**

a. When a client calls and cancels, the Front Office will notify you via the Remind App. The clinician is also responsible to let their shadow know that therapy has been cancelled.

b. If the clinician cancels, inform the supervisor and ask the Front Office to call the client and shadow. It is best to call the front office so they can receive notification of your absence immediately. 581-2712

c. If you must cancel an early morning session (8:00 or 9:00), **you** should call the client and shadow to insure that they do not come to the Clinic unnecessarily.

d. The clinician schedules make-up sessions with prior approval of the supervisor and Clinic Director. Please check the master schedule to be sure rooms are available for the make-up session. Your faculty supervisor or another faculty member must be in the building when make-up sessions are in progress. Once approved, please let Tech GA know so the session can be recorded

e. Clinicians are expected to attend clinic as scheduled. Any schedule changes or cancellations (not due to illness or emergency) by the clinician require the supervisor's prior approval. Supervisors or the Clinic Director may request documentation of the reason for an absence. All sessions cancelled by the clinician shall be made up if possible. Therapy cannot be cancelled as a matter of clinician convenience (e.g. to extend weekends, leave early for break, vacation). Any unexcused absences by the clinician shall be viewed as grounds for dismissal from clinic. If a clinician establishes a record or pattern of absences of concern to the supervisor, the supervisor may involve the Clinic Director in determining whether the clinician will be allowed to continue in clinical practicum for the remainder of the term. Clinicians who are dismissed must wait until the next term 4900/5900/ 5910/5920 is offered to re-enroll. Students may appeal dismissal decisions to the Clinic Director and Chairperson.

g. Client Attendance: When Clinic sessions are canceled or clients arrive late, both student clinicians and clients lose valuable learning opportunities. Clients are expected to attend scheduled appointments and to notify the Clinic Office (217-581-2712) as soon as possible when an absence is unavoidable. Although makeup sessions are not guaranteed, clients who contact the Clinic to cancel appointments may have an opportunity to make up missed sessions pending the schedules of the clinician and the supervisor and room availability.

Regular attendance is expected. The clinician will wait 10 minutes after a scheduled session time before calling to remind of an appointment. The clinician will then wait an additional 10 minutes for the client to arrive. After this 20 minute time period has elapsed, the clinician will consider the treatment session cancelled. If caregivers leave the building during a session, they need to return in time to assume responsibility for their child immediately at the conclusion of the session.

If two consecutive sessions are missed without notification, if more than four sessions are missed in any one semester with or without notification, or if a client is regularly 15 or more minutes late for scheduled sessions, services will be terminated. The client discharged due to the attendance policy will have the opportunity to reinitiate clinical services when requirements of the attendance policy can be met.

The EIU Clinic will cancel sessions if University classes are cancelled or the campus is closed. The Clinic will follow the University's schedule if late starts or early dismissals occur. Announcements concerning changes in University schedules are made on television and radio and posted on the University's website. Since weather conditions are variable, individuals are encouraged to use their best judgment in determining if they can keep scheduled appointments. Clients will not be penalized for missing sessions due to weather.

During the 6-week summer session, clients will not be scheduled whose caregivers anticipate the client will miss more than two individual therapy sessions for vacation, camps, and other activities.

**** See attendance policy addendum for specific policies related to COVID-19 absences**

2. **TRIPS**

Trips and sessions outside of the building require written permission from the parent or guardian. Permission slips are available in the Front Office and should be placed in the file tray in the Front Office after it is signed.

F. REPORTS AND THERAPY PLANS

1. **INITIAL REPORT/THERAPY PLAN**
   a. Evidence based practice involves using the best available clinical literature along with our clinical intuition and client preferences to guide our assessment and treatment decisions. Students will be expected to find literature which: a) defines the client's problem(s), b) guides assessment for the client's problem(s), and c) guides the treatment process. Examples of clinical literature include textbooks, professional journals, and internet sources. Students should not limit searches to any one source. Students are expected to have obtained and read relevant research relating to their client's disorder(s) prior to the initial conference with their supervisor.
   b. All report formats and forms are available on the student drive in the clinic folder and on D2L. See the attached memo for formatting instructions and examples. All documents must be done in Word.
   c. Refer to the attached Final Report template when writing your report. Check with your supervisor to see to what extent they want you to adhere to this format.
   d. SOAP notes/therapy plans should be saved as a running document to upload to OnBase.

G. MATERIAL CENTER AND EQUIPMENT

1. **BATTERIES**

The Clinic will provide batteries for Clinic owned equipment. Clinicians are responsible for providing consumable therapy materials (construction paper, glue, paints, etc.), batteries for personally owned equipment, and toys/games/ books/etc. desired for therapy beyond those available in the MC and Clinic toy cabinets.

2. **iPads & Video Cameras**

The Clinic has 4 iPads available for checkout and several video cameras. iPads are located in the technology cabinet in the Clinic Director's office. iPads must be signed out on the technology cabinet door AND in the MC. There is a weekly reserve list that can be used if you need to reserve an iPad or video camera for a regular time each week. Clinicians should **always check the reserve list before checking out an iPad** to make sure it is not needed during the time you will have it.

3. **MATERIALS CENTER (MC)**
   a. The Materials Center (Room 2309) has equipment, toys and materials available for student use.
   b. The MC will be open Monday-Thursday 7:30am-8:00pm, Fridays from 7:30am-4:30pm, and Sunday 5:00pm-8:00pm.
   c. The Clinic GA is in charge of the MC. If you notice we are running low on supplies or test forms in

the Materials Center or if you have suggestions or complaints, please inform the Clinic GA.

d. When no one is assigned to work the MC, clinicians are responsible for checking items in and out of the MC.

e. Follow the check in/check out procedures which are posted in the MC. **Under no circumstances do you:**

- Take something from the MC without checking it out, even if it is for only a few minutes.
- Shelve an item without checking it back into the MC computer inventory system (Inform the GA if an item will not check into the system).

If you do not follow MC procedures, your supervisor will be notified and it will be result in lower ratings in the professional section of the clinical evaluation form.

4. **EQUIPMENT**

If you find a piece of equipment that is not working appropriately, please bring it to the attention of the Tech GA **ASAP**. If you plan to use an auditory trainer, digital camera or the video camera, check that it is charged. **No equipment should be left in the hallway after hours.**

5. **FACILITIES**

a. Nothing gets taped to a wall, door or mailboxes. Post notices on the bulletin board. Notices need to be cleared with the Clinic Director or NSSLHA sponsor.

b. The lounge is off limits to students except for scheduled events such as class, meetings, etc.

c. The sensory room is not scheduled as part of the clinic schedule. It can be accessed as needed for clients. Equipment should not be taken to other rooms for use. Clients should be taken to this room as needed. Non-clients or unsupervised clients (without their clinicians) should not use the sensory room.

d. In the video room, for confidentiality purposes, observation is limited to relatives/guardians or other authorized persons (e.g. student observers). TVs should be turned off when no one is observing. Observers should not be tuning in other therapy rooms.

e. The Research Lab should be used as the sensory room. i.e. you should take your client to this room when the equipment is needed.

f. You may need to wear a watch in therapy.

g. You are expected to pick up after yourself. Cups, wrappers, etc. should be placed in the appropriate receptacle. If you remove furniture or equipment from your therapy room, replace it at the end of your session. Avoid cluttering the hallway. Do not place items directly across from each other in the hall. We have clients who need to walk near the wall for support. Replace electrical covers.

h. Accidents happen. If something is spilled on the carpet or if a client soils themselves, leave a note on the Sanitation room door describing what was spilled, etc. and the location. If a client has a toileting accident during a session, the clinician should notify the caregiver and the caregiver is responsible for changing the client. If the caregiver is not present, the therapy session is discontinued until a caregiver can address the issue.

6. **VIDEO VIEWING GUIDELINES**

a. Please turn off the monitor if no one is watching.

b. Do **NOT** change the channels on the TVs for any reason. It is the clinician's responsibility to notify parents that they are not to change the channels as well. If a parent needs to view a different room (e.g. the sensory room), they need to get up and move to the appropriate viewing station.

c. Please wear headphones when observing.

d. Use an adapter at the end of the splitter to receive sound in both ears.

e. Please talk softly. It is difficult for supervisors to hear subtle differences in speech even with headphones.

f. During busy times to alleviate congestion, it would be helpful if there were only one person per viewing station besides the supervisor.

g. If there are problems with the equipment, please inform one of the staff.

H. HEALTH AND SAFETY

1. **HEALTH AND SAFETY**

Because you will be working closely with people, please take precautions for health and safety using universal precautions when appropriate. Tissues, latex gloves, tongue depressors and disinfectant wipes are located on the shelf in each clinic room.

a. **Use latex gloves** when performing oral exams or during any invasive procedure of the oral cavity.

b. **Wash your hands** before and after working with clients. Hand washing is considered one of the best ways to prevent the spread of disease. In addition, avoid touching your hands to your mouth, eyes or nose when working with your clients.

c. **Each clinician is responsible to disinfect all equipment and toys** used in therapy. Use the disinfectant located in the sanitation room. Spray the item to be cleaned with the disinfectant. Wipe clean. Rinse. Dry. Return the item to its original location in the Materials Center. Do not store wet items in the Materials Center. If you are unable to wash the item immediately after therapy, place in the bin in the sanitation room and return to clean the item as soon as possible.
   - Use the disinfectant wipes located in therapy room to wipe tables, desks, etc. after each therapy session. Notify front office, the Clinic Director or faculty member on master coverage for bigger cleanup jobs.
   - There is a sanitation protocol listed on certain items which you are allowed to check out from the MC. A list of items which may be sanitized and re-used are listed in the MC, Sensory Room cabinet and in the Sanitation Room. Please check this list before dedicating an item to a client or throwing it away after using it. (e.g., materials from the MOST).
   - If your client has come to therapy ill, please make sure to sanitize the table, all toys, doorknobs, etc. This includes wiping down toys, books, furniture they may have been playing with in the waiting room after your session.

d. **Stay home if you are ill**, being considerate to your client and to your colleagues at the Clinic. You should strive to re-schedule the session.

e. Keep the client's welfare in mind. Keep young children away from the elevator and stairway. Consult with parents before allowing children to have a snack. If necessary, assist elderly clients to and from the room.

f. **Sensory Room:**
   1. If you are going into the ball pit please remove shoes first.
   2. Please use hand sanitizer BEFORE using the sensory tubs, MC Play-Doh, and going into the ball pit. Sensory tub will have various items in it this semester for your use (water beads, beans, water, etc.). If the sensory room needs attention, please let the Clinic GA know (needs more beans, water beads need changed out, etc.).
   3. We will have a "Yuck Bucket" in the sensory room for you to put items in that may have been mouthed during your session. If your child is a chronic oral explorer of toys from the MC, I would suggest you use something like this during your session in your own treatment rooms so that you can keep it separate from other items and sanitize it properly prior to returning it to the MC.
   4. Items in the sensory room need checked out. There is a checkout form in the Sensory room on the Window Sill.

****Refer to sanitation guidelines specific to COVID-19 posted in therapy rooms and sanitation room.**

2. IMMUNIZATIONS

a. As students enrolled in the EIU Communication and Sciences Disorders Program are entering a healthcare or educational profession, there are certain public health requirements to which our program expects students to adhere. All immunizations recommended by the Center for Disease Control (CDC) and the State of Illinois for adults must be up to date when a student begins the clinical portion of the CDS Program. People who are not correctly immunized pose a significant public health risk to their clients, co-workers and themselves.

b. Seasonal flu shots are being required by many external clinical sites and will not accept student clinicians who have not had this immunization. Flu shots are available in the fall of each year and can be obtained through the EIU Student Health Service, the Illinois Department of Public Health, your personal physician's office, local pharmacies, and other flu shot clinics in the area.

c. Students in clinical practicum are required to get flu shots. If, for some reason, a student chooses not to receive the flu shot, they will be required to sign a declination form. If immunizations and TB tests are not up to date, the CDS Department cannot guarantee that students will be accepted at medical and /or educational clinical sites. This could impact a student's timely progression through the program, prevent a student from participating in a variety of clinical experiences and ultimately

prevent a student from graduating.

d. In accordance with University policy and CDC recommendations, students enrolled in the Communication Disorders and Sciences Program as an undergraduate or graduate student are required to provide proof of immunization for tetanus, diphtheria and pertussis and proof of immunity to rubeola (red measles), mumps, rubella (German or three day measles), varicella (chickenpox) and Hepatitis B.

e. Students must also include proof of freedom from active tuberculosis. Those needing a yearly retest need only be present on the final two dates. Those who have never had a TB test or if more than 1 year has passed since their last testing require the two-step. Those who have been tested in the past year only need the one step. Anyone who has previously test positive for TB must undergo a yearly TB symptoms screening scheduled with the EIU Health Service.

f. Students who do not meet these requirements will not be permitted to enroll in CDS 3900, 4900, 5900, 5910, 5920, 5970, 5980 and will not be able to complete the requirements for the degree. Any exceptions will have to be reviewed by the medical director at EIU for recommendations and approval.

g. TB tests **must be completed and returned to the Clinic GA.** The cost is $15 per injection. Individuals requiring the 2-step test must be present on all four dates.

3. **EMERGENCY EVACUATION PROCEDURES**

Emergency evacuation maps are posted in every room in the Clinic. You are responsible for reviewing the map and knowing the appropriate exit route. The Emergency Evacuation Procedures are also attached.

I. DIAGNOSTICS

1. **DIAGNOSTICS**

a. Diagnostic evaluations will be held on Friday beginning at 10:00AM (unless otherwise specified) and 1:00 PM in Rooms 2610 and 2702.

b. Teams of three graduate students have been assigned to diagnostics. It is the responsibility of the students to inquire about clients scheduled and arrange to meet with the faculty supervisor. Please make the initial contact with your diagnostic supervisor at least 10 days in advance of the scheduled diagnostic. Check the schedule in the Clinicians' Room. **Grads: be sure to include observers in scheduling any pre and post diagnostic meetings.**

c. A syllabus for CDS 5910 is posted on the Student drive in the Clinic folder for grads enrolled in diagnostics.

d. Students enrolled in CDS 4600, Seminar in CDS, and graduate students who have not previously observed a diagnostic will be assigned to observe one diagnostic over the course of this semester. Information will be distributed to those students involved.

J. SPEECH AND HEARING SCREENING

1. **COLLEGE SCREENINGS**

a. All EIU students in teacher preparation programs must have a speech and hearing screening. Graduate clinicians enrolled in audiology practicum will be scheduled to do the testing in the Clinic.

CDS 4900
Clinical Practicum Syllabus

I. Course Description: (Arr.-Arr.-1) F, S. (Credit/No Credit) Supervised work with persons with a communication disorder. Supervised clinical therapy experience and clinical instruction related to treatment of speech-language-hearing disorders: Students will conduct speech-language-hearing therapy sessions and communicate effectively with the client, family, and other professionals as needed. Students will use evidence-based literature to guide clinical decision making and will develop clinical writing skills. Students will evaluate and discuss intervention strategies, data collection, and factors that influence client progress.

II. Course Objectives

- To gain an understanding of the diagnostic process through administration of formal and informal assessment procedures.
- To gain an understanding of the therapeutic process through developing and implementing a treatment plan, collecting data and assessing progress.
- To develop written communication skills through writing reports, lesson plans and progress notes.
- To develop interpersonal communication skills in parent/client conferences and interaction with other professionals.

III. Departmental Learning Objectives

Undergraduate Formative Assessment, Ratings, and Remediation

CDS students are rated on the development of knowledge and skills within the profession. Faculty members use 53 Departmental Learning Objectives to rate each student in their course. These ratings are NOT the same as course grades! Please note the DLOs rated in this course (see syllabus), as you are expected to demonstrate minimal levels of competency for each area. Students will be rated as a 4 (met) or 2 (not met) for each DLO. **Undergraduate students must display competency of DLOs by receiving a rating of 4 on all measured skills. Undergraduate students with any one rating of 2** are expected to create and complete a Remediation Plan prior to the end of the following semester, in order to demonstrate sufficient knowledge and/or skill development.

Rating Scale

Clinical skills will be rated using the following 5 point scale.

1 **Unacceptable Performance:** Specific direction from supervisor does not alter unsatisfactory performance. Clinician is unaware and/or unresponsive of need to change.

2 **Needs Improvement in Performance/Maximum Support:** The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively. Student shows awareness of need to change behavior with supervisor input.

3 **Moderately Acceptable Performance/ Moderate Support:** Inconsistently demonstrates clinical behavior/skill. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides moderate amount of support focusing on increasing student's critical thinking on how/when to improve skill.

4 **Meets Performance Expectations/Minimal Support:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem solving is emerging. Supervisor provides minimal amount of support and acts as a collaborator to plan and suggest possible alternatives.

5 **Independently Meets Performance Expectations:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Supervisor serves as a consultant in the areas where student has less experience/ Provides guidance on ideas initiated by student.

Departmental Learning Objectives

- The student demonstrates knowledge and skills necessary for assessment of phonological/articulation disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of phonological/articulation disorders.
- The student demonstrates knowledge and skills necessary for assessment of oral and written developmental language disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of oral and written developmental language disorders.
- The student demonstrates knowledge and skills necessary for assessment of fluency disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of fluency disorders.
- The student demonstrates knowledge and skills necessary for assessment of voice and resonance disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of voice and resonance disorders.
- The student demonstrates knowledge and skills necessary for assessment of oral and written acquired language disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of acquired oral and written language disorders.
- The student demonstrates knowledge and skills necessary for assessment of swallowing disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of swallowing disorders
- The student demonstrates knowledge and skills necessary for assessment of cognitive communication disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of cognitive communication disorders.
- The student demonstrates knowledge and skills necessary for assessment of social aspects of communication.
- The student demonstrates knowledge and skills related to the prevention and intervention of social aspects that effect communication.
- The student demonstrates knowledge and skills necessary for assessment of alternative and augmentative communication modalities.
- The student demonstrates knowledge and skills related to intervention with alternative and augmentative communication modalities.
- The student composes professionally written documents.
- The student engages in professional oral communication and interaction.
- The student evidences independent learning strategies, critical thinking, and problem solving skills.
- The student can collect and interpret case history information.
- The student can design, select, administer, and interpret formal and informal evaluation tools.
- When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs.
- The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals.
- The student completes administrative tasks relevant to evaluation and intervention.
- The student collaborates with client/relevant others/other professionals to design and implement intervention plans.
- The student writes measurable intervention goals.
- The student selects and utilizes case appropriate materials during intervention.
- The student utilizes instructional techniques (modeling, cueing, feedback, strategies) during intervention.
- The student measures client progress and generates appropriate therapy modifications.
- The student counsels clients, family members and relevant others regarding communication disorders.
- The student interacts in a professional and ethical manner.

- The student is sensitive to cultural backgrounds when interacting with client and relevant others.
- The student demonstrates effective use of technology as appropriate.

Departmental Learning Objective Evaluation

CDS 4900	Written Documentation	Clinical Conferences	Interaction with Clients and others	Data Collection and Analysis	Evidence Based Practice	Self-Analysis
The student demonstrates knowledge and skills related for assessment of phonological/articulation disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of phonological/articulation disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of oral and written developmental language disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of oral and written developmental language disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of fluency disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of fluency disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of voice and resonance disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of voice and resonance disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of oral and written acquired language disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of oral and written acquired language disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of swallowing disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of swallowing disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of cognitive communication disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of cognitive communication disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of social aspects of communication.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of social aspects that effect communication.	X	X	X	X	X	X

The student demonstrates knowledge and skills necessary for assessment of alternative and augmentative communication modalities.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to intervention with alternative and augmentative communication modalities.	X	X	X	X	X	X
The student composes professionally written documents.	X			X	X	
The student engages in professional oral communication and interaction.		X	X			X
The student evidences independent learning strategies, critical thinking, and problem solving skills.	X	X	X	X	X	X
The student can collect and interpret case history information.	X	X	X	X	X	
The student can design, select, administer, and interpret formal and informal evaluation tools.	X	X	X	X	X	X
When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs.			X	X		X
The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals.	X	X	X	X	X	
The student completes administrative tasks relevant to evaluation and intervention.	X	X		X		
The student collaborates with client/relevant others/other professionals to design and implement intervention plans.	X	X	X			X

Clinicians will be rated on the above departmental learning objectives based on their performance in the following six areas:

- Written documentation
- Clinical conferences
- Interaction with client and others
- Data collection and analysis
- Evidence based practice
- Self-analysis

IV. Course Assignments

- Writing reports
- Writing lesson plans
- Writing progress reports
- Participating in weekly conferences with clinical supervisor
- Conducting therapy
- Researching assessment/treatment techniques
- Performing weekly self-evaluations

V. Course Outline

- Review of records
- Formal and informal assessments
- Interpretation of assessment results
- Treatment Plan
- Lesson plans
- Treatment implementation
- Data collection
- Progress notes
- Final report

The student writes measurable intervention goals.	X			X	X	
The student selects and utilizes case-appropriate materials during intervention.	X	X	X	X	X	
The student utilizes instructional techniques (modeling, cueing, feedback, strategies) during intervention.	X	X	X		X	X
The student measures client progress and generates appropriate therapy modifications.	X	X	X	X	X	X
The student counsels clients, family members, and relevant others regarding communication disorders.		X	X			X
The student interacts in a professional and ethical manner.		X	X			X
The student is sensitive to cultural backgrounds when interacting with client and relevant others.		X	X		X	
The student demonstrates effective use of technology as appropriate.						

VI. Attendance

Clinicians are expected to attend clinic as scheduled. Any schedule changes or cancellations (not due to illness or emergency) by the clinician require the supervisor's prior approval. Supervisors or the Clinic Director may request documentation of the reason for an absence. All sessions cancelled by the clinician shall be made-up if possible. Therapy cannot be cancelled as a matter of clinician convenience (e.g. to extend weekends, leave early for break, vacation). Any unexcused absences by the clinician shall be viewed as grounds for dismissal from clinic. If a clinician establishes a record or pattern of absences of concern to the supervisor, the supervisor may involve the Clinic Director in determining whether the clinician will be allowed to continue in clinical practicum for the remainder of the term. Clinicians who are dismissed must wait until the next term 4900 is offered to re-enroll. Students may appeal dismissal decisions to the Clinic Director and Chairperson

VII. Grading Policy and Evaluation Procedures

Individual grades will be assigned based on each clinician's performance in the areas of professional/interpersonal skills, planning/management skills, diagnostic/writing skills, and therapy skills. Refer to the Practicum Formative Assessment Form for specific rating items. Grades will be assigned as credit (A,B,C) or no credit (D,F) according to the following scale.

Grading Scale	
4-5.00	A
3.99-3.5	B
3.49-3.0	C

VIII. Instructor Contact Information/Office Hours

Instructor Contact Information/Office hours are located on or outside each supervisor's door. It is the clinician's responsibility to schedule diagnostic conferences with the supervisor during posted office hours by appointment two weeks in advance of the diagnostic practicum.

IX. Students with disabilities

Reasonable accommodations are available to any student with a covered disability. Students with a disability must provide documentation to the Office of Disability Services (581-6583) at Eastern Illinois University. Once documentation is completed, the Office of Disability Services will contact the supervisor to assist with developing reasonable accommodations for this class. Eligible students should contact the Office of Disability Services within the first two weeks of class.

X. Student Success Center

Students who are having difficulty achieving their academic goals are encouraged to contact the Student Success Center (www.eiu.edu/~success) for assistance with time management, test taking, note taking, avoiding procrastination, setting goals, and other skills to support academic achievement. The Student Success Center provides individualized consultations. To make an appointment, call 217-581-6696 or go to 9th Street Hall, Room 1302.

XI. Evacuation Procedures

Please refer to the fire and emergency evacuation procedures posted near each clinic room door.

XII. Academic Integrity

Students are expected to maintain principles of academic integrity. Violations will be reported to the Office of Judicial Affairs.

XII. Netiquette for Electronic Communication

- Use formal modes of address unless you are absolutely certain that informality is acceptable to the receiver
- Use appropriate and professional language in your communications. Use correct spelling, capitalization, punctuation, grammar, and avoid using internet abbreviations (i.e. : brb, lol, etc)
- Keep email short and to the point. If meeting on the phone or in person would be more effective, indicate this. Email should be used for simple communication, not to solve problems.
- Unless professor is out of the office, email will be checked M-F during business hours. Please allow 24 hours for a response. If email is received after 12:00 p.m. on Friday expect a response Monday afternoon.
- Remember that email is about communication with other people. When you compose a message, read it over before sending it and ask yourself what your reaction would be if you received it. Take care with sarcasm and humor so that you are not misinterpreted.

XIII. Texts

Roth, F.P., & Worthington, C.K. (2016). *Treatment resource manual for speech-language pathology* (5nd ed.). New York: Singular.

Shipley, K.G., & McAfee, J.G. (2016). *Assessment in speech-language pathology: A resource manual* (5nd ed.). San Diego: Singular.

CDS 5900
Clinical Practicum Syllabus
2020

I. Course Description: (0-2.5-1; 1 Credit hour) Supervised work with persons with a communication disorder. Supervised clinical therapy experience and clinical instruction related to treatment of speech-language- hearing disorders: Students will conduct speech-language-hearing therapy sessions and communicate effectively with the client, family, and other professionals as needed. Students will use evidence-based literature to guide clinical decision making and will develop clinical writing skills. Students will evaluate and discuss intervention strategies, data collection, and factors that influence client progress.

II. Course Objectives

- To gain an understanding of the diagnostic process through administration of formal and informal assessment procedures.
- To gain an understanding of the therapeutic process through developing and implementing a treatment plan, collecting data and assessing progress.
- To develop written communication skills through writing reports, lesson plans and progress notes.
- To develop interpersonal communication skills in parent/client conferences and interaction with other professionals.

III. Departmental Learning Objectives

As part of the ASHA standards, learning objectives were developed for all CDS courses and clinical practicum. Students will be evaluated in the following areas for CDS 5900 at the end of the semester. The following rating scale is used when supervisors evaluate student clinicians.

Rating Scale

1 **Unacceptable Performance:** Specific direction from supervisor does not alter unsatisfactory performance. Clinician is unaware and/or unresponsive of need to change.

2 **Needs Improvement in Performance/Maximum Support:** The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively. Student shows awareness of need to change behavior with supervisor input.

3 **Moderately Acceptable Performance/ Moderate Support:** Inconsistently demonstrates clinical behavior/skill. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides moderate amount of support focusing on increasing student's critical thinking on how/when to improve skill.

4 **Meets Performance Expectations/Minimal Support:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem solving is emerging. Supervisor provides minimal amount of support and acts as a collaborator to plan and suggest possible alternatives.

5 **Independently Meets Performance Expectations:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Supervisor serves as a consultant in the areas where student has less experience/ Provides guidance on ideas initiated by student.

Departmental Learning Objectives

- The student demonstrates knowledge and skills necessary for assessment of phonological/articulation

disorders.

- The student demonstrates knowledge and skills related to the prevention and intervention of phonological/articulation disorders.
- The student demonstrates knowledge and skills necessary for assessment of oral and written developmental language disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of oral and written developmental language disorders.
- The student demonstrates knowledge and skills necessary for assessment of fluency disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of fluency disorders.
- The student demonstrates knowledge and skills necessary for assessment of voice and resonance disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of voice and resonance disorders.
- The student demonstrates knowledge and skills necessary for assessment of oral and written acquired language disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of acquired oral and written language disorders.
- The student demonstrates knowledge and skills necessary for assessment of swallowing disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of swallowing disorders
- The student demonstrates knowledge and skills necessary for assessment of cognitive communication disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of cognitive communication disorders.
- The student demonstrates knowledge and skills necessary for assessment of social aspects of communication.
- The student demonstrates knowledge and skills related to the prevention and intervention of social aspects that effect communication.
- The student demonstrates knowledge and skills necessary for assessment of alternative and augmentative communication modalities.
- The student demonstrates knowledge and skills related to intervention with alternative and augmentative communication modalities.
- The student composes professionally written documents.
- The student engages in professional oral communication and interaction.
- The student evidences independent learning strategies, critical thinking, and problem solving skills.
- The student can collect and interpret case history information.
- The student can design, select, administer, and interpret formal and informal evaluation tools.
- When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs.
- The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals.
- The student completes administrative tasks relevant to evaluation and intervention.
- The student collaborates with client/relevant others/other professionals to design and implement intervention plans.
- The student writes measurable intervention goals.
- The student selects and utilizes case appropriate materials during intervention.
- The student utilizes instructional techniques (modeling, cueing, feedback, strategies) during intervention.
- The student measures client progress and generates appropriate therapy modifications.
- The student counsels clients, family members and relevant others regarding communication disorders.
- The student interacts in a professional and ethical manner.
- The student is sensitive to cultural backgrounds when interacting with client and relevant others.
- The student demonstrates effective use of technology as appropriate.

Departmental Learning Objective Evaluation

CDS 5900	Written Documentation	Clinical Conferences	Interaction with Clients and others	Data Collection and Analysis	Evidence Based Practice	Self-Analysis
The student demonstrates knowledge and skills related for assessment of phonological/articulation disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of phonological/articulation disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of oral and written developmental language disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of oral and written developmental language disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of fluency disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of fluency disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of voice and resonance disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of voice and resonance disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of oral and written acquired language disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of oral and written acquired language disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of swallowing disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of swallowing disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of cognitive communication disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of cognitive communication disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of social aspects of communication.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to the prevention and intervention of social aspects that effect communication.	X	X	X	X	X	X

The student demonstrates knowledge and skills necessary for assessment of alternative and augmentative communication modalities.	X	X	X	X	X	X
The student demonstrates knowledge and skills related to intervention with alternative and augmentative communication modalities.	X	X	X	X	X	X
The student composes professionally written documents.	X			X	X	
The student engages in professional oral communication and interaction.		X	X			X
The student evidences independent learning strategies, critical thinking, and problem solving skills.	X	X	X	X	X	X
The student can collect and interpret case history information.	X	X	X	X	X	
The student can design, select, administer, and interpret formal and informal evaluation tools.	X	X	X	X	X	X
When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs.			X	X		X
The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals.	X	X	X	X	X	
The student completes administrative tasks relevant to evaluation and intervention.	X	X		X		
The student collaborates with client/relevant others/other professionals to design and implement intervention plans.	X	X	X			X
The student writes measurable intervention goals.	X			X	X	
The student selects and utilizes case-appropriate materials during intervention.	X	X	X	X	X	
The student utilizes instructional techniques (modeling, cueing, feedback, strategies) during intervention.	X	X	X		X	X
The student measures client progress and generates appropriate therapy modifications.	X	X	X	X	X	X
The student counsels clients, family members, and relevant others regarding communication disorders.		X	X			X
The student interacts in a professional and ethical manner.		X	X			X
The student is sensitive to cultural backgrounds when interacting with client and relevant others.		X	X		X	
The student demonstrates effective use of technology as appropriate.						

Clinicians will be rated on the above departmental learning objectives based on their performance in the following six areas:

- Written documentation
- Clinical conferences
- Interaction with client and others

- Data collection and analysis
- Evidence based practice
- Self-analysis

IV. Course Assignments

- Writing reports
- Writing lesson plans
- Writing progress reports
- Participating in weekly conferences with clinical supervisor
- Conducting therapy
- Researching assessment/treatment techniques
- Performing weekly self-evaluations

V. Course Outline

- Orientation to Clinic: Policies and Procedures, Code of Ethics & ethical conduct, Confidentiality, etc.
- Review of records
- Initial conference: Discussion of background information; cultural or linguistic considerations; diagnosis; EBP; initial plan for client; and /or priorities for treatment.
- Formal and informal assessments
- Interpretation of assessment results
- Treatment Plan
- Lesson plans
- Treatment implementation
- Data collection
- Progress notes
- Final report

VI. Attendance

Clinicians are expected to attend clinic as scheduled. Any schedule changes or cancellations (not due to illness or emergency) by the clinician require the supervisor's prior approval. Supervisors or the Clinic Director may request documentation of the reason for an absence. All sessions cancelled by the clinician shall be made-up if possible. Therapy cannot be cancelled as a matter of clinician convenience (e.g. to extend weekends, leave early for break, vacation). Any unexcused absences by the clinician shall be viewed as grounds for dismissal from clinic. If a clinician establishes a record or pattern of absences of concern to the supervisor, the supervisor may involve the Clinic Director in determining whether the clinician will be allowed to continue in clinical practicum for the remainder of the term. Clinicians who are dismissed must wait until the next term 5900 is offered to re-enroll. Students may appeal dismissal decisions to the Clinic Director and Chairperson

VII. Grading Policy and Evaluation Procedures

Grades will be determined based on clinical performance (80%), midterm critical analysis (10%), and final oral presentation (10%).

Clinical Performance:
Ratings will be assigned based on each clinician's performance in the areas of evaluation, intervention, professional practice, interaction, personal qualities and writing. Refer to the Clinical Performance Evaluation for specific rating items in Calipso.

Midterm Critical Analysis:
Clinician will complete a midterm critical analysis during midterm week- **Date TBA**. The midterm will be

in written format, reflect critical thinking and vary from case to case. Use the "Rational and Insights in Clinical Decision Making" document to help prepare for the midterm.

Final Oral Presentation:
Clinician will complete a 15 minute oral case presentation (10 minutes prepared presentation, 5 minutes for questions). Clinician will be randomly assigned to present to a CDS faculty member. Clinician will be rated on knowledge of the case, critical thinking, ability to describe or defend clinical decisions, and oral presentation skills. Final oral presentations, **TBA**

Grades will be assigned as outlined in the rating scale:

Grading Scale

4-5.00	A
3.99-3.5	B
3.49-3.0	C

VIII. Clinical Hours

It is the responsibility of the clinician to keep track of their clinical hours. Clinical hours will be tracked by assessment and intervention hours throughout the semester. Clinicians will enter hours in Calipso weekly and will submit to supervisor for approval at the end of the semester.

IX. Instructor Contact Information/Office Hours

Instructor Contact Information/Office hours are located on or outside each supervisor's door. It is the clinician's responsibility to schedule diagnostic conferences with the supervisor during posted office hours by appointment two weeks in advance of the diagnostic practicum.

X. Students with disabilities

Reasonable accommodations are available to any student with a covered disability. Students with a disability must provide documentation to the Office of Disability Services (581-6583) at Eastern Illinois University. Once documentation is completed, the Office of Disability Services will contact the supervisor to assist with developing reasonable accommodations for this class. Eligible students should contact the Office of Disability Services within the first two weeks of class.

XI. Student Success Center

Students who are having difficulty achieving their academic goals are encouraged to contact the Student Success Center (www.eiu.edu/~success) for assistance with time management, test taking, note taking, avoiding procrastination, setting goals, and other skills to support academic achievement. The Student Success Center provides individualized consultations. To make an appointment, call 217-581-6696 or go to 9th Street Hall, Room 1302.

XII. Evacuation Procedures

Please refer to the fire and emergency evacuation procedures posted near each therapy door.

XIII. Academic Integrity

Students are expected to maintain principles of academic integrity. Violations will be reported to the Office of Judicial Affairs.

XIV. Netiquette for Electronic Communication

- Use formal modes of address unless you are absolutely certain that informality is acceptable to the receiver

- Use appropriate and professional language in your communications. Use correct spelling, capitalization, punctuation, grammar, and avoid using internet abbreviations (i.e. : brb, lol, etc)
- Keep email short and to the point. If meeting on the phone or in person would be more effective, indicate this. Email should be used for simple communication, not to solve problems.
- Unless professor is out of the office, email will be checked M-F during business hours. Please allow 24 hours for a response. If email is received after 12:00 p.m. on Friday expect a response Monday afternoon.
- Remember that email is about communication with other people. When you compose a message, read it over before sending it and ask yourself what your reaction would be if you received it. Take care with sarcasm and humor so that you are not misinterpreted.

XV. Texts

Roth, F.P., & Worthington, C.K. (2016). *Treatment resource manual for speech-language pathology* (5nd ed.). New York: Singular.

Shipley, K.G., & McAfee, J.G. (2016). *Assessment in speech-language pathology: A resource manual* (5nd ed.). San Diego: Singular.

CDS 5910 – Syllabus
Diagnostic Practicum Syllabus-1 semester hour

See assigned clinical supervisor for contact information and office hours.

I. Course Description: Supervised diagnostic evaluations with a variety of speech-language-hearing disorders.

II. Course Objective:
To improve clinical diagnostic skills through review of case history, selection and administration of informal and formal assessments, and development of appropriate recommendations for clients with regards to speech-language disorders. A student's performance in diagnostic practicum is evaluated in an array of categories. This syllabus lists many behaviors which are important to successful diagnostic assessment, management and the development of professional attitudes. Evaluation will include, but not be limited to, observation of these criteria.

III. Departmental Learning Objective:
As part of the new ASHA standards, learning objectives were developed for all CDS courses and clinical practicum. Students will be evaluated in the following areas for CDS 5900 at the end of the semester. The following rating scale is used when supervisors evaluate student clinicians.

A. Rating Scale:

1 **Unacceptable Performance:** Specific direction from supervisor does not alter unsatisfactory performance. Clinician is unaware and/or unresponsive of need to change.

2 **Needs Improvement in Performance/Maximum Support:** The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively. Student shows awareness of need to change behavior with supervisor input.

3 **Moderately Acceptable Performance/ Moderate Support:** Inconsistently demonstrates clinical behavior/skill. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides moderate amount of support focusing on increasing student's critical thinking on how/when to improve skill.

4 **Meets Performance Expectations/Minimal Support:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem solving is emerging. Supervisor provides minimal amount of support and acts as a collaborator to plan and suggest possible alternatives.

5 **Independently Meets Performance Expectations:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Supervisor serves as a consultant in the areas where student has less experience/ Provides guidance on ideas initiated by student.

C. Learning Objectives:

1. The student demonstrates knowledge and skills necessary for assessment of articulation/phonological disorders.
2. The student demonstrates knowledge and skills necessary for assessment of oral and written developmental language disorders.
3. The student demonstrates knowledge and skills necessary for assessment of fluency disorders.
4. The student demonstrates knowledge and skills necessary for assessment of voice and resonance disorders.
5. The student demonstrates knowledge and skills necessary for assessment of oral and written acquired language disorders.
6. The student demonstrates knowledge and skills necessary for assessment of swallowing disorders.
7. The student demonstrates knowledge and skills necessary for assessment of cognitive communication disorders.
8. The student demonstrates knowledge and skills necessary for assessment of social aspects of communication.

9. The student demonstrates knowledge and skills necessary for assessment of alternative and augmentative communication modalities.
10. The student composes professionally written documents.
11. The student engages in professional oral communication and interaction.
12. The student evidences independent learning strategies, critical thinking, and problem solving skills.
13. The student can collect and interpret case history information.
14. The student can design, select, administer, and interpret formal and informal evaluation tools.
15. When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs.
16. The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals.
17. The student completes administrative tasks relevant to evaluation and intervention.
18. The student counsels clients, family members and relevant others regarding communication disorders.
19. The student demonstrates effective use of technology as appropriate.

CDS 5910	**Written Documentation**	**Clinical Conferences**	**Interaction with Clients and others**	**Data Collection and Analysis**	**Evidence Based Practice**	**Self-Analysis**
The student demonstrates knowledge and skills related for assessment of phonological/articulation disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of oral and written developmental language disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of fluency disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of voice and resonance disorders.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of acquired oral and written language disorders	X	X	X	X	X	X
The student demonstrates knowledge and skills for assessment of swallowing disorders	X	X	X	X	X	X
The student demonstrates knowledge and skills related to assessment of cognitive communication disorders	X	X	X	X	X	X
The student demonstrates knowledge and skills related to assessment of social aspects of communication.	X	X	X	X	X	X
The student demonstrates knowledge and skills necessary for assessment of alternative and augmentative communication modalities	X	X	X	X	X	X
The student composes professionally written documents.	X			X	X	
The student engages in professional oral communication and interaction.		X	X			X
The student evidences independent learning strategies, critical thinking, and problem solving skills.	X	X	X	X	X	X
The student can collect and interpret case history information.	X	X	X	X	X	
The student can design, select, administer, and interpret formal and informal evaluation tools.	X	X	X	X	X	X
When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs.			X	X		X
The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals.	X	X	X	X	X	
The student completes administrative tasks relevant to evaluation and intervention.	X	X		X		
The student counsels clients, family members, and relevant others regarding		X	X			X

D. Assignments and Departmental Learning Objective Evaluation:

Clinicians will be rated on the above departmental learning objectives based on their performance in the following areas:

1. Written documentation
2. Clinical conferences
3. Interaction with client and others
4. Data collection and analysis
5. Evidence based practice
6. Self-analysis
7. Weekly therapy plans
8. Progress notes
9. Client reports

IV. Evaluation/Grades

Evaluations for diagnostics will be completed in Calipso. An average rating for all diagnostics will be used to determine your overall grade for 5910.

Grading Scale

4-5.00	A
3.99-3.5	B
3.49-3.0	C

Text:

Shipley, K.G. & McAfee, J.G. (2016) Assessment in Speech-Language Pathology: A Resource Manual. 5th Ed. San Diego, CA: Singular Publishing Group, Inc.

V. Course Outline

A. Planning/management skills:

1. Promptly schedules and attends meetings with the diagnostic supervisor.
2. Uses client history and diagnostic information to develop assessment tools to be used
3. Demonstrates independence in reviewing class notes and current information available in journals and textbooks which relate to the disorder and/or applicable behavior management techniques
4. Prepares a logical progression of testing procedures in an organized format that includes assigned duties for each clinician
5. Demonstrates knowledge of testing instruments to discuss rationale for the development of testing protocol to be used
6. Considers linguistic or cultural differences

B. Interpersonal skills:

1. Uses appropriate verbal and non-verbal communication techniques with client, family, and other professionals
2. Informs parents and/or client of the purpose of assessment techniques
3. Summarizes and informs parents and/or client of results and recommendations
4. Demonstrates sensitivity to the parent/guardian of the client
5. Provides communication strategies for parents/guardian/client to use at home

C. Professional skills:

1. Demonstrates independence in the ability to gather all pertinent information
2. Reviews case history information, informal and formal testing procedures and readily discusses the preliminary diagnostic protocol
3. Makes appropriate decisions concerning dress and personal appearance when involved in professional activities
4. Meets all deadlines in a timely manner and engages in ethical conduct.
5. Maintains a positive attitude and is able to keep concerns from interfering with clinical responsibilities
6. Informs the supervisor verbally and in writing if changes occur in the schedule or in the diagnostic plan
7. Shows initiative and independence in handling the case by reporting status to the supervisor, initiating discussion and problem solving
8. Demonstrates sensitivity to the client's needs and adjusts accordingly.

D. Diagnostic skills:

1. Determines communication deficits and related behaviors to be assessed
2. Selects appropriate formal and informal assessment instruments/techniques
3. Demonstrates proficiency in administration of assessment instruments/techniques
4. Demonstrates accuracy in interpretation of assessment instruments/techniques and determines appropriate recommendations
5. Uses clinical observation skills to support formal testing and identify factors that influence the outcome of assessments
6. Demonstrates flexibility by modifying procedures, testing environment and adjusting to the need of the client
7. Pursues appropriate questioning to obtain relevant information

E. Record Keeping and Report Writing:

1. Submits all written work by the scheduled due dates in a acceptable format which is accurate, comprehensive, and free from typographical, grammatical and content errors
2. Submits draft reports and letters, double-spaced, as an example of best effort
3. Submits the final copy of the diagnostic reports and letters in a timely manner, within 10 days of the diagnostic evaluation, unless otherwise specified by the diagnostic supervisor
4. Demonstrates the ability to meet deadlines with report and letter revisions
5. Implements a recording system to accurately document informal test results, baselines, etc.

VI. Attendance:

Attendance is a university requirement and regulations outlined in the 2003-2004 undergraduate catalog will apply to this practicum. Clinicians must notify the supervisor in advance of anticipated absences.

VII. Information for Students with Disabilities:

Reasonable accommodations are available to any student with a covered disability. Eligible students should contact the Office of Disability Services within the first two weeks of class.

VIII. Student Success Center

Students who are having difficulty achieving their academic goals are encouraged to contact the Student Success Center (www.eiu.edu/~success) for assistance with time management, test taking, note taking, avoiding procrastination, setting goals, and other skills to support academic achievement. The Student Success Center provides individualized consultations. To make an appointment, call 217-581-6696 or go to 9th Street Hall, Room 1302.

IX. Evacuation Procedures:

Please refer to the fire and emergency evacuation procedures posted near each therapy door.

X. Academic Integrity:

Students are expected to maintain principles of academic integrity. Violations will be reported to the Office of Judicial Affairs.

XI. Netiquette for Electronic Communication:

- Use formal modes of address unless you are absolutely certain that informality is acceptable to the receiver
- Use appropriate and professional language in your communications. Use correct spelling, capitalization, punctuation, grammar, and avoid using internet abbreviations (i.e. : brb, lol, etc)
- Keep email short and to the point. If meeting on the phone or in person would be more effective, indicate this. Email should be used for simple communication, not to solve problems.
- Unless professor is out of the office, email will be checked M-F during business hours. Please allow 24 hours for a response. If email is received after 12:00 p.m. on Friday expect a response Monday afternoon.
- Remember that email is about communication with other people. When you compose a message, read it over before sending it and ask yourself what your reaction would be if you received it. Take care with sarcasm and humor so that you are not misinterpreted.

XII. Evidence Based Practice:

Evidence based practice involves using the best available clinical literature along with our clinical intuition and client preferences to guide our assessment and treatment decisions. Students will be expected to find literature which: a) defines the client's problem(s), b) guides assessment for the client's problem(s), and c) guides the treatment process. Examples of clinical literature include textbooks, professional journals, and internet sources. Students should not limit searches to any one source. Students are expected to have obtained and read relevant research relating to their client's disorder(s) prior to the initial conference with their supervisor.

CDS 5920
Audiology Clinical Practicum and Diagnostics
Credit Hour- 1
Spring 2020

This document outlines expectations of clinicians enrolled in CDS 5920.

Instructor: Heidi Ramrattan, Au.D., CCC-A
2203 Human Services Building
Phone: (217) 581-8488
Email: hramrattan@eiu.edu

Office Hours: Tuesday & Thursday 12:30-2:00; Wednesday 1-2; or by appointment.

Course Description: (1-1-1). Course covers the assessment of auditory processing and hearing disorders in adults and children, with an emphasis on identifying implications and remediation methods. Addresses classroom management for the deaf and/or hard of hearing child, including amplification options and counseling. Students participate in supervised diagnostic evaluations with a variety of auditory disorders.

Required Text: Richard, G. (2017). *The Source for Processing Disorders 2nd ed.* Austin Tx: Pro Ed Inc.

Assigned journal articles (available through EIU library or posted on D2L)
Other reading available on ASHA website: www.asha.org

Course Days/Time: Fridays, 9:00 – 9:50, HMSV 2502

Diagnostics Days/Time: Fridays, 10:00 – 1:00 and 1:00 – 4:00 unless otherwise posted

Course Learning Objectives

- **Students will explain basic audiometrics including audiograms and audiological reports.** *(Depth of Content Knowledge, Effective Critical Thinking and Problem Solving)*
- **Students will evaluate educational significance of CAPD for a young school age children and adolescents.** *(Depth of Content Knowledge, Effective Critical Thinking and Problem Solving, Advanced Scholarship through Research or Creative Activity)*
- **Students will analyze the significance of classroom acoustics and ways to modify acoustics for optimal listening.** *(Depth of Content Knowledge, Effective Critical Thinking and Problem Solving, Advanced Scholarship through Research or Creative Activity)*
- **Students will determine social and employment impact for adults with CAPD.** *(Depth of Content Knowledge, Effective Critical Thinking and Problem Solving)*
- **Students will learn how to collaborate with fellow professionals, children and parents to appropriately manage children with CAPD.** *(Depth of Content Knowledge, Effective Critical Thinking and Problem Solving, Effective Oral and Written Communication, Advanced Scholarship through Research or Creative Activity)*
- **Students will demonstrate knowledge of the normal physiology of auditory processing of speech and sounds.** *(Depth of Content Knowledge, Effective Critical Thinking and Problem Solving)*

FORMATIVE ASSESSMENT, RATINGS, & REMEDIATION: Graduate students' acquisition of knowledge and skills designated within the *2020 Standards for the Certificate of Clinical Competence* is rated as 'met' or 'not met' within each graduate course. All coursework (e.g., assignments, projects, exams, discussions) provides students with opportunities to demonstrate their knowledge and/or skills and will be used to determine ratings. Should a student require remediation on a standard(s), the student and instructor will work to develop a remediation plan to address student's individualized needs. Remediation may occur while the course is ongoing or in the subsequent semester. The following ASHA Standards have been

attached to this particular course:

ASHA Standards and Course Learning Objectives rated in this course:

ASHA Standard and Description	Course Learning Objective Affiliated with this Standard	Case-Based Assignments	Lab – Diagnostic Assignments	Resource Journal
V-B 1f. Skills in Evaluation: Complete administrative and reporting functions necessary to support evaluation.	Student will explain basic audiometrics including audiograms and audiological reports.	X	X	X
V-B 1b. Skills in Evaluation: Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals.	Student will evaluate educational significance of CAPD for a young, school-age children and adolescents.	X	X	
V-B 1c. Select and Administer Evaluation Protocols: Select and administer appropriate evaluation procedures, such as behavioral observations non-standardized and standardized tests, and instrumental procedures.	Student will analyze the significance of classroom acoustics and ways to modify acoustics for optimal listening.	X	X	X
V-B 1e. Select and Administer Evaluation Protocols: Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.	Student will determine social and employment impact for adults with CAPD.		X	X
IV-E. Contemporary Professional Issues: Standards of ethical conduct.	Student will learn how to collaborate with fellow professionals, children and parents to appropriately manage children with CAPD.	X		
V-A. Oral and Written Communication: Demonstrate skill in oral and written or other forms of communication sufficient for entry into professional practice.	Student will demonstrate knowledge of the normal physiology of auditory processing of speech and sounds.		X	X

Clinicians will be rated on the above departmental learning objectives based on their performance in the following six areas:

1. Written documentation (e.g. reports)
2. Clinical conferences (your group will meet with me the week of your diagnostic)
3. Interaction and collaboration with client and others
4. Data collection and analysis
5. Evidence based practice
6. Self-analysis

Audiology Diagnostics

I will give you a copy of a tentative schedule during your first day of class.

All audiology diagnostic reports should be typed and saved on PANTHERSHARE in your folder labeled with your name. Please title the document with the date and the client's last name. All reports will be due one week following the diagnostic. Please check your file for comments or corrections. When you have revised a report, **please place an R at the end of the title**. If multiple revisions are needed then add the correct numerical marker. Once the report is ready to sign, Felicia will put the report in your box for a

signature. After you have signed the report, put in my box for my signature.

You will be required to meet with me 1 week prior to your diagnostic.

TENTATIVE COURSE SCHEDULE

Week	Dates	TOPIC & ASSIGNMENTS	Slides&/or Supplemental Materials	Assigned Reading
Week 1	1/17	**Review Syllabus, tour of audiology suite** **Sign up for screening time slots.** **Review of anatomy of hearing** **Review of hearing disorders** **Review of test battery for hearing evaluation**	Go over equipment needed for testing ***Resource Journal*** **Go over APD test battery and which tests**	
Week 2	1/24	**Review of amplification options (Hearing aids, Cochlear Implants, FM systems)** **Administering and Interpreting a Functional Listening Evaluation (FLE**		**Functional Listening Evaluation (Assignment)**
Week 3	1/31	**Introduction of Central Auditory Processing Disorder ((C)APD)** **Neuroanatomy of ((C)APD)** **Signs and Symptoms of ((C)APD)**	**Optimal Acoustics Assignment**	Dr. Anthony to guest lecture
Week 4	2/7	**ISHA Conference**	*No Class*	
Week 5	2/14	**Lincoln's Birthday, Observed**	***No Class***	**Functional Listening Evaluation assignment due**
Week 6	2/21	**Types of ((C)APD)** **Auditory Decoding Deficit** **Integration Deficit** **Prosodic deficit** **Associative Deficit** **Output-Organization Deficit**	**Case Study**	
Week 7	2/28	**C)APD) overlap with other disorders** Learning Disabilities Attention Deficit Disorder Language Processing Disorder Executive Function Disorders Dyslexia	Review different tests	Dr. Anthony will co-teach this class
Week 8	3/6	**((C)APD) Team Assessment** **Roles of each member on the team** **Contraindications to testing** **Comparing normal to disordered in ((C)APD) of the following:** **Phonological awareness** **Syntax** **Pragmatics** **Morphology** **Semantics**		**Optimal Acoustics Assignment due**

Week 9	3/13	**Audiologist's Role in Assessment and Treatment of ((C)APD)** **Audiological assessments of ((C)APD)** **Case History** **Electrophysiological Tests** **Informal Assessment of ((C)APD)** **((C)APD) Test Battery** **Anatomical sites of (CANS) each test assess**		
Week 10	3/20	**Spring Break**	**No Class**	
Week 11	3/27	**The SLP's Role in Assessment and Treatment of ((C)APD)** Processing Continuum Assessment Instruments Red Flags for referral to Audiologist Treatment by the SLP **Guest Lecture Dr. Anthony**	**Teacher Meeting Assignment**	DeBonis, D. A. (2015). It`s time to rethink central auditory processing disorder protocols in school-age children. *American Journal of Audiology*, 1-13. Language, Speech, Hearing, Services in Schools (2011), Volume 42 Clinical Forum on Auditory/ Language Processing (5 articles, authors Kahmi, Richard, Wallach, Medwetsky, Fey et al.)
Week 12	4/3	**The SLP's Role in Assessment and Treatment of ((C)APD)** Working with the teacher and parents Promoting self-advocacy **Guest Lecture Dr. Anthony**		
Week 13	4/10	Interpreting the Report Absolute Analysis Norm Referenced Pass/fail criterion Relative Analysis Examination of patterns across tests Ear differences		**Teacher Meeting Assignment due**

Week 14	4/17	IEP Goals and Reassessment Compensatory Goals Environmental Goals Direct Therapy Goals Remediation and coping LindaMood Bell Phonemic Synthesis Listening Programs Fast Forword
Week 15	4/24	IEP Goals and Reassessment Compensatory Goals Environmental Goals Direct Therapy Goals Remediation and coping LindaMood Bell Phonemic Synthesis Listening Programs Fast Forword
Week 16	5/1	Case study
FINALS WEEK	Final Exam	**Resource Folder due 5/4**

Assignment 1 Administer Functional Listening Evaluation – The project consists of administering a functional listening evaluation (FLE) on another student. You will be provided a schedule of when the equipment is available (multi-talker babble, sound level meter). This will be work completed outside of class. You will need to complete the FLE and write a brief report each worth 50 points for a total of 100 point for the project (100 points).

Assignment 2 Optimal Acoustics – Find 3 classrooms (one with excellent acoustic qualities, one with good-fair and one with poor acoustic qualities) on campus and listen to the acoustic qualities of the classroom. Rate the classroom for the following items: reverberation time, background noise, and acoustic clarity. Write a 1-2 page paper explaining/defending your classroom choices and how you made your determinations of excellent, good/fair and poor. (75 points)

Assignment 3 Case study – Students will divide into 3 groups of 5 and discuss the case study. Each group will be assigned 2 questions to answer with regards to the case study. Groups will come together and discuss case as a class. Points will be awarded on a participation level (25 points)

Assignment 4 Teacher Meeting – This project consist of making a you tube video, where you will be describing results and recommendations to a teacher (more to come later) (25 points)

Assignment 5 Hearing and auditory processing evaluation – Students will work in groups of 2-3 to administer an auditory processing evaluation. Prior to the diagnostic, students will participate in a pre-diagnostic meeting where they will develop a diagnostic plan and review assessments that will be used during the diagnostic. During the diagnostic students will administer, score, analyze, interpret the test, and write a report. (100 points)

Final Resource Folder– To help you to begin a collection of audiology/speech pathology content resources, you will assemble a resource folder. Your folder should consist of content-related, comprehensible and culturally-sensitive materials appropriate for Deaf/Hard of

hearing and/or central auditory processing students that would be useful to you as a professional (types of hearing aids, degree of hearing loss) in your future caseload. Your folder will include a minimum of 10 resources (websites, books, articles, handouts, etc.). (100 points)
You submit: The completed folder.

Grading Scale and Evaluation Procedures

Grade Computation:			
Assignment 1 Administer FLE	100 pts	A= 92-100%	391 - 425 pts
Assignment 2 Acoustics	75 pts	B= 82-91%	348.5 - 390 pts
Assignment 3 Case study	25 pts	C= 72-81%	306 - 48 pts
Assignment 4 Teacher Meeting	25 pts	D = 62-71%	263.5 - 305 pts
Assignment 5 CAPD Eval.	100 pts	F= ≤61%	≤ 263 pts
Final Resource Journal	100 pts		

Individual grades will be assigned based on classroom work/participation as well as each clinician's performance in the areas of professional/interpersonal skills, planning/management skills, diagnostic/writing skills, and therapy skills.

Clinical Experience
Your audiology experience consists of providing audiological diagnostic testing in the EIU Speech-Language-Hearing Clinic.

Attendance
It is expected that each student has regular attendance, be a contributing member to group projects, and is on time for each session. If there is an emergency and you need to cancel, contact me as soon as possible. **Do not leave a message on my email or my office phone.** Call or text me on my cell phone at (217) 417-7121. Tardiness and unexcused absences will result in a reduction of your final grade.

Confidentiality of Client Documents
Remember that any document with client information is considered confidential and should only be shared with the supervisor. Also, do not discuss information about your client with any outside sources and **do not email information** (for this is not a secure site).

Students with Disabilities:
If you are a student with a documented disability in need of accommodations to fully participate in this class, please inform me and contact the Office of Student Disability Services (OSDS). All accommodations must be approved through OSDS. Please stop by Ninth Street Hall, Room 2006, or call 217-581-6583 to make an

appointment.

Student Success Center
Students who are having difficulty achieving their academic goals are encouraged to contact the Student Success Center (www.eiu.edu/~success) for assistance with time management, test taking, note taking, avoiding procrastination, setting goals, and other skills to support academic achievement. The Student Success Center provides individualized consultations. To make an appointment, call 217-581-6696, or go to the 9th Street Hall, Room 1302

Academic Integrity
Academic integrity involves a commitment to the values of honesty, trust, fairness, respect, & responsibility. Breaches of academic integrity are considered academic dishonesty and are addressed In the University's Student Conduct Code, available online at www.eiu.edu/~judicial.

Plagiarism can be defined as giving the impression that you have written or thought of something that in reality you have borrowed from another. If there is a breach of academic integrity, I will address the issue with you. Depending on severity of the action and intentionality, the following courses of action are possible:
Redo the assignment
Reduced credit for the assignment
No credit for the assignment
Award an F for the course

Violations will be reported to the Office of Student Standards.

Evidence Based Practice
Evidence based practice involves using the best available clinical literature along with our clinical intuition and client preferences to guide our assessment and treatment decisions. Students will be expected to find literature which: a) defines the client's problem(s), b) guides assessment for the client's problem(s), and c) guides the treatment process. Examples of clinical literature include textbooks, professional journals, and internet sources. Students should not limit searches to any one source. Students are expected to have obtained and read relevant research relating to their client's disorder(s) prior to the initial conference with their supervisor.

Abrams, H.B., McArdle, R., & Chisolm, T.H. (2005). From outcomes to evidence: Establishing best practices for audiologists. *Semin Hear;* 26(3): 157-169

Beck, L.B. (2000). The role of outcomes data in health-care resource allocation. *Ear & Hearing;* 21(4): 89-96.

Kent, R.D. (2006). Evidence-based practice in communication disorders: progress not perfection. *Language, Speech, and Hearing Services in Schools;* 37: 268-270.

Meline, T. & Paradiso, T. (2003). Evidence-based practice in schools: Evaluating research and reducing barriers. *Language, Speech, and Hearing Services in Schools*; 37: 268-270.

ESSENTIAL FUNCTIONS FOR
EASTERN ILLINOIS UNIVERSITY
COMMUNICATION DISORDERS AND SCIENCES
UPDATED 9/18/19

The accredited program in speech-language pathology of the Department of Communication Disorders and Sciences (CDS) at Eastern Illinois University adheres to the standards set by the American Speech-Language-Hearing Association (ASHA). Faculty in the CDS Department have a responsibility for the welfare of clients evaluated, treated, or otherwise affected by students enrolled in the CDS program. Thus it is important that persons admitted, retained, and graduated possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice speech-language pathology.

In order to fulfill this responsibility, the Department has established academic standards and minimum essential requirements to participate in the clinical program and graduate. When requested, the University will provide reasonable accommodations to otherwise qualified students with properly documented disabilities who meet the minimum CDS requirements. Admission and retention decisions are based not only on satisfactory prior and ongoing academic achievement but also on non-academic factors that serve to insure that the candidate can meet the essential functions of the clinical program required for graduation. Essential functions, as distinguished from academic standards, refer to those cognitive, physical, and behavioral abilities that are necessary for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students at graduation.

A. COMMUNICATION ABILITIES

A student must possess adequate communication skills to:

1. Communicate proficiently in both oral and written English language.
2. Provide accurate models of speech and language in Standard American English.
3. Communicate professionally and intelligibly with patients, colleagues, other health care professionals, and community or professional groups.
4. Read and write sufficiently to meet curricular and clinical demands.
5. Perceive and demonstrate appropriate non-verbal communication for culture and context, and the ability to modify communication style to meet the communication needs of clients, caregivers, and other persons served.
6. Recognize and adjust when a client and/or client's family does or does not understand one's written and verbal directions.
7. Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of course work and professional practice.
8. Convey information accurately with relevance and cultural sensitivity.

B. INTELLECTUAL/COGNITIVE

A student must possess adequate intellectual and cognitive skills to:

1. Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.
2. Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
3. Solve problems, reason, and think flexibly to make sound clinical judgments and modifications in patient assessment and intervention.
4. Self-evaluate, identify, and communicate the limits of one's own knowledge and skill to an appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
5. Utilize detailed written and verbal instruction in order to make unique and dependent decisions.

C. BEHAVIORAL/SOCIAL

A student must possess adequate behavioral and social attributes to:

1. Display mature, empathetic, effective, and collaborative professional relationships by exhibiting compassion, integrity, and concern for others.
2. Recognize and show respect for individuals of different ability, race, ethnicity, sex, gender, identity/gender expression, sexual orientation, age, religion, national origin, culture, language, or dialect.

3. Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.
4. Maintain general good hygiene, physical health, mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.
5. Adapt to changing and demanding environments (including maintaining both professional demeanor and emotional health).
6. Manage the use of time effectively to meet deadlines and complete professional and technical tasks within realistic time constraints.
7. Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
8. Demonstrate initiative to seek support, solve problems, and complete tasks.
9. Attend class regularly and demonstrate engagement and participation.
10. Dress appropriately and professionally for the setting.

D. MOTOR ABILITIES

A student must possess adequate motor skills to:

1. Sustain the necessary physical activity level in required classroom and clinical activities.
2. Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.
3. Access transportation to clinical and academic placements.
4. Participate in classroom and clinical activities for the defined workday.
5. Efficiently manipulate the testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
6. Manipulate patient-utilized equipment (e.g., durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
7. Access technology for clinical management (i.e., billing, charting, therapy programs, etc.).

E. SENSORY/OBSERVATIONAL

A student must possess adequate aided/unaided sensory abilities of vision, hearing, touch, smell, and proprioception to:

1. Identify and discriminate normal and disordered communication in:
    a. Speech sound production, including articulation, motor planning and execution, phonology, accent modification (e.g., visualize, identify, and discriminate typical and atypical anatomic structures and functions and imaging).
    b. Fluency.
    c. Voice and resonance, including respiration and phonation.
    d. 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.
    e. Hearing, including the impact on speech and language.
    f. Swallowing/feeding, including structure and function of orofacial myology and oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span.
    g. Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning.
    h. Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities.
    i. Augmentative and alternative communication modalities.
2. Accurately monitor equipment displays and controls used for assessment and treatment of patients.
3. Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.

EASTERN ILLINOIS UNIVERSITY
DEPARTMENT OF COMMUNIC ONS DISORDERS AND SCIENCES
CLINICAL HOURS RECORD *(revised 7/14)*

NAME:_____ GRAD_____ UG_____ SEMESTER/YEAR:_____

Evaluation and Treatment of Children (ages 0 - 14 yrs., 11 mos.)

CLIENT NAME OR OFF CAMPUS SITE	EVAL CH-ARTIC/PHONO	EVAL CH-FLUENCY	EVAL CH-VOICE & RESON	EVAL CH-LANG	EVAL CH-SWALLOWG	EVAL CH-COGNITIVE	EVAL CH-SOCIAL	EVAL CH-COMM MOD	EVAL CH-COUNSEL-ING	SUPERVISORS' SIGNATURE & PRINTED NAME & ASHA number (if off-campus)

CLIENT NAME OR OFF CAMPUS SITE	TRMT CH-ARTIC/PHONO	TRMT CH-FLUENCY	TRMT CH-VOICE & RESON	TRMT CH-LANG	TRMT CH-SWALLOWG	TRMT CH-COGNITIVE	TRMT CH-SOCIAL	TRMT CH-COMM MOD	TRMT CH-COUNSEL-ING	SUPERVISORS' SIGNATURE & PRINTED NAME & ASHA number (if off-campus)

Site: C = EIU S-L-H Clinic
I = Internship/Name of site
J = Jefferson
CS = Carl Sandburg
K = Kansas
CMS = Charleston Middle School
CHS = Charleston High School
CAOS = Carle Auditory Oral School Champaign
G = Group/Disorder at EIU Clinic

Evaluation and Treatment Hours: List hours in the column appropriate for the experience (evaluation of child speech in the EVAL CH- ARTIC/ PHONO). If the work was both speech and language, divide the hours accordingly. Clinical hours are calculated by actual minutes (1 hour, 50 minutes = 1:50 minutes). You may round to the nearest 5 minutes (22 = 20 minutes, 23 = 25 minutes). For group therapy, internship and other outside practicums, you may lump all hours together and not list clients by name.

CONTINUED ON BACK

Evaluation and Treatment of Adults (15 yrs. +)

CLIENT NAME OR OFF CAMPUS SITE	EVAL A-ARTIC/PHONO	EVAL A-FLUENCY	EVAL A-VOICE & RESON	EVAL A-LANG	EVAL A-SWALLOWG	EVAL A - COGNITIVE	EVAL A - SOCIAL	EVAL A-COMM MOD	EVAL A-COUNSEL-ING	SUPERVISORS' SIGNATURE & PRINTED NAME & ASHA number (if off-campus)

CLIENT NAME OR OFF CAMPUS SITE	TRMT A-ARTIC/PHONO	TRMT A-FLUENCY	TRMT A-VOICE & RESON	TRMT A-LANG	TRMT A-SWALLOWG	TRMT A - COGNITIVE	TRMT A - SOCIAL	TRMT A-COMM MOD	TRMT A-COUNSEL-ING	SUPERVISORS' SIGNATURE & PRINTED NAME & ASHA number (if off-campus)

Audiology Evaluation and Treatment

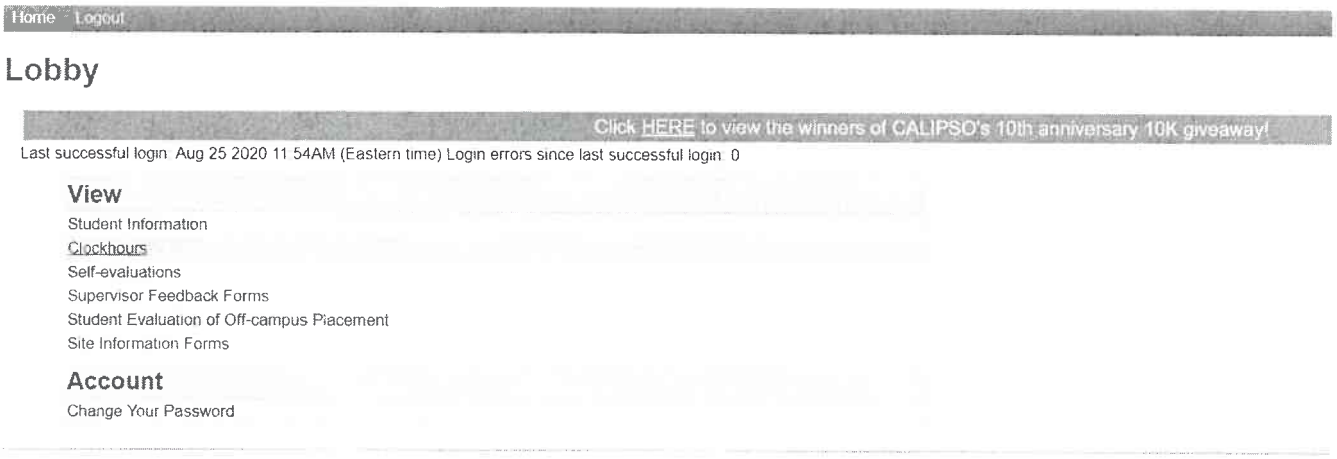
CLIENT NAME OR OFF CAMPUS SITE	EVAL CH - SCREENING	EVAL CH-AUDITORY	TRMT CH - DEVICES	TRMT CH-COMMUNICATION	EVAL ADULT - SCREENING	EVAL ADULT - AUDITORY	TRMT ADULT - DEVICES	TRMT ADULT - COMMUNICATION	SUPERVISORS' SIGNATURE & PRINTED NAME & ASHA number (if off-campus)

Documenting Clockhours on Calipso

Step 1: Clocking your hours

*Enter hours every week, submit at the end of the semester

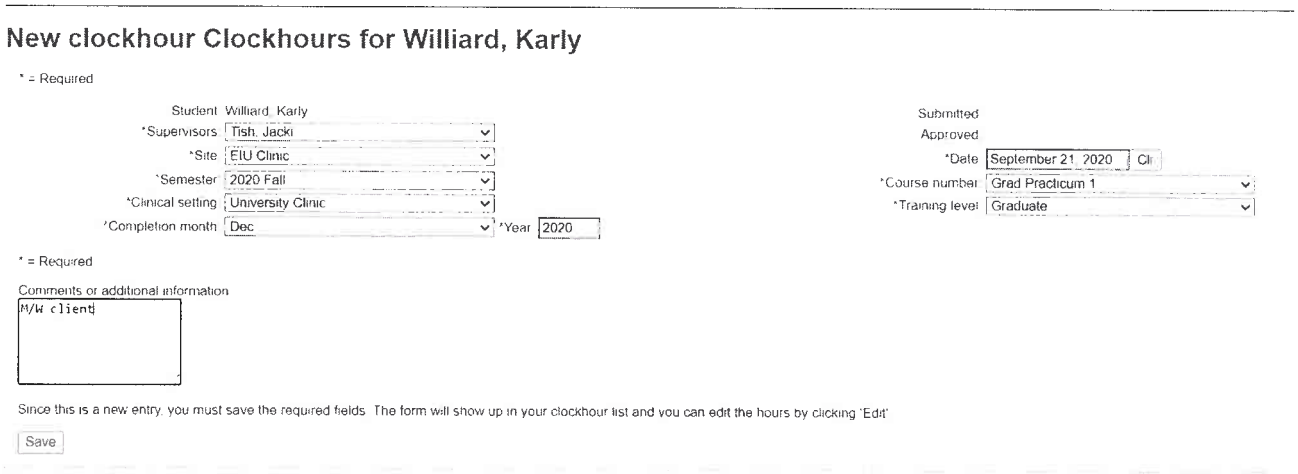
1. Click "Clockhours" on the home page



2. Click the "Daily Clockhours" tab at the top of the screen

3. Click "add new daily clockhour" if this is your first time entering clockhours for your clinical placement

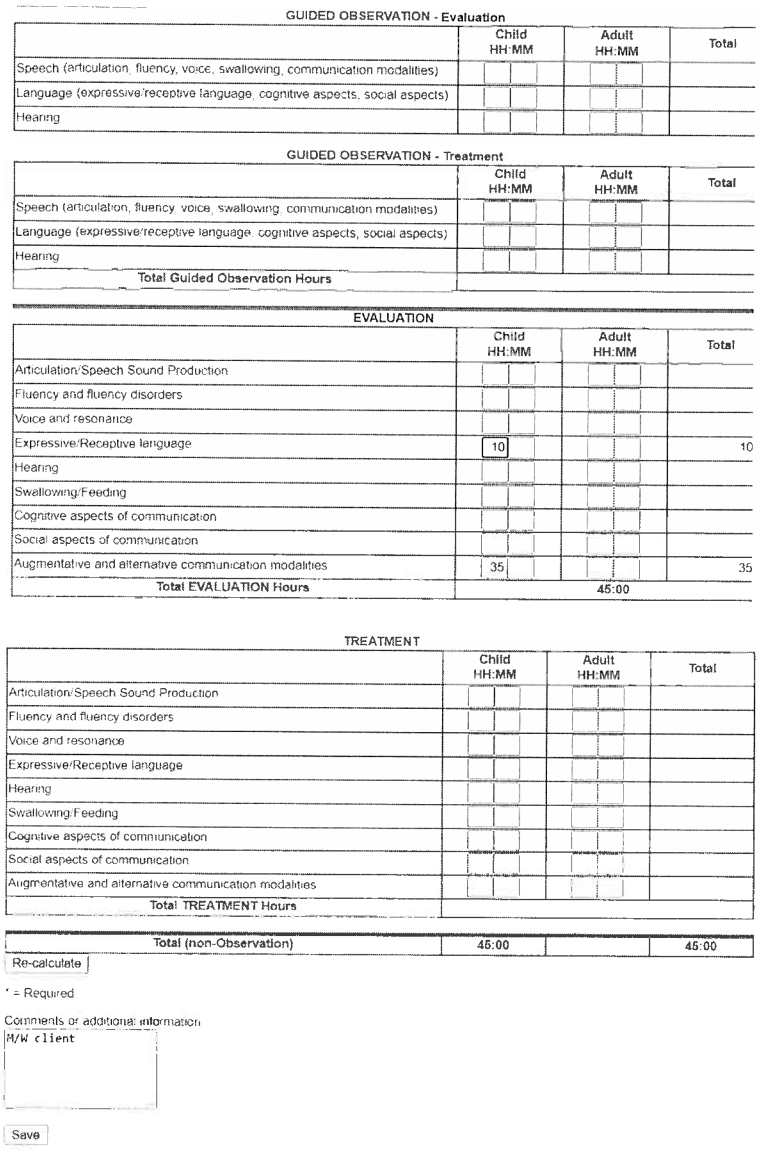
- If you've already entered clockhours for your clinical placement…choose your supervisor from the dropdown menu
    - Instead of filling out the header information again, click into one of your past sessions as if you are going to edit it
    - Then click "New clockhour with this header" at the top of the screen
    - Change the date & fill in the clockhours for your new session



4. Fill in the clockhour form with the required information and hit "Save"

- Clinical Setting: for clients in the EIU clinic this will be "University Clinic"
- Completion Month: when you will stop seeing the client
    - E.g. for Fall 2020 semester this would be December 2020
- Date: fill in the session date
- Course Number: See attachment for course numbers
- Training Level: choose "Graduate" from the dropdown menu

5. Now that the header is saved, fill in the hours you completed with your client during the session and hit "Save"



GUIDED OBSERVATION - Evaluation

	Child HH:MM	Adult HH:MM	Total
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			

GUIDED OBSERVATION - Treatment

	Child HH:MM	Adult HH:MM	Total
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			
Total Guided Observation Hours			

EVALUATION

	Child HH:MM	Adult HH:MM	Total
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language	10		10
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities	35		35
Total EVALUATION Hours		45:00	

TREATMENT

	Child HH:MM	Adult HH:MM	Total
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Total TREATMENT Hours			

Total (non-Observation)	45:00		45:00

Re-calculate

* = Required

Comments or additional information

M/W client

Save

- Make sure to clock your hours under the right sections!
    - Type of hours
        - Observation-Evaluation
        - Observation-Treatment
        - Evaluation
        - Treatment
    - Client Age
        - Child
        - Adult
- If you worked on multiple areas throughout the session, split the time according to how long you spent targeting each area
    - If you have questions about how to classify your hours talk to your supervisor
- Once you submit this, it should say "Clockhour saved" at the top of the screen

Step 2: Submit your hours for approval

1. Click "Clockhours" on the homescreen
2. Click "Daily Clockhours" tab on the top of the screen
3. Choose your supervisor/placement from the dropdown menu and click "Show"
4. Select the sessions you would like to submit approval and click "Submit selected clockhours for Supervisor approval"
    - **IMPORTANT** – Be sure to verify the hours are documented correctly before you hit submit (if they are wrong, your supervisor cannot edit these hours and you will have to enter them again)
5. To check if your supervisor has approved your hours, go to the "Clockhours list" tab at the top of the screen

Section 2: Rules and Regulations

- Scope of Practice
- ASHA Code of Ethics
- Universal Precautions
- Mandated Reporting
- Fired and Emergency Procedures
- Confidentiality and HIPPA

ASHA
American
Speech-Language-Hearing
Association

SPEECH-LANGUAGE PATHOLOGY ASSISTANT SCOPE OF PRACTICE

SPEECH-LANGUAGE PATHOLOGY ASSISTANT SCOPE OF PRACTICE AD HOC COMMITTEE

Updated August 2019 to reflect the current ASHA Code of Ethics

Reference this material as: American Speech-Language-Hearing Association. (2019). Speech-language pathology assistant scope of practice [Scope of Practice]. Available from www.asha.org/policy.

ABOUT THIS DOCUMENT

This scope of practice for the speech-language pathology assistant (SLPA) was developed by the American Speech-Language-Hearing Association (ASHA) Speech-Language Pathology Assistant Scope of Practice ad hoc committee. It was approved by ASHA's Board of Directors (January 2013). Members of the committee were DeAnne Wellman Owre (chair), Diane L. Eger, Ashley Northam, Mary Jo Schill, Rosemary Scott, Monica Marruffo, and Lemmietta McNeilly (ex officio). Gail J. Richard, vice president for speech-language pathology practice, served as the monitoring vice president. The composition of the ad hoc committee included ASHA-certified speech-language pathologists with specific knowledge and experience working with support personnel in clinical practice in schools, health care, and/or private practice, as well as two members who have served on the ASHA Board of Ethics (Diane L. Eger and Mary Jo Schill).

The document is intended to provide guidance for SLPAs and their supervisors regarding ethical considerations related to the SLPA practice parameters. The document addresses how SLPAs should be utilized and what specific responsibilities are within and outside their roles of clinical practice. Given that standards, licensure, and practice issues vary from state to state, this document delineates ASHA's policy for the use of SLPAs.

DEDICATION

In loving memory of Lisa Cabiale O'Connor (1937–2012), whose dedication, commitment, and perseverance contributed to ensuring integrity and quality in addressing the topic of SLPAs within the ASHA structure.

EXECUTIVE SUMMARY

This scope of practice presents a model for the training, use, and supervision of support personnel in speech-language pathology. Support personnel in speech-language pathology, or speech-language pathology assistants (SLPAs), perform tasks as prescribed, directed, and supervised by ASHA-certified speech-language pathologists (SLPs). Support personnel can be used to increase the availability, frequency, and efficiency of services.

Some tasks, procedures, or activities used to treat individuals with communication and related disorders can be performed successfully by individuals other than SLPs if the persons conducting the activity are properly trained and supervised by ASHA-certified and/or licensed SLPs. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to SLPAs should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. The utilization of evidence and ethical and professional judgment should be at the heart of the selection, management, training, supervision, and use of support personnel.

This scope of practice specifies the qualifications and responsibilities for an SLPA and indicates the tasks that are the exclusive responsibilities of the SLP. Additionally, the document provides guidance regarding ethical considerations when support personnel provide clinical services and outlines the supervisory responsibilities of the supervising SLP.

INTRODUCTION

The SLPA scope of practice provides information regarding the training, use, and supervision of assistants in speech-language pathology that was established by the American-Speech-Language-Hearing Association to be applicable in a variety of work settings. Training for SLPAs should be based on the type of tasks specified in their scope of responsibility. Specific education and on-the-job training may be necessary to prepare assistants for unique roles in professional settings (e.g., hospitals and schools).

ASHA has established an associate affiliation program for support personnel in speech-language pathology and audiology. Individuals who are working in this capacity under the direct supervision of ASHA-certified SLPs or audiologists are eligible for this category of affiliation with ASHA.

ASHA has addressed the topic of support personnel in speech-language pathology since the 1960s. In 1967, the Executive Board of ASHA established the Committee on Supportive Personnel and in 1969 the document *Guidelines on the Role, Training and Supervision of the Communicative Aide* was approved by the Legislative Council (LC). In the 1990s, several entities—including committees, a task force, and a consensus panel—were established and the LC passed a position statement, technical report, guidelines, and curriculum content for support personnel. In 2002, ASHA developed an approval process for SLPA programs, and in 2003 a registration process for SLPAs was established. Both were discontinued by vote of the LC because of fiscal concerns. In 2004, a position statement on the training, use, and supervision of support personnel in speech-language pathology was passed by the LC. Since then, the number of SLPAs has increased primarily in schools and private practice settings. Specific guidance from ASHA continues to be requested by ASHA members in many states.

This document does not supersede federal legislation and regulation requirements or any existing state licensure laws, nor does it affect the interpretation or implementation of such laws. The document may serve, however, as a guide for the development of new laws or, at the appropriate time, for revising existing licensure laws.

STATEMENT OF PURPOSE

The purpose of this document is to define what is within and outside the scope of responsibilities for SLPAs who work under the supervision of properly credentialed SLPs. The following aspects are addressed:

a. parameters for education and professional development for SLPAs;
b. SLPAs' responsibilities within and outside the scope of practice;
c. examples of practice settings;
d. information for others (e.g., special educators, parents, consumers, health professionals, payers, regulators, members of the general public) regarding services SLPAs perform;
e. information regarding the ethical and liability considerations for the supervising SLP and the SLPA;
f. supervisory requirements for the SLP and the SLPA.

QUALIFICATIONS FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

MINIMUM RECOMMENDED QUALIFICATIONS FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

An SLPA must complete an approved course of academic study, field work under the supervision of an ASHA-certified and/or licensed SLP, and on-the-job training specific to SLPA responsibilities and workplace behaviors.

The academic course of study must include or be equivalent to

a. an associate's degree in an SLPA program
   or
   a bachelor's degree in a speech-language pathology or communication disorders program
   and
b. successful completion of a minimum of one hundred (100) hours of supervised field work experience or its clinical experience equivalent
   and
c. demonstration of competency in the skills required of an SLPA.

EXPECTATIONS OF A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

a. Seek employment only in settings in which direct and indirect supervision are provided on a regular and systematic basis by an ASHA-certified and/or licensed SLP.
b. Adhere to the responsibilities for SLPAs specified in this document and refrain from performing tasks or activities that are the sole responsibility of the SLP.
c. Perform only those tasks prescribed by the supervising SLP.
d. Adhere to all applicable state licensure laws and rules regulating the practice of speech-language pathology, such as those requiring licensure or registration of support personnel.
e. Conduct oneself ethically within the scope of practice and responsibilities for an SLPA.
f. Actively participate with the SLP in the supervisory process.
g. Consider securing liability insurance.
h. Actively pursue continuing education and professional development activities.

RESPONSIBILITIES WITHIN THE SCOPE FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

The supervising SLP retains full legal and ethical responsibility for the students, patients, and clients he or she serves but may delegate specific tasks to the SLPA. The SLPA may execute specific components of a speech and language program as specified in treatment plans developed by the SLP. Goals and objectives listed on the treatment plan and implemented by the SLPA are only those within their scope of responsibilities and are tasks the SLP has determined the SLPA has the training and skill to perform. The SLP must provide at least the minimum specified level of supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case and the experience of the assistant. Under no circumstances should use of the ASHA Code of Ethics or the

quality of services provided be diluted or circumvented by the use of an SLPA. Again, the use of an SLPA is optional, and an SLPA should be used only when appropriate.

Provided that the training, supervision, and planning are appropriate, tasks in the following areas of focus may be delegated to an SLPA.

SERVICE DELIVERY

a. Self-identify as SLPAs to families, students, patients, clients, staff, and others. This may be done verbally, in writing, and/or with titles on name badges.
b. Exhibit compliance with The Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) regulations, reimbursement requirements, and SLPAs' responsibilities.
c. Assist the SLP with speech, language, and hearing screenings **without** clinical interpretation.
d. Assist the SLP during assessment of students, patients, and clients exclusive of administration and/or interpretation
e. Assist the SLP with bilingual translation during screening and assessment activities exclusive of interpretation; refer to *Issues in Ethics: Cultural and Linguistic Competence* (ASHA 2017).
f. Follow documented treatment plans or protocols developed by the supervising SLP.
g. Provide guidance and treatment via telepractice to students, patients, and clients who are selected by the supervising SLP as appropriate for this service delivery model.
h. Document student, patient, and client performance (e.g., tallying data for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP.
i. Program and provide instruction in the use of augmentative and alternative communication devices.
j. Demonstrate or share information with patients, families, and staff regarding feeding strategies developed and directed by the SLP.
k. Serve as interpreter for patients/clients/students and families who do not speak English.
l. Provide services under SLP supervision in another language for individuals who do not speak English and English-language learners.

ADMINISTRATIVE SUPPORT

a. Assist with clerical duties, such as preparing materials and scheduling activities, as directed by the SLP.
b. Perform checks and maintenance of equipment.
c. Assist with departmental operations (scheduling, recordkeeping, safety/maintenance of supplies and equipment).

PREVENTION AND ADVOCACY

a. Present primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; promote early identification and early intervention activities.

b. Advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers.
c. Provide information to emergency response agencies for individuals who have communication and/or swallowing disorders.
d. Advocate at the local, state, and national levels for improved public policies affecting access to services and research funding.
e. Support the supervising SLP in research projects, in-service training, public relations programs, and marketing programs.
f. Participate actively in professional organizations.

RESPONSIBILITIES OUTSIDE THE SCOPE FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

There is potential for misuse of an SLPA, particularly when responsibilities are delegated by administrative or nonclinical staff without the approval of the supervising SLP. It is highly recommended that the *ASHA Speech-Language Pathology Assistant Scope of Practice* (ASHA, 2013) and the *ASHA Code of Ethics* (ASHA, 2016) be reviewed with all personnel involved when employing an SLPA. It should be emphasized that an individual's communication or related disorder and/or other factors may preclude the use of services from anyone other than an ASHA-certified and/or licensed SLP. The SLPA should not perform any task without the approval of the supervising SLP. The student, patient, or client should be informed that he or she is receiving services from an SLPA under the supervision of an SLP.

The SLPA should NOT engage in the following:

a. represent himself or herself as an SLP;
b. perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or swallowing screenings/checklists;
c. perform procedures that require a high level of clinical acumen and technical skill (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging and oral pharyngeal swallow therapy with bolus material);
d. tabulate or interpret results and observations of feeding and swallowing evaluations performed by SLPs;
e. participate in formal parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising SLP or other designated SLP;
f. provide interpretative information to the student/patient/client, family, or others regarding the patient/client status or service;
g. write, develop, or modify a student's, patient's, or client's treatment plan in any way;
h. assist with students, patients, or clients without following the individualized treatment plan prepared by the certified SLP and/or without access to supervision;
i. sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the SLPA **should** sign or initial informal treatment notes for review and co-sign with the supervising SLP as requested);
j. select students, patients, or clients for service;
k. discharge a student, patient, or client from services;
l. make referrals for additional service;

m. disclose clinical or confidential information either orally or in writing to anyone other than the supervising SLP (the SLPA must comply with current HIPAA and FERPA guidelines) unless mandated by law;
n. develop or determine the swallowing strategies or precautions for patients, family, or staff;
o. treat medically fragile students/patients/clients independently;
p. design or select augmentative and alternative communication systems or devices.

PRACTICE SETTINGS

Under the specified guidance and supervision of an ASHA-certified SLP, SLPAs may provide services in a wide variety of settings, which may include, but are not limited to, the following:

a. public, private, and charter elementary and secondary schools;
b. early intervention settings, preschools, and day care settings;
c. hospitals (in- and outpatient);
d. residential health care settings (e.g., long-term care and skilled nursing facilities);
e. nonresidential health care settings (e.g., home health agencies, adult day care settings, clinics);
f. private practice settings;
g. university/college clinics;
h. research facilities;
i. corporate and industrial settings;
j. student/patient/client's residences.

ETHICAL CONSIDERATIONS

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. The *ASHA Code of Ethics* (ASHA, 2016) sets forth the fundamental principles and rules considered essential to this purpose. The code applies to every individual who is (a) a member of ASHA, whether certified or not, (b) a nonmember holding the ASHA Certificate of Clinical Competence, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification.

Although some SLPAs may choose to affiliate with ASHA as associates, the Code of Ethics does not directly apply to associates. However, any individual who is working in a support role (technician, aide, assistant) under the supervision of an SLP or speech scientist must be knowledgeable about the provisions of the code. It is imperative that the supervising professional and the assistant behave in a manner that is consistent with the principles and rules outlined in the ASHA Code of Ethics. Because the ethical responsibility for patient care or for subjects in research studies cannot be delegated, the SLP or speech scientist takes overall responsibility for the actions of the assistants when they are performing assigned duties. If the assistant engages in activities that violate the Code of Ethics, the supervising professional may be found in violation of the code if adequate oversight has not been provided.

The following principles and rules of the ASHA Code of Ethics specifically address issues that are pertinent when an SLP supervises support personnel in the provision of services or when conducting research.

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.

Guidance:

The supervising SLP remains responsible for the care and well-being of the client or research subject. If the supervisor fails to intervene when the assistant's behavior puts the client or subject at risk or when services or procedures are implemented inappropriately, the supervisor could be in violation of the Code of Ethics.

Principle of Ethics I, Rule of Ethics A: Individuals shall provide all clinical services and scientific activities competently.

Guidance:

The supervising SLP must ensure that all services, including those provided directly by the assistant, meet practice standards and are administered competently. If the supervisor fails to intervene or correct the actions of the assistant as needed, this could be a violation of the Code of Ethics.

Principle of Ethics I, Rule of Ethics 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.

Guidance:

The supervising SLP must ensure that clients and subjects are informed of the title and qualifications of the assistant. This is not a passive responsibility; that is, the supervisor must make this information easily available and understandable to the clients or subjects and not rely on the individual to inquire about or ask directly for this information. Any misrepresentation of the assistant's qualifications or role could result in a violation of the Code of Ethics by the supervisor.

Principle of Ethics I, Rule of Ethics E: Rule of Ethics 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.

Guidance:

The supervising SLP is responsible for providing appropriate and adequate direct and indirect supervision to ensure that the services provided are appropriate and meet practice standards. The SLP should document supervisory activities and adjust the amount and type of supervision to ensure that the Code of Ethics is not violated.

Principle of Ethics I, Rule of Ethics 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.

Guidance:

The supervising SLP is responsible for monitoring and limiting the role of the assistant as described in these guidelines and in accordance with applicable licensure laws.

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

Principle of Ethics II, Rule 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.

Guidance:

The supervising SLP is responsible for ensuring that he or she has the skills and competencies needed in order to provide appropriate supervision. This may include seeking continuing education in the area of supervision practice.

Principle of Ethics II, Rule of Ethics 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.

Guidance:

The supervising SLP must ensure that the assistant only performs those activities and duties that are defined as appropriate for the level of training and experience and in accordance with applicable licensure laws. If the assistant exceeds the practice role that has been defined for him or her, and the supervisor fails to correct this, the supervisor could be found in violation of the Code of Ethics.

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.

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

Guidance:

Because the assistant provides services as "an extension" of those provided by the professional, the SLP is responsible for informing the assistant about the Code of Ethics and monitoring the performance of the assistant. Failure to do so could result in the SLP's being found in violation of the Code.

LIABILITY ISSUES

Individuals who engage in the delivery of services to persons with communication disorders are potentially vulnerable to accusations of engaging in unprofessional practices. Therefore, liability insurance is recommended as a protection for malpractice. SLPAs should consider the need for liability coverage. Some employers provide it for all employees. Other employers defer to the employee to independently acquire liability insurance. Some universities provide coverage for students involved in

practicum/fieldwork. Checking for liability insurance coverage is the responsibility of the SLPA and needs to be done prior to providing services.

SPEECH-LANGUAGE PATHOLOGIST'S SUPERVISORY ROLE

QUALIFICATIONS FOR A SUPERVISING SPEECH-LANGUAGE PATHOLOGIST

Minimum qualifications for an SLP who will supervise an SLPA include

a. current ASHA certification and/or state licensure,
b. completion of at least 2 years of practice following ASHA certification,
c. completion of an academic course or at least 10 hours of continuing education credits in the area of supervision, completed prior to or concurrent with the first SLPA supervision experience.

ADDITIONAL EXPECTATIONS OF THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST

a. Conduct ongoing competency evaluations of the SLPAs.
b. Provide and encourage ongoing education and training opportunities for the SLPA consistent with competency and skills and needs of the students, patients, or clients served.
c. Develop, review, and modify treatment plans for students, patients, and clients that SLPAs implement under the supervision of the SLP.
d. Make all case management decisions.
e. Adhere to the supervisory responsibilities for SLPs.
f. Retain the legal and ethical responsibility for all students, patients, and clients served.
g. Adhere to the principles and rules of the ASHA Code of Ethics.
h. Adhere to applicable licensure laws and rules regulating the practice of speech-language pathology.

GUIDELINES FOR SLP SUPERVISION OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

It is the SLP's responsibility to design and implement a supervision system that protects the students', patients', and clients' care and maintains the highest possible standards of quality. The amount and type of supervision should meet the minimum requirements and be increased as needed based on the needs, competencies, skills, expectations, philosophies, and experience of the SLPA and the supervisor; the needs of students, patients, and clients served; the service setting; the tasks assigned; and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new SLPA; initiation of a new program, equipment, or task; or a change in student, patient, or client status (e.g., medical complications). Functional assessment of the SLPA's skills with assigned tasks should be an ongoing, regular, and integral element of supervision. SLPs and SLPAs should treat each other with respect and interact in a professional manner.

As the supervisory responsibility of the SLP increases, overall responsibilities will change because the SLP is responsible for the students, patients, and clients as well as for supervision of the SLPA. Therefore, adequate time for direct and indirect supervision of the SLPA(s) and caseload management must be allotted as a critical part of the SLP's workload. The purpose of the assistant level position is not to

significantly increase the caseload size for SLPs. Assistants should be used to deliver services to individuals on the SLP's caseload. Under no circumstances should an assistant have his or her own caseload.

Diagnosis and treatment for the students, patients, and clients served remains the legal and ethical responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the students, patients, and clients. The supervising SLP is responsible for designing and implementing a supervisory plan that protects consumer care, maintains the highest quality of practice, and documents the supervisory activities.

The supervising SLP must

a. hold a Certificate of Clinical Competence in Speech-Language Pathology from ASHA and/or a state licensure (where applicable),
b. have an active interest in use of and desire to use support personnel,
c. have practiced speech-language pathology for at least 2 years following ASHA certification,
d. have completed or be currently enrolled in at least one course or workshop in supervision for at least 1.0 CEUs (10 clock hours).

The relationship between the supervising SLP and the SLPA is paramount to the welfare of the client. Because the clinical supervision process is a close, interpersonal experience, the supervising SLP should participate in the selection of the SLPA when possible.

SLP TO SLPA RATIO

Although more than one SLP may provide supervision of an SLPA, an SLP should **not** supervise or be listed as a supervisor for more than two full-time equivalent (FTE) SLPAs in any setting or combination thereof. The supervising SLP should assist in determining the appropriate number of assistants who can be managed within his or her workload. When multiple supervisors are used, it is critical that the supervisors coordinate and communicate with each other so that minimum supervisory requirements are met and that the quality of services is maintained.

MINIMUM REQUIREMENTS FOR THE FREQUENCY AND AMOUNT OF SUPERVISION

First 90 workdays: A total of at least 30% supervision, including at least 20% direct and 10% indirect supervision, is required weekly. Direct supervision of student, patient, and client care should be no less than 20% of the actual student, patient, and client contact time weekly for each SLPA. This ensures that the supervisor will have direct contact time with the SLPA as well as with the student, patient, or client. During each week, data on every student, patient, and client seen by the SLPA should be reviewed by the supervisor. In addition, the direct supervision should be scheduled so that all students, patients, and clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all students, patients, and clients receive some direct contact with the SLP **at least once every 2 weeks**.

After first 90 workdays: The amount of supervision can be adjusted if the supervising SLP determines the SLPA has met appropriate competencies and skill levels with a variety of communication and related disorders.

Minimum ongoing supervision must always include documentation of direct supervision provided by the SLP to each student, patient, or client **at least every 60 calendar days**.

A minimum of 1 hour of direct supervision weekly and as much indirect supervision as needed to facilitate the delivery of quality services must be maintained.

Documentation of all supervisory activities, both direct and indirect, must be accurately recorded.

Further, 100% direct supervision of SLPAs for medically fragile students, patients, or clients is required.

The supervising SLP is responsible for designing and implementing a supervisory plan that ensures the highest standard of quality care can be maintained for students, patients, and clients. The amount and type of supervision required should be consistent with the skills and experience of the SLPA; the needs of the students, patients, and clients; the service setting; the tasks assigned; and the laws and regulations that govern SLPAs. Treatment of the student, patient, or client remains the responsibility of the supervisor.

Direct supervision means on-site, in-view observation and guidance while a clinical activity is performed by the assistant. This can include the supervising SLP viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services, because this allows the SLP to provide ongoing immediate feedback. Direct supervision does not include reviewing a taped session at a later time.

Supervision feedback should provide information about the quality of the SLPA's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the SLPA's ASHA-approved responsibilities. Information obtained during direct supervision may include, but is not limited to, data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of assigned treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient, client, or student during presentation and application of assigned therapeutic procedures or activities.

Indirect supervision does not require the SLP to be physically present or available via telecommunication in real time while the SLPA is providing services. Indirect supervisory activities may include demonstration tapes, record review, review and evaluation of audio- or videotaped sessions, and/or supervisory conferences that may be conducted by telephone and/or live, secure webcam via the Internet. The SLP will review each treatment plan as needed for timely implementation of modifications.

An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, phone, pager, or other immediate or electronic means. If for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, the SLPA may not perform assigned tasks until an ASHA-certified and/or state-licensed SLP with experience and training in supervision has been designated as the new supervising SLP.

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week will need to (a) inform the SLPA of the planned absence and (b) make other arrangements for the SLPA's supervision of services while the SLP is unavailable or (c) inform the clients/student/patients that services will be rescheduled.

CONCLUSION

It is the intent of this document to provide guidance for the use of speech-language pathology assistants in appropriate settings, thereby increasing access to timely and efficient speech-language services. It is the responsibility of the supervising speech-language pathologists to stay abreast of current guidelines and to ensure the quality of services rendered.

DEFINITIONS

Accountability: Accountability refers to being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the SLPA.

Direct Supervision: Direct supervision means on-site, in-view observation and guidance by an SLP while an assigned activity is performed by support personnel. Direct supervision performed by the supervising SLP may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The supervising SLP must be physically present during all services provided to a medically fragile client by the SLPA (e.g., general and telesupervision). The SLP can view and communicate with the patient and SLPA live viareal time telecommunication technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing a taped session later.

Indirect Supervision: Indirect supervision means the supervising SLP is not at the same facility or in close proximity to the SLPA, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising SLP may include, but are not limited to, demonstration, record review, review and evaluation of audio or videotaped sessions, and interactive television and supervisory conferences that may be conducted by telephone, e-mail, or live webcam.

Interpretation: Summarizing, integrating, and using data for the purpose of clinical decision making, which may only be done by SLPs. SLPAs may summarize objective data from a session to the family or team members.

Medically Fragile: A term used to describe an individual who is acutely ill and in an unstable condition. If such an individual is treated by an SLPA, 100% direct supervision by an SLP is required.

Screening: A pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by and/or approved by the supervising SLP.

Speech-Language Pathology Aides/Technician: Aides or technicians are individuals who have completed on-the-job training, workshops, and so forth and work under the direct supervision of ASHA-certified SLPs.

Speech-Language Pathology Assistant: Individuals who, following academic coursework, clinical practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA-certified SLPs.

Supervising Speech-Language Pathologist: An SLP who is certified by ASHA and has been practicing for at least 2 years following ASHA certification, has completed not less than ten(10) hours of continuing professional development in supervision training prior to supervision of an SLPA, and who is licensed and/or credentialed by the state (where applicable).

Supervision: The provision of direction and evaluation of the tasks assigned to an SLPA. Methods for providing supervision include direct supervision, indirect supervision, and telesupervision.

Support Personnel: Support personnel in speech-language pathology perform tasks as prescribed, directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel based on training and scope of responsibilities. Support personnel include SLPAs and speech-language pathology aides/technicians. ASHA is operationally defining these terms for ASHA resources. Some states use different terms and definitions for support personnel.

Telepractice: This refers to the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation.

Telesupervision: The SLP can view and communicate with the patient and SLPA in real time via Skype, webcam, and similar devices and services to supervise the SLPA, providing the opportunity for the SLP to give immediate feedback. This does not include reviewing a taped session later.

REFERENCES

American Speech-Language-Hearing Association (2017). Issues in Ethics: Cultural and Linguistic Competence. Available from www.asha.org/Practice/ethics/Cultural-and-Linguistic-Competence/.

American Speech-Language-Hearing Association. (2013). Scope of practice in speech-language pathology [Scope of Practice]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2016). Code of ethics [Ethics]. Available from www.asha.org/policy.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

CODE OF ETHICS

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

PREAMBLE

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

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

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

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

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

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

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

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

TERMINOLOGY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

nolo contendere – No contest.

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

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

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

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

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

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

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

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

PRINCIPLE OF ETHICS I

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

RULES OF ETHICS

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

C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

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

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

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

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

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

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

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

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

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

M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be

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

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

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

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

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

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

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

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

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

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

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

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

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

PRINCIPLE OF ETHICS III

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

RULES OF ETHICS

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

PRINCIPLE OF ETHICS IV

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

RULES OF ETHICS

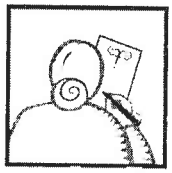
A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative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

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

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

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

Bloodborne Pathogens



Introduction

- The Occupational Safety and Health Administration (OSHA) has issued a standard that can protect you from bloodborne pathogens.
- The standard covers anyone who can reasonably anticipate contact with blood or potentially infectious body fluids on the job.

- The University is required to identify the personnel whose job duties expose them to blood and potentially infectious body fluids.
- Not every student is occupationally exposed to bloodborne pathogens while performing his or her job.
- It is important for everyone in an educational setting to understand the dangers of infection and the safe procedures to minimize risk.

Bloodborne Diseases

- You are in as much danger of infection from the clients you work with as from any other group in society.
- There are many diseases carried by blood. The two most common are the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV).

HBV

- Hepatitis means "inflammation of the liver."
- Hepatitis B virus (HBV) is the major infectious bloodborne hazard you face on the job.

If you become infected with HBV...

- You may suffer from flu-like symptoms becoming so severe that you may require hospitalization.
- You may have no symptoms at all, being unaware that you are infected.
- You may spread the virus to sexual partners, family members, and even unborn infants.
- HBV may severely damage your liver, leading to cirrhosis and almost certain death.

HIV

- The human immunodeficiency virus attacks the body's immune system, causing the disease known as AIDS.
- Currently there is no vaccine to prevent infection.

A person with HIV...

- May carry the virus without developing symptoms for several years
- May suffer from flu-like symptoms, fever, diarrhea, and fatigue
- Will eventually develop AIDS
- May develop AIDS-related illnesses including neurological problems, cancer, and other opportunistic infections

- HIV is transmitted primarily through sexual contact, but also may be transmitted through contact with blood and some body fluids.
- HIV is not transmitted by touching or working around people who carry the disease.

Workplace Transmission

- As different as the outcomes of bloodborne diseases may be, the way they are transmitted in the workplace is essentially the same.
- HBV, HIV, and other pathogens may be present in blood and other materials, such as:
  - Semen and vaginal secretions
  - Torn or loose skin
  - Unfixed tissue or organs

- Bloodborne pathogens can cause infection by entering your body in a variety of ways, including:
  - Open cuts
  - Nicks
  - Skin abrasions
  - Dermatitis
  - Acne
  - The mucous membranes of your mouth, eyes, or nose

- Special-education employees should take extra caution while working with severely disabled children. Some disabled children:
  - May be more vulnerable to injury
  - May have special medical needs
  - Are more dependent on adults for personal care

Accidental Injury

- You can become infected by accidentally injuring yourself with a sharp object that is contaminated.
- Sharp objects may be:
  - Broken glass
  - Sharp metal
  - Needles
  - Knives
  - Exposed ends of orthodontic wires

Indirect Transmission

- Bloodborne diseases can also be transmitted indirectly.
- This happens when you touch an object or surface contaminated with blood or other infectious materials and transfer the infection to your mouth, eyes, nose or open skin.

- Contaminated surfaces are a major cause of the spread of hepatitis.
- HBV can survive on environmental surfaces dried at room temperatures for at least one week.

Universal Precautions

- Most approaches to infection control are based on a concept called Universal Precautions.
- It requires that you consider every person, all blood and most body fluids to be a potential carrier of infectious disease.

- Using Universal Precautions requires you to treat all human blood and body fluids as if they were known to be infected with HIV, HBV, or other bloodborne pathogens.

Work Practice Controls

- Work practices are specific procedures you must follow on the job to reduce your exposure to blood or other potentially infectious materials.

Handwashing

- One of the most effective work practice controls is also one of the most basic- wash your hands.
- If infectious material gets on your hands, the sooner you wash it off, the less chance you have of becoming infected.

- Handwashing keeps you from transferring contamination from your hands to other areas of your body or other surfaces you may contact later.
- Every time you remove your gloves you must wash your hands with non-abrasive soap and running water as soon as you possibly can.
- If skin or mucous membranes come in direct contact with blood, wash or flush the area with water as soon as possible.

Personal Hygiene

- Here are some controls based on personal hygiene that you must also follow:
  - Minimize splashing, spraying, spattering, and generation of droplets when attending to an injured student or co-worker, especially when blood is involved
  - Do not eat, drink, smoke, apply cosmetics or lip balms or handle contact lenses where there is a reasonable likelihood of occupational exposure.
  - Don't keep food and drink in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

Personal Protective Equipment

- The type of protective equipment appropriate for your job varies with the task and the degree of exposure you anticipate.

Equipment that protects you from contact with blood or other potentially infectious materials may include:

- Gloves
- Gowns
- Aprons
- Lab Coats
- Face Shields
- Protective Eye Wear
- Masks
- Mouthpieces
- Resuscitation bags or other ventilation devices

Gloves

- Gloves are the most widely used and basic form of personal protective equipment.
- You must wear gloves when it is reasonably anticipated that you may have hand contact with:
  - blood
  - any potentially infectious materials
  - mucous membranes or non-intact skin

- Since gloves can be torn or punctured, cover any hand cuts with bandages before putting on gloves.
- Replace disposable single-use gloves as soon as possible if they are:
  - torn
  - punctured
  - contaminated
  - no longer offer effective barrier protection
- Never wash or decontaminate this type of glove for reuse.

Glove Removal

- Gloves should be removed when they become contaminated or damaged, or immediately after finishing the task.
- You must follow a safe procedure for glove removal, being careful that no pathogens from the soiled gloves contact your hands.

- With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
- With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second.
- Dispose of the entire bundle promptly.
- Never touch the outside of the glove with bare skin.
- Every time you remove your gloves wash your hands with soap and running water as soon as you possibly can.

General Houskeeping Rules

- All equipment and environmental working surfaces must be cleaned and decontaminated with an appropriate disinfectant or a 10 percent bleach to water solution as soon as possible after contact with blood or other potentially infectious materials.
- Never pick up broken glass with bare hands.

HBV Vaccination

- One of the best ways to protect yourself from hepatitis B infection is to roll up your sleeve for a vaccination.

Playing It Safe

- If you are exposed, immediately report the incident to your supervisor.

Fire and Emergency Evacuation Procedures

In Case of Fire:

- Activate fire alarm
  - Located at each stairway entrance to first floor
  - Or, call 911 from nearest phone and report fire at Human Services Building on EIU campus on south 7th Street
- Fire extinguishers are located in white boxes in the north main hallway near stairwell and in the east and west hallways

Exiting the building

- Persons in classroom and clinic rooms - exit stairway in the north main hallway and proceed straight out the doors to outside of the building
- Student clinicians – escort clients from building
- Persons in waiting room, seminar room, clinician's room, and offices – exit down the stairway at the south end of the building

Building Layout

Exiting for Persons with Disabilities

- Exiting for persons with disabilities should be conducted by the Fire Department Ambulance Service
- Do not attempt to move persons with disabilities without prior training or medical equipment
- During a fire alarm, persons with disabilities should move to a stairway in the building for protection-Emergency Personnel from the Fire Dept. will respond to remove the person from the building. An intercom is located at the top of each stairway.

Emergency Assembly Point (EAP)

- The EAP is the band practice field across 7th Street to the east of the Human Services Building
- All evacuees should gather at EAP upon leaving the building
- Clinicians - help clients find family members or companions at EAP
- Alternative EAP is the quad (grassy area) on the west side of the Human Services Center toward Taylor Hall if the EAP is inaccessible

Severe Weather/Tornado Procedures

- Move to inside hallways or interior offices without windows.
- Sit on the floor and cover your head with your arms until danger has subsided.
  - The basement of Human Services Building is not accessible.

Medical Emergency

- Call 911 from nearest phone to report a medical emergency.
- Address: Human Services Center, 2nd Floor, South 7th Street on EIU Campus

Dealing with Violent Behavior

- If a person is believed to have a firearm, leave the building
- Move yourself to safety, then call security
- If you feel uncomfortable, notify the University Police to deal with the violent person

Responding to Potential Crisis Situations

- Observation – be aware throughout the day that violent behavior could occur
- Escape – plan escape route before events require escape
- Notification – notify Human Resources if you feel uncomfortable or UPD if there is potential for violence
- Documentation – aids in handling the stress and confirming that you were correct in pursuing the problem
- If needed, Shelter-In-Place, which requires building occupants to barricade themselves in their rooms

Shelter-In-Place

- Proceed to nearest available room where you can take shelter
- During a drill, once you are there:
  - Lock the door
  - Shut curtains/blinds covering windows
  - Sit/crouch in areas that are out of sight from doors and windows

Shelter-In-Place

- In a real emergency, do the same as you would in a drill, as well as:
  - Take roll call, including the names of any visitors
  - Turn off the lights and remain quiet
  - Do not open the door for anyone
  - Follow the instructions of Building Coordinators

How to know when drill/emergency is over:

- Drill: You will be notified by the Building Coordinator
- Emergency:
  - Faculty/staff will be contacted by phone or e-mail
  - Maintenance staff, campus safety, or other personnel will unlock door to room you are in to notify you that emergency has passed

Emergency Response Phone Numbers

- Chemical Spills: call Work Control
  - 581-7068
- Fire: call Charleston Fire Department
  - 911
- Police
  - 911
- Hospital: Sara Bush Lincoln Emergency Room
  - 345-2525

MANDATED REPORTING

WHAT IS DCFS?

- DCFS is the Illinois Department of Child and Family Services
  - DCFS has the primary responsibility of protecting children through the investigation of suspected abuse or neglect by parents and other caregivers in a position of trust or authority over the child.
- Most professionals in education, health care, law enforcement and social work are required by law to report suspected neglect or abuse. These individuals are called mandated reporters

WHO IS A MANDATED REPORTER?

- A person who, because of his or her profession, is legally required to **report** any suspicion of child abuse or neglect to the relevant authorities. These laws are in place to prevent children from being abused and to end any possible abuse or neglect at the earliest possible stage.

WHAT IS ABUSE?

- one whose parent or immediate family member, or any other person responsible for the child person responsible for the child's welfare or any welfare, or any individual residing in the same home as the child, or a paramour of the child's parent:
  - "any injury, by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss of impairment of any bodily function"
    - Common injuries include bruises, human bites, bone fractures or burn
  - "creates a substantial risk of physical injury"
  - "acts of torture"
- This also includes sexual abuse

WHAT IS NEGLECT?

- "any child who is not receiving the proper or necessary nourishment or medically indicated treatment or other care necessary for child's wellbeing, including adequate food clothing and shelter including adequate food, clothing and shelter shelter, or who is abandoned"
  - This also includes when an adults provides inadequate supervision of a child
- "the child's environment creates a likelihood of harm to the child's health, physical well-being, or welfare" AND "the likely harm to the child is the result of a blatant disregard of parent or caretaker responsibilities"

WHAT ARE YOU REQUIRED TO DO AS A MANDATED REPORTER?

- You are required to "immediately report or cause a report to be made to DCFS" of suspected child abuse or neglect
- Willful failure to report suspected incidents of child abuse or neglect is a misdemeanor
- State law protects the identity of all mandated reporters, and you are given immunity from legal liability as a result of reports you make in good faith
  - However, you may have to testify regarding any incident you report if the case becomes the subject of legal or judicial action

GUIDELINES FOR CALLING THE CHILD ABUSE HOTLINE

- Mandated reporters "are REQUIRED to report suspected child abuse/neglect immediately when they have "reasonable cause to believe" that a child known to them in this professional capacity may be an abused or neglected child"
- As a undergraduate/graduate clinician, you SHOULD NOT call DCFS
  - If you suspect child abuse or neglect, you should contact your clinical supervisor first so they are aware of the situation.
- DCFS Hotline: 1-**800-25-ABUSE** (252-2873)

WHERE CAN I FIND ADDITIONAL INFORMATION?

- For additional information about the Act, its requirements, or the Department of Children & Family Services, you may use the following link:

https://www.illinois.gov/dcfs/Pages/default.aspx

HIPPA Training

What is HIPPA?

- HIPPA stands for "Health Insurance Portability and Accountability Act of 1996"
  - This law gave the U.S. Department of Health and Human Services (DHHS) the authority to regulate the privacy and security of patient information
- HIPPA requires providers and others who maintain health information to implement security measures to guard the integrity, confidentiality, and availability of patient information

What is PHI?

- PHI stands for "Protected Health Information"
- HIPPA defines "health information" as "any information, whether oral or recorded, in any form or medium that (A) is created or received by a healthcare provided, employer, school, or university that (B) relates to past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual"
  - Requires individually identifiable health information to be protected

What does HIPPA have to do with me?

- As a staff member or student clinician:
  - You must not use or disclose PHI except as our Privacy Policies and Procedures permit or require.
  - You must make reasonable efforts to limit access to and use of PHI to the minimum necessary to perform duties
- As a Health Care Provider:
  - We may use and disclose PHI without the individual's permission, for our:
    - own treatment activities
    - own payment activities
    - own health care operations

Authorization

- The clinic must have written authorization from the individual (or their representative) before we may use or disclose the individual's protected health information for any purpose, except as set forth by law.
- We may not rely on authorization we know has been revoked or expired.
- An individual may revoke an authorization at any time.
- Authorization does not affect actions we may have undertaken in reliance on the authorization before we learned of its revocation.

What could happen if I don't protect a client's information?

- Violating HIPPA can result in civil penalties such as civil money penalties (fines), and criminal penalties, such as fines and a federal prison sentence
- The law does not require that you know that what you did was a crime- only that you knowingly, as opposed to accidently, did what you did.
  - Ignorance of the law is no excuse
- Maximum criminal penalty if you violate HIPPA:
  10 years in prison and $250,000 fine →

How do you avoid these legal hassles?

- Use your common sense
  - If it is personal information about your client or their family, it is confidential
    - This includes all medical records, demographic information, clinic documentation, etc.
  - "Deidentify your client" when speaking to others or sending electronic communication
- Observe the "Need-to-Know" rule
  - You should only be discussing client information with people that "need to know"
    - This includes your supervisors, shadows, office personnel, etc.

Take action when you suspect a breach in HIPPA policies

- HIPPA requires reporting any and all suspected or actual breaches of confidentiality
- The first person you should report a breach to is your immediate supervisor.
  - If they are unavailable, report to the Clinic Director or Department Chair
- You should not report to the Department of Health and Human Services (DHHS) without making every effort to report to our department first

Section 3: Clinic Documentation

- Report Writing
- Saving/Printing Documents
- Documentation Templates
    - Final Semester Report
    - Initial Treatment Plan
    - Therapy Plan/SOAP
- SOAP Note Resources
- ASHA NOMs

REPORT WRITING INFORMATION

First of all- know the correct name of our facility
- Eastern Illinois University
- Speech-Language-Hearing Clinic
- NOT Eastern Illinois Speech-Language and Hearing Clinic
- NOT Eastern Illinois Speech & Hearing Clinic
- At the initial mention of Eastern Illinois University, add (EIU) and then use it throughout the remainder of the report rather than writing it out.
- Same w/ Speech-Language-Hearing Clinic, add (Clinic)

All margins should be set at 1"
Font/Size- Times New Romans 12 is good
Begin typing on the 6th line from the top.

Consistency, Consistency, Consistency-throughout the entire report
- Font/size
- Capitalization
- Tests and subtests (capitalized, italicized, underlined)
- and vs. &
- hyphenated words
- numbers (five or 5, not both)

Capitalize trademarked items
- Legos
- SMART Board
- Velcro iPad
- PowerPoint
- Play-Doh
- Boardmaker
- OnBase
- Goldfish (crackers)

Do Not capitalize speech disorders unless it is a person's name
- apraxia of speech
- autism
- stuttering
- aphasia
- Down syndrome
- Asperger syndrome

Hyphenation
- two-year, three-month-old boy (or the boy was two years, three months old)
- hand-over-hand assistance
- cause-effect relationship
- one-word response
- When referring to number of responses, use 1- to 3-word response (NOT 1-3 word response)
- speech-language therapy
- Speech-Language-Hearing Clinic

LETTER

(Begin on 6th line)

Date (Date should not include a 'th' unless the day precedes the month; 6th of May vs. May 6, 2012)

4-5 blank lines

Name
Street
City

1 blank line

Dear:

1 blank line

Paragraphs are not indented

1 blank line between paragraphs

1 blank line between paragraphs or last sentence of the letter

Sincerely,

3 blank lines

Jill Jones, B.S.
Graduate Clinician

Jesse James, Ph.D.
Faculty Supervisor, CCC-SLP

1 blank line

Enclosure

(Begin on 6th line)
CONFIDENTIAL (Tab key 8 times) **CONFIDENTIAL**

Diagnostic Evaluation Report
Final Semester Report

Be sure header information is correct: name spelling, address from disposition sheet, (not previous report), etc.

ALIGN HEADER INFORMATION BY USING THE TAB KEY-not your thumb on the space bar or any other settings

After your supervisor has approved for submission
Select the ENTIRE DOCUMENT and be sure it is single spaced
Add blank lines as necessary throughout the report to separate paragraphs

At this point, your document should be ready to save in Felicia-Print

1. Begin at the Home tab - use Times New Roman/12

2. Go to Page Layout/ down arrow at lower right/Page Setup/Margins – **set all at 1".**
Also on Page Layout/Indent & Spacing – all should be zero.
Page Layout/Paragraph/down arrow – the only change you might need to make would be Line Spacing which should always be single when submitted to the office for printing. Indentation should be 0 and Special should be none.

3. Align all information at the left; don't indent margins.

4. To allow for our letterhead, begin typing on the 6th line.

5. Use the current date for letters; use the date of the evaluation on diagnostic reports.

6. Use tabs (**not the space bar or columns**) for information at the top of reports—everything will align perfectly (especially if I have to go in and make any changes).

Name:	Jim Jones	**Date:**	July 24, 2009
DOB:	3/18/02	**Clinician:**	Jim Johnson
Age:	7:3	**Supervisor:**	Frank Goldacker
Parents:	Julie & Jack Jones		M.S., CCC-SLP
Address:	2020 Jump Drive	**Diagnosis:**	Severe sp/lang disorder/
	Charleston, IL 61920		AAC/apraxia/etc.,etc.
Phone:	217-000-0000 (home)		
	217-000-0001 (cell)		

7. Inserting headers:
   Insert/Header/Blank – type the info – 3 lines
   Jones, Jim
   FSR (or Dx Eval) – p. (**do not enter the page number yourself**; go to page number/current position/plain – 'enter')
   Fall 2009 for the Final Semester Report (or specific date of an evaluation)
   Highlight the above and align it at the right of the page.
   Now go to Design and select 'different first page'—**you must do this last.**
8. Save letters and reports as separate files; do not string them together as one document. SOAP notes/reports/therapy plans must all be saved as .doc and NOT .docx format in order for them to be uploaded to OnBase.
9. **Always** save your information by the client's last name, just as you would in an actual filing cabinet drawer.

Examples:	Jones FSR	(final semester report)
	Jones Dx Rpt	(dx report)
	Jones Dx Par Ltr	(letter for dx report)
	Jones Sch Ltr	(letter for school or other outside agency)

If you have any questions, please don't hesitate to ask for assistance from the front office.

Reminder!

Printing Documents

Anything that needs printed in the front office (reports, letters, etc.) needs to be uploaded to Felicia's Sharepoint folder. When you are ready to print something, tell Felicia and she will email you a link to the folder. Please save all documents as follows:

- **Final Semester Reports**:
  - Clientslastname.firstinitial.FSR
  - (example: **Becker.T.FSR**)
  - (example for clients that attend group and individual sessions: **Becker.T.FSR-GRP** or **Becker.T.FSR-IND**
- **Diagnostic Reports:**
  - Clientslastname.firstinitial.DxRpt
  - (example: **Becker.T.DxRpt**
- **Diagnostic Cover Letter:**
  - Clientslastname.firstinitial.CoverLtr
  - (example: **Becker.T.CoverLtr**)

Final Semester Report

Name:
DOB:
Age:
Parents:
Address:

Phone:

Date:
Clinician:
Supervisor:

Diagnosis:

Background Information

Information in this section may include:

- Referral source
- A statement of problem/complaint
- Relevant case history including developmental, medical, social, family, educational histories
- Length and description of previous speech-language pathology services

Semester Goals and Progress

List goals and for each goal include:

- Objective data regarding the client's performance
- Description of therapy techniques or qualifying statements as appropriate.

Examination Information

May include:

- Information from the Initial Semester Report
- End of semester testing information

Behavioral Observations

May include observations regarding: cooperativeness, motivation, orientation, attention, physical impairments, effective/ineffective behavior modification techniques, etc.

Clinical Impressions

May include:

- Statement of disorder
- Severity of disorder
- Statement of whether communication/swallowing function is within normal limits

Recommendations

May include:

- Type of service needed
- Goals
- Referral for other consultations

Clinician Name
Student Clinician

Supervisor Name & credentials
Clinical Supervisor

Note: This template is intended to provide a basic outline for clinical reports. Your supervisor may have different instructions for report writing.

Memo

Eastern Illinois University Communication Disorders and Sciences Human Services Bldg., 2nd Floor	Speech-Language-Hearing Clinic 600 Lincoln Ave. Charleston, IL 61920	Phone: 217-581-2712 Fax: 217-581-7105
Clinician:	**Initial Treatment Plan** Semester: Spring 2014	
Client: DOB:	Type of Service/Schedule:	

Functional Outcome Goal(s):

1.

Short Term Goals:

NOMS Areas:

Level 2 or 3?

Treatment Rationale *and Evidence*:

Treatment Techniques/Strategies/Approaches:

WEEKLY THERAPY PLAN
EIU Speech-Language Hearing Clinic

Objectives:	Methods:
1.	1.

PROGRESS NOTES

Preparing Progress Notes
SOAP Notes

Fahy

Progress Reports

- Once therapy is initiated
  - MUST DOCUMENT!
  - Ongoing, frequent, regular basis
- Two types of progress reports
  - Daily
  - Periodic

Purposes of Daily Progress Notes

1. Allow you to monitor Tx plan, in order to make any necessary changes ASAP
2. Provide daily "snapshot" to other professionals also working w/client
3. Foster continuity of care, in the event that YOU are absent from work, but the CLIENT comes for Tx!

SOAP acronym:

- Subjective (S)
  - Complaints as phrased by patient
  - Your personal opinion re: relevant client behavior or status
- Objective (O)
  - Events which occurred in session
  - Data taken in session for each targeted behavior/skill
  - Types of assistance/instruction/prompting used
  - Result of that assistance/instruction/prompting
- Assessment (A)
  - Professional interpretations, conclusions
  - Diagnosis/severity/functional implications
- Plan (P)
  - Treatment plan, recommendations

Very Important SOAP Concepts!!

- If you don't write it, it didn't happen.
  - These are LEGAL documents!!
  - These are STAND-ALONE documents!!
- Write a snap-shot of the client's performance that day.
  - Tell what they CAN do, and what they CAN'T do.
  - Give the big picture, and the supporting details.
- You can write about the same things in all 4 sections, but you will write in a different style.
  - Subjective v. objective
  - Evidence for X v. making the Dx of X

Style of Writing to Use in SOAPs:

- Use sentence fragments & abbreviations appropriate to your work environment
- Each of the 4 sections requires you to use a different "voice" of writing

S :

Undocumentable claims

O :

Documentable evidence; exactly what happened, how well, how poorly, with what help, or was it independently, with percentages or data, at what level of difficulty, in what context

A :

given the above evidence, what is your conclusion? Summary sentences; trends; comparison to previous performance

P :

Recommendations; bullet-pointed short list of what to do next

SUBJECTIVE (S:)

- How the client presents
  - Affect
  - Behavior
- Quotes from the client
  - Reported history
  - Complaints, emotions, attitudes, goals
  - Response to treatment, reaction to therapy
- Your *subjective* impressions

S: Examples

- S: "He's in a mood today. Wants to go home." (Client's caregiver.)
- S: "num num num" (Client's spontaneous verbalizations during snack time.)
- S: "His teacher said he hit someone today." (Client's mother.)
- S: Client appeared distracted, inattentive, less focused today.
- S: "I see the mooning man in the orchard."

OBJECTIVE (O:)

- Objective observations of what occurred in therapy:
  - Test results
  - Data
  - Any other measurable information
- Reporting of conditions, cues, criteria
  - Under what circumstances
  - With how much and what type of cueing
  - Type of materials used
  - Degree of success, independence, performance

O: Example, Child Language

- O: Therapy cont'd this date w/focus on language processing. Client able to verbally label household items and state functions with 82% accy (was 74%), given minimal cues. Able to sort items into like categories w/82% accy (was 71%), given min prompts. After items were sorted, client spontaneously named category x2 (previously unable).

O: Example, Adult Voice, Artic

- O: Therapy cont'd today w/focus on voice and artic. Initiated client education re: vocal hygiene techniques; provided client w/list of 3 rec's (frequent hydration, minimize yelling, seek smoking cessation counseling). Provided extensive discussion & counseling; client verbalized good understanding of rec's and expressed desire, intent to follow through. Resumed work on /s/ in isolation. Client achieved 82% accy w/max cues for appropriate lingual placement and tension.

O: Example, Child, Pragmatics

- O: Therapy cont'd this date w/focus on social skills. During play-based activity using farm and animals, client requested items appropriately 75% of opportunities (was 70%). Client able to provide a response to play-mates questions 70% of time (was 62%). Turn-taking skills demonstrated 65% of time, given frequent verbal prompts. Observed initiation of relevant topics x3 this date (previously unable). Eye contact during conversation was minimal. Client tolerated shared personal space for 2 min. (ave) before moving to far corner of play area. Vocal intensity this session was WFL 60% of time; remaining utterances were inappropriately loud (yelling). Client's attention to task increased to 5 minutes (previously 3 min).Client responded positively to 3 verbal reminders to listen, work, no yelling.

O: Example, Adult Stroke

- O: Orders rec'd this date for S/L eval for this 42 yom w/Dx of L CVA, onset 8/27/04, w/ S/P R hemi. Chart review indicates decreased verbalization, inability to follow MD's directions. Pt. Seen x2 this date for initial eval of rec/exp communication and motor speech via BDAE and other informal measures. Observe min R facial droop. Articulation in conversation is generally intelligible; cues to decrease rate helpful. Auditory comprehension breaks down at complex multi-sentence level; reading comprehension not yet assessed. Written expression evidences disorganization and word omissions at sentence level; verbal expression characterized by frequent verbal paraphasias, w/minimal awareness. See full report to follow.

ASSESSMENT (A:)

- Your conclusions, based on *subjective* observations and *objective* findings:
  - Diagnosis or problem list
  - Degree of severity
  - Functional impact
- Trends in overall status
  - Progress, or lack thereof
  - How this relates to overall treatment goals

A: Example, Child ASD

- A: Client continues to present with impaired pragmatic skills consistent with diagnosis of ASD w/Asperger's tendencies; observe cont'd trend of improvement in shared space, attention, and conversation. Potential for increased social skills in structured groups remains good.

A: Example, Child Lang; Artic

- A: Cont'd progress w/verbal reasoning / processing skills; emerging naming/categorization skills observed.
- A: Emerging ability to generalize /s/ to untrained words; stimulable for /sh/. Continues to require frequent confirmation from conversational partner given moderately impaired speech intelligibility.

A: Example, Adult Dysarthria

- A: Client presents w/mild dysarthria; likely UMN; speech intelligibility mildly decreased and responds well to compensatory strats. Also presents w/mod aphasia, likely Wernicke's. Functional communication impaired in all contexts, w/all listeners, given error patterns, limited awareness, and inabilty to self-correct. Rehab potential good, given age, family support, motivation.

PLAN (P:)

- Your immediate recommendations:
  - Frequency and duration of treatment
  - Long and short term goals
  - Treatment methods or approaches
- Long term plans:
  - For discharge
  - For client/patient/family education
  - For additional testing
  - Referrals to other services

P: Example

P: Cont. Tx x2/week focusing on social skills via use of interactive toys to promote joint attention and conversation.

P: Cont ST x2/week to focus on stated goals (see full report).

P: Cont ST bid x5/week rec'd after DC from acute to inpatient.

P: Cont ST for language processing; use visual cues, structure, feedback.

P: Example

- P: Rec the following:
  - 1. ST x5/week
  - 2. Complete initial testing
  - 3. Initiate OM ex's, compensatory intelligibility strategies, training.
  - 4. Initiate aphasia Tx, to increase reliability conveying daily needs in immediate environment.
  - 5. OT consult for dressing.

Treatment Outcomes

Why Outcome Measures?

- To demonstrate treatment efficacy to our students, consumers, third party payers, legislators, and administrators
- To assist in the decision making process to continue or discontinue services
- To support writing functional treatment plans
- To improve the quality of services
- To assist in determining when alternative forms of service delivery may be appropriate
- Standard operating procedure

Why ASHA NOMS?

- Specific to communication disorders
- Applies to a comprehensive range of communication and swallowing disorders
- Applies to Pre-K through adult
- Measures functional communication and swallowing abilities
- User friendly
- Familiarizes our students with functional outcome measures now required in most settings
- Most applicable to our setting

ASHA's National Outcomes Measurement System

- Nationally, the NOMS is used to measure and evaluate a client's functional communication status over time
- Three categories:
  - Pre-K
  - K-12
  - Adults

The NOMS Functional Communication Measures (FCMs)

- Series of 7 point rating scales in various clinical areas (e.g. articulation, pragmatics, spoken language production) which:
  - Describe functional abilities over time
  - Are based on Informal clinical observations of client's communication over time
- FCMs not intended to describe all aspects of a client's communication abilities
- Only those FCMs that relate to the client's treatment plan are scored

Pre-K Measures

- Articulation/Intelligibility
- Cognitive Orientation
- Pragmatics
- Spoken Language Comprehension
- Spoken Language Production
- Swallowing

Special Terms used in the FCMs for Pre-K

- Each level of FCM contains references to the intensity and frequency of the cueing and use of compensatory strategies that are required to assist the patient in becoming functional and independent in various communication situations and activities

Frequency of Cueing

- Consistent- 80-100% of the time
- Usually- 50-79% of the time
- Occasionally- 20-49% of the time
- Rarely- Less than 20% of the time

Intensity of Cueing

- **Maximal**- Multiple cues that are obvious to nonclinicians. Any combination of auditory, visual, tactile, pictorial, or written cues
- **Moderate**- Combination of cueing types, some of which may be intrusive
- **Minimal**- Subtle and only one type of cueing

Case Scenario Pre-K – Articulation/Intelligibility

- Alex is not difficult to understand. People know Alex and even those who do not know him very well can understand what he says. Sometimes people notice that his speech is different than the speech of other children his age

Case Scenario Pre-K - Pragmatics

- At her new daycare center, Jan answered some questions and responded a few times to requests from her new teacher. When Jan's father picked her up, he was not surprised to hear that Jan did not carry on conversations with her teacher or the other children, and indicated that it had also happened early on at her old daycare center. He indicated that Jan usually carries on conversations with her family and friends in the neighborhood but does not do so with people she doesn't know very well.

Case Scenario Pre-K – Spoken Language Comprehension

- During story time, Nancy is not able to understand most of the conversation. However, when the teacher stands in front of her, provides a lot of repetition, and refocuses Nancy's attention, she is able to answer simple questions about pictures in a book.

Adult Measures

- Motor Speech
- Voice
- Fluency
- Swallowing
- Spoken Language Comprehension
- Spoken Language Expression
- Writing
- Reading
- Attention
- Memory
- Pragmatics

Special Terms used in the FCMs for Adult

- Each level of FCM contains references to the intensity and frequency of the cueing and use of compensatory strategies that are required to assist the patient in becoming functional and independent in various communication situations and activities

Frequency of Cueing

- Consistent- 80-100% of the time
- Usually- 50-79% of the time
- Occasionally- 20-49% of the time
- Rarely- Less than 20% of the time

Intensity of Cueing

- **Maximal**- Multiple cues that are obvious to nonclinicians. Any combination of auditory, visual, tactile, pictorial, or written cues
- **Moderate**- Combination of cueing types, some of which may be intrusive
- **Minimal**- Subtle and only one type of cueing

Case Scenario Adult- Memory

- In order for Mr. Orrosco to successfully dress, the nurse must always point out the pictures of clothing taped to his dresser in order for him to find his clothing. He is able to recall the names of family members only when he is specifically directed to look at pictures and names of his family which are posted on his bulletin board.

Case Scenario Adult -Voice

- Dr. Ripken has intermittent hoarseness, pitch breaks, and occasional aphonia which is at times noticeable to both her patients and colleagues. Her family reports that she is sometimes difficult to hear in the evenings after seeing patients, and has had to drop out of the church choir

K-12 Measures

- Fluency
- Intelligibility
- Pragmatics
- Speech Sound Production
- Spoken Language Comprehension
- Spoken Language Production
- Voice

Special Terms Used in the FCMs for K-12

- FCMs contain references to the frequency of responses as well as to the communication demand and the amount of support the student requires to be a functional and independent communicator.
- When scoring FCMs you will be asked to rate clients based on the following terms:
  - Frequency
  - Support
  - Intensity of support
  - Demand

Frequency

- Consistent- 80-100% of the time
- Usually- 50-79% of the time
- Occasionally- 20-49% of the time
- Rarely- Less than 20% of the time

- Example: (Intelligibility)
  - Connected speech rarely understood (level 2)
  - Connected speech occasionally understood (level 3)
  - Connected speech consistently understood (level 5)

Support

- The structure, classroom modifications or accommodations, that are required to assist the student in becoming a functional and independent communicator in a variety of situations
- Support includes but is not limited to the following:
  - Allowing additional processing time
  - Rereading information
  - Providing repetition
  - Using semantic definitions
  - Probing questions

Intensity of Support

- **Maximum** – Multiple cues/classroom modifications that are obvious to nonclinicians.
- **Minimal** – Only one type of cueing/classroom modification that is subtle and nonintrusive
- Support will vary from student to student and will be dependent upon the teacher's expectations and the educational/communicative demands of the classroom

Demand

- Demand is the educational, social, or extracurricular activity in which the student is engaged and varies according to the student's chronological age
- FCMs that refer to demand
  - Verbal
  - Comprehension
  - Vocal
  - Pragmatic

Case Scenario K-12 – Spoken Language Production

- Jerry is in second grade. When talking to his friends in the lunchroom, his sentences are generally like his friends', but are sometimes shorter, and he uses simpler vocabulary to label objects. When the class talks about a field trip, his sentences hardly ever sound like his classmates'. In these types of discussions, his teacher always has to help him by asking very easy questions.

Case Scenario K-12 – Speech Sound Production

- Ryan's classmates sometimes notice that he doesn't say his /l/ correctly during science club activities. Ryan always hears his own errors. When Ryan produces a word incorrectly, he can sometimes say it again without any help. When participating in discussions in reading class, he can say the sound correctly when he has a card on his desk with "L" written on it.

Case Scenario K-12 - Fluency

- Paul is a fifth grader who has a severe stuttering problem. His disfluencies are intense and of long duration accompanied by secondary characteristics that occur continuously. Paul is unintelligible most of the time. Typically, he becomes so frustrated that he just gives up talking and writes down what he wants to say. He doesn't have any close friends among his classmates and avoids his church youth group as well as other extracurricular activities.

Guidelines for Scoring FCMs

- Select FCMs based on client's goals
- Use CA as referent in determining abilities.
- Carefully review the descriptions of all 7 levels for each FCM category
- Determine the level that best reflects the majority of the client's communication and/or swallowing abilities
- Consider the amount of support, the complexity of the information, and the environment in which the client is able to communicate

Functional Outcomes Rating
Revised 1/25/2012

Client Name: DOB:

Clinician/Supervisor: Term:

FCM	**Initial Rating** **Date:** _____	**Final Rating** **Date:** _____
Pre-K		
Artic/Intelligibility	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Cognitive Orientation	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Pragmatics	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Spoken Language Comp.	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Spoken Lang. Production	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Swallowing	1 2 3 4 5 6 7	1 2 3 4 5 6 7
K-12		
Composition	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Emergent Literacy	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Fluency	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Intelligibility	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Pragmatics	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Reading Comprehension	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Speech Sound Production	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Spoken Language Comp.	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Spoken Lang. Production	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Voice	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Word Recognition	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Writing Accuracy	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Adult		
Alaryngeal Communication	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Attention	1 2 3 4 5 6 7	1 2 3 4 5 6 7
AAC	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Fluency	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Memory	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Motor Speech	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Pragmatics	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Problem Solving	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Reading	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Spoken Language Comp.	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Spoken Language Express.	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Swallowing	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Voice	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Voice Following Tach.	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Writing	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Comments: _____ _____

Supervisor Initials: _____ _____

Section 4: Evaluation

- Rating Scale
- Evaluation form

Rating Scale for Clinical Performance Evaluation

Clinical skills will be rated using the following 5 point scale.

1 **Unacceptable Performance:** Specific direction from supervisor does not alter unsatisfactory performance. Clinician is unaware and/or unresponsive of need to change.

2 **Needs Improvement in Performance/Maximum Support:** The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively. Student shows awareness of need to change behavior with supervisor input.

3 **Moderately Acceptable Performance/ Moderate Support:** Inconsistently demonstrates clinical behavior/skill. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides moderate amount of support focusing on increasing student's critical thinking on how/when to improve skill.

4 **Meets Performance Expectations/Minimal Support:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem solving is emerging. Supervisor provides minimal amount of support and acts as a collaborator to plan and suggest possible alternatives.

5 **Independently Meets Performance Expectations:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Supervisor serves as a consultant in the areas where student has less experience/ Provides guidance on ideas initiated by student.

Grading Scale

4-5.00	A
3.99-3.5	B
3.49-3.0	C

- Social Worker
- Special Educator
- Teacher (classroom, ESL, resource, etc.)
- Vocational Rehabilitation Counselor
- Other

- Primary English dialect
- Secondary English dialect
- Bilingual
- Polyglot
- Gender identity
- Sign Language (ASL or SEE)
- Cognitive / Physical Ability
- Other

Save

PERFORMANCE RATING SCALE
Click to see Rating Scale

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

1 - Unacceptable Performance
2 - Needs Improvement in Performance/Maximum Support
3 - Moderately Acceptable Performance/ Moderate Support
4 - Meets Performance Expectations/Minimal Support
5 - Exceeds Performance Expectations/Independent

* If n/a, please leave space blank

Evaluation	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)									
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)									
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)									
4. Administers and scores diagnostic tests correctly (std V-B, 1c)									
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)									
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)									
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)									
8. Makes appropriate recommendations for intervention (std V-B, 1e)									
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)									
10. Refers clients/patients for appropriate services (std V-B, 1g) ?									
11. Clinical interpretation and analysis is displayed in written reports									
Score totals:	0	0	0	0	0	0	0	0	0

Total number of items scored: 0 Total number of points: 0 Section Average: 0

Comments:

Save

Intervention	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Develops setting appropriate intervention plans with measurable and achievable goals. (std V-B, 2a, std 3.1.1B)									
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)									
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)									
4. Sequences tasks to meet objectives									
5. Provides appropriate introduction/explanation of tasks									
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)									
7. Uses appropriate models, prompts or cues. Allows time for patient response.									
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e) ?									
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)									
10. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)									
11. Identifies and refers patients for services as appropriate (std V-B, 2g) ?									
12. Clinical interpretation and analysis is displayed in progress notes.									
Score totals:	0	0	0	0	0	0	0	0	0

Total number of items scored: 0 Total number of points: 0 Section Average: 0

Comments:

Save

Professional Practice, Interaction and Personal Qualities	Score
1. Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)	
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B) ?	
3. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)	
4. Uses appropriate rate, pitch, and volume when interacting with patients or others	
5. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)	

6. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B) ?	
7. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B) ?	
8. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B) ?	
9. Demonstrates openness and responsiveness to clinical supervision and suggestions	
10. Displays organization and preparedness for all clinical sessions	
Total number of items scored: 0 Total number of points: 0 Section Average: 0	
Comments:	

Save

Professional Practice, Interaction and Personal Qualities PLEASE SCORE and Note: Items scored below 4.0 in this section may result in a reduction of one letter grade	Score
1. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B) ?	
2. Demonstrates professionalism (std 3.1.1B, 3.1.6B) ?	
3. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B)	
4. Personal appearance is professional and appropriate for the clinical setting	
Total number of items scored: 0 Total number of points: 0 Section Average: 0	
Comments:	

Save

Professional Practice, Interaction and Personal Qualities PLEASE SCORE and Note: Items scored below 4.0 in this section may result in a failing grade	Score
1. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B) ?	
2. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, std 3.1.1B, 3.1.6B, 3.8B) ?	
Total number of items scored: 0 Total number of points: 0 Section Average: 0	
Comments:	

Save

Improvements Since Last Evaluation:

Strengths / Areas Needing Improvement:

Recommendations for Improvement:

Total points (all sections included): 0 Adjustment: 0.0
divided by total number of items 0
Evaluation score: 0
Letter grade unsatisfactory performance

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student name: Date reviewed:

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student.

*Supervisor name: *Date completed:

☐ Final submission (if this box is checked, no more changes will be allowed!)

Save

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

Authored by: Laurel H. Hays, M.Ed., CCC-SLP and Satyajit P. Phanse, M.S.

Section 4: Evaluation

- Rating Scale
- Evaluation form

Rating Scale for Clinical Performance Evaluation

Clinical skills will be rated using the following 5 point scale.

1 **Unacceptable Performance:** Specific direction from supervisor does not alter unsatisfactory performance. Clinician is unaware and/or unresponsive of need to change.

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Grading Scale

4-5.00	A
3.99-3.5	B
3.49-3.0	C

- Social Worker
- Special Educator
- Teacher (classroom, ESL, resource, etc.)
- Vocational Rehabilitation Counselor
- Other

- Primary English dialect
- Secondary English dialect
- Bilingual
- Polyglot
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- Cognitive / Physical Ability
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Save

PERFORMANCE RATING SCALE
Click to see Rating Scale

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* If n/a, please leave space blank

Evaluation	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
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9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)									
10. Refers clients/patients for appropriate services (std V-B, 1g) ?									
11. Clinical interpretation and analysis is displayed in written reports									
Score totals:	0	0	0	0	0	0	0	0	0

Total number of items scored: 0 Total number of points: 0 Section Average: 0

Comments:

Save

Intervention	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
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11. Identifies and refers patients for services as appropriate (std V-B, 2g) ?									
12. Clinical interpretation and analysis is displayed in progress notes.									
Score totals:	0	0	0	0	0	0	0	0	0

Total number of items scored: 0 Total number of points: 0 Section Average: 0

Comments:

Save

Professional Practice, Interaction and Personal Qualities	Score
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6. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B) ?	
7. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B) ?	
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9. Demonstrates openness and responsiveness to clinical supervision and suggestions	
10. Displays organization and preparedness for all clinical sessions	
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Comments:	

Save

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3. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B)	
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Total number of items scored: 0 Total number of points: 0 Section Average: 0	
Comments:	

Save

Professional Practice, Interaction and Personal Qualities PLEASE SCORE and Note: Items scored below 4.0 in this section may result in a failing grade	Score
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2. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, std 3.1.1B, 3.1.6B, 3.8B) ?	
Total number of items scored: 0 Total number of points: 0 Section Average: 0	
Comments:	

Save

Improvements Since Last Evaluation:

Strengths / Areas Needing Improvement:

Recommendations for Improvement:

Total points (all sections included): 0 Adjustment: 0.0
divided by total number of items 0
Evaluation score: 0
Letter grade unsatisfactory performance

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student name: Date reviewed:

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student.

*Supervisor name: *Date completed:

☐ Final submission (if this box is checked, no more changes will be allowed!)

Save

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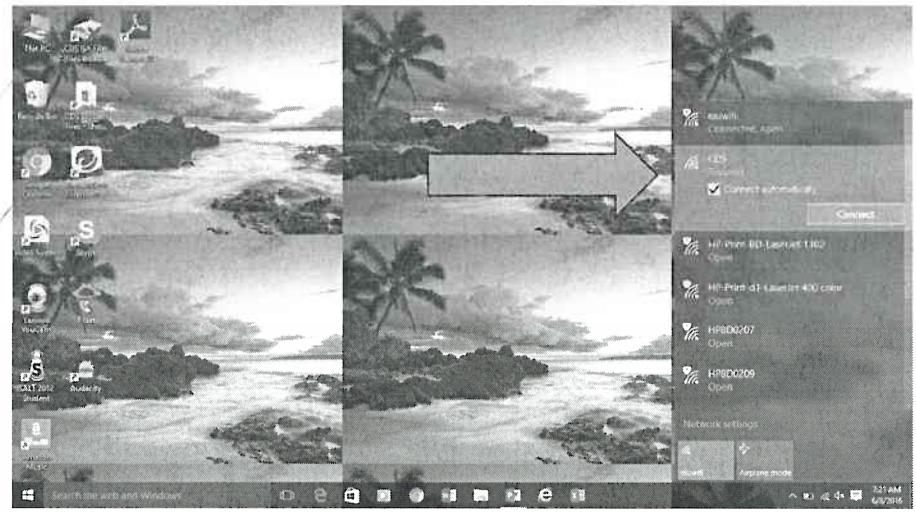
Authored by: Laurel H. Hays, M.Ed., CCC-SLP and Satyajit P. Phanse, M.S.

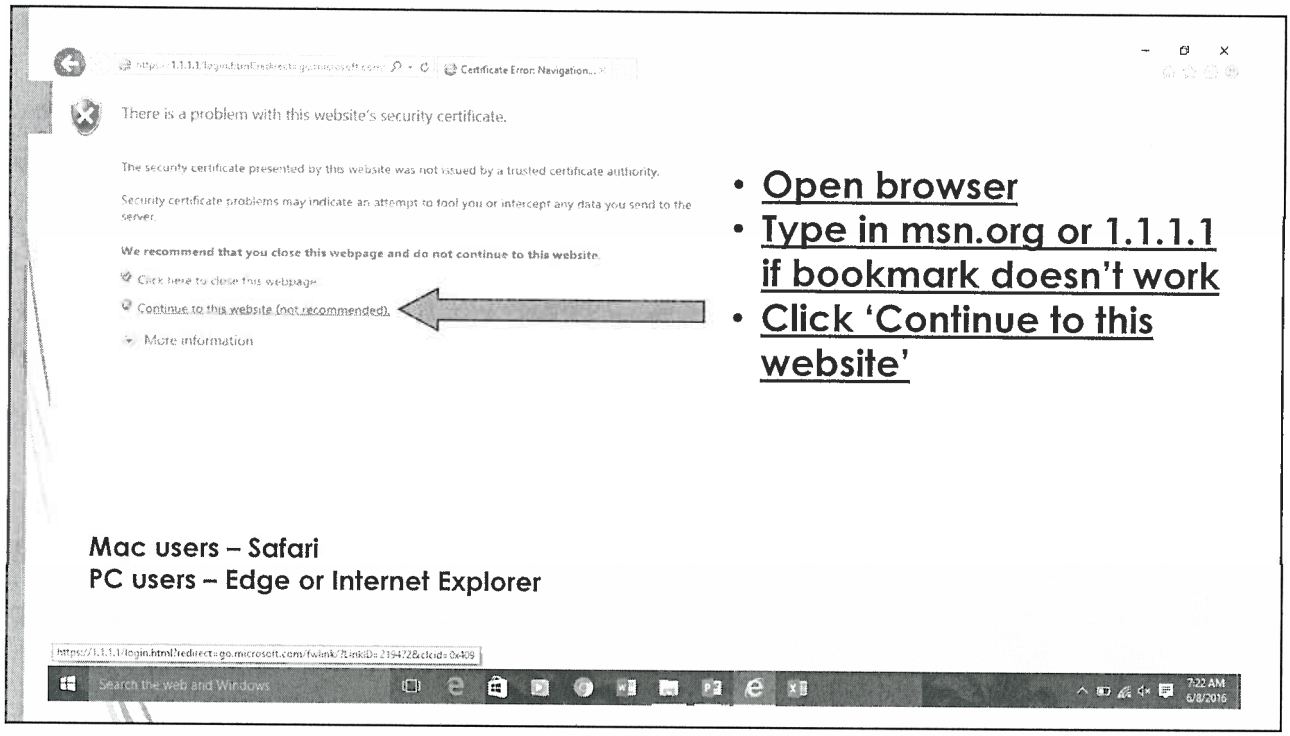
Section 5: Technology

- Accessing CDS WiFi
- OnBase Instructions
- CDS Video System
- PantherShare Instructions (SharePoint)
- CDS Technology

CDS Technology

How to access CDS WiFi

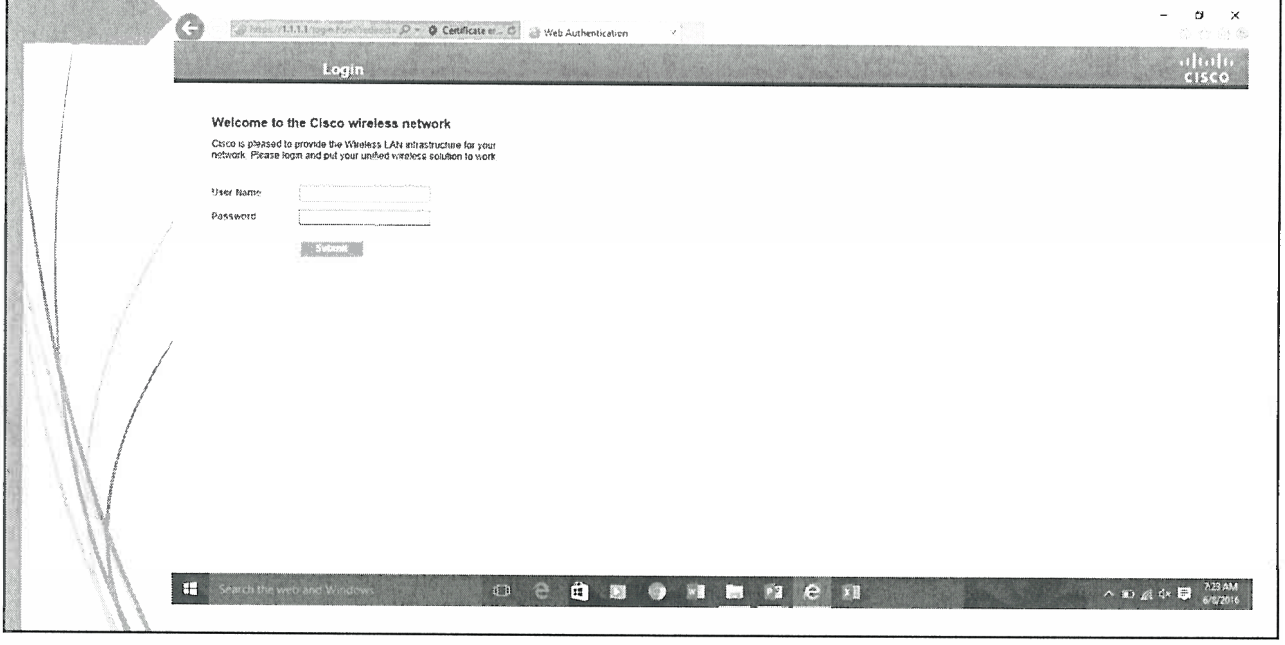




- Open browser
- Type in msn.org or 1.1.1.1 if bookmark doesn't work
- Click 'Continue to this website'

Mac users – Safari
PC users – Edge or Internet Explorer

Authenticate by using YOUR EIU Net ID/Password



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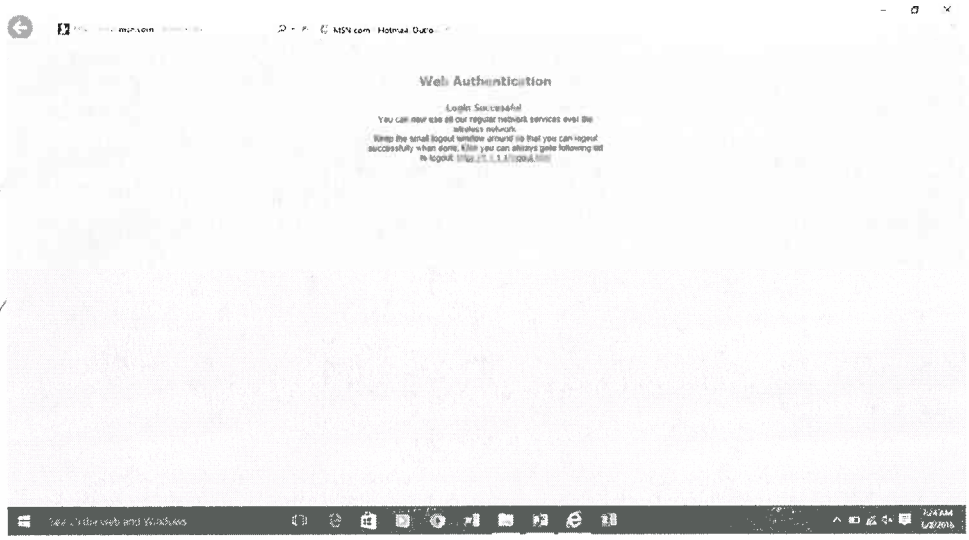
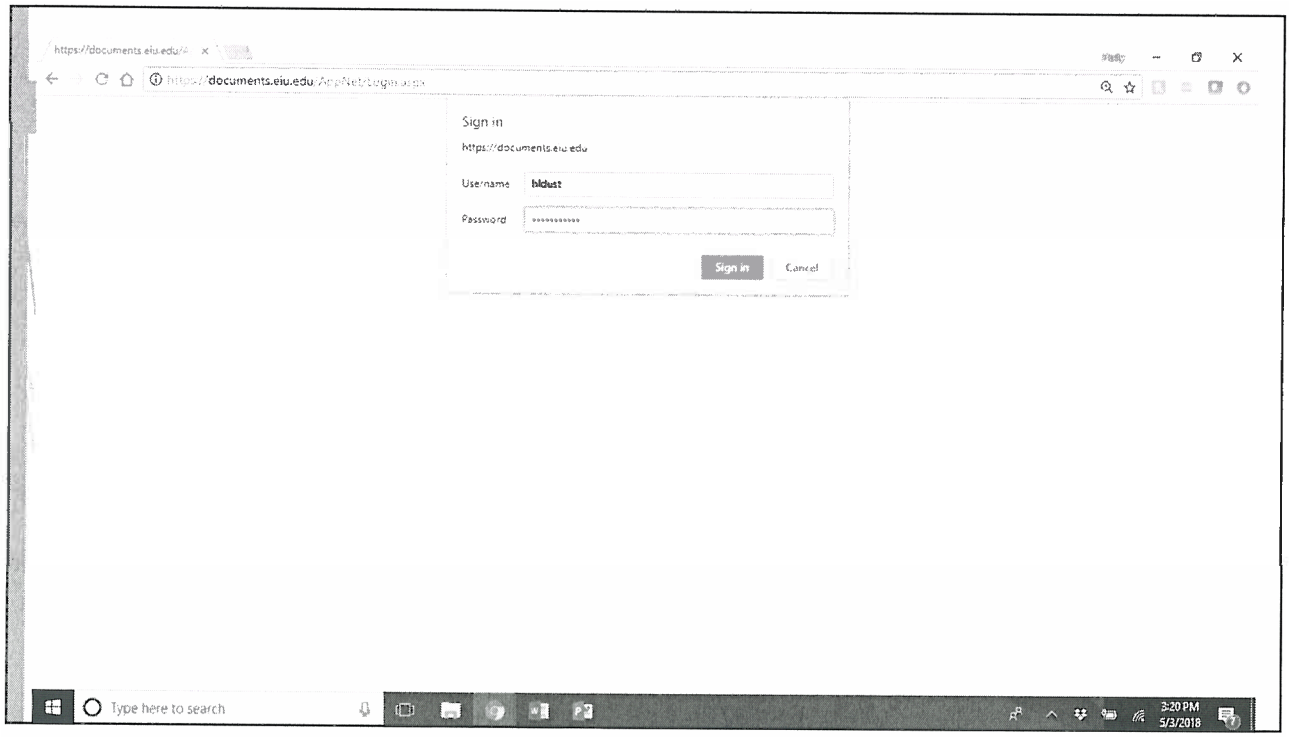
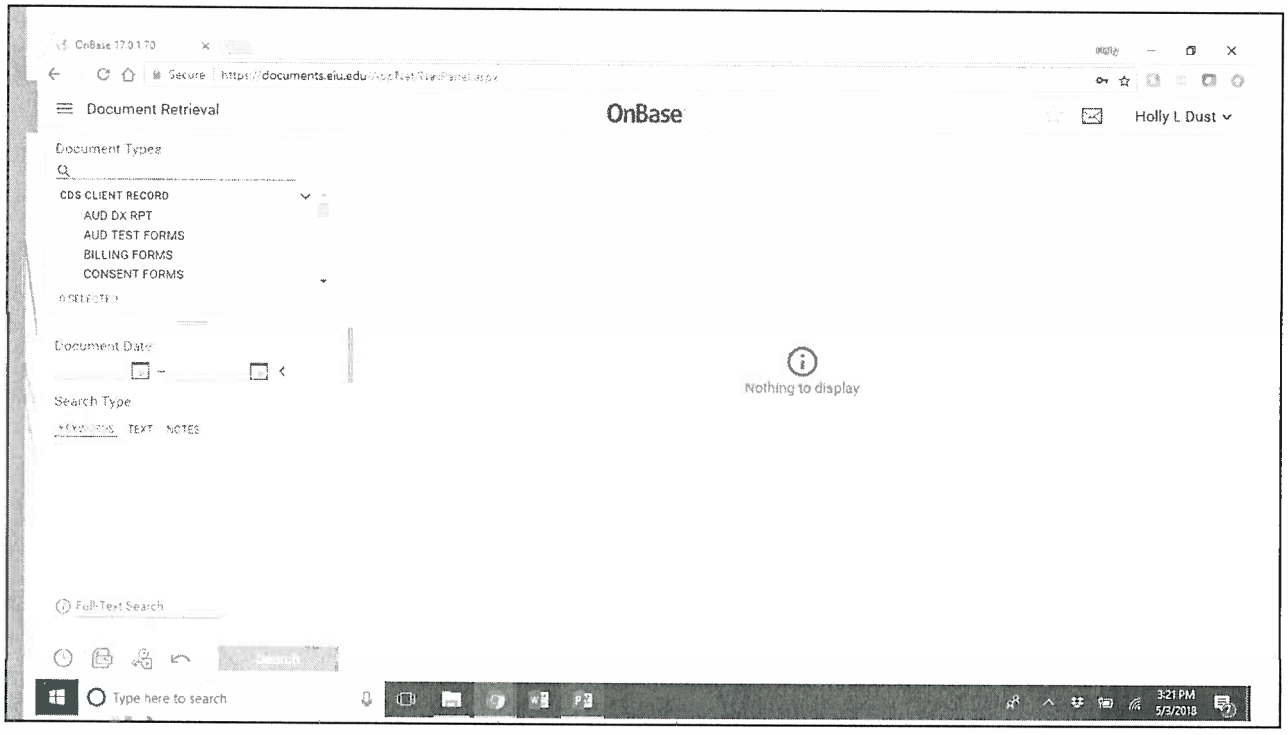


How to Access OnBase

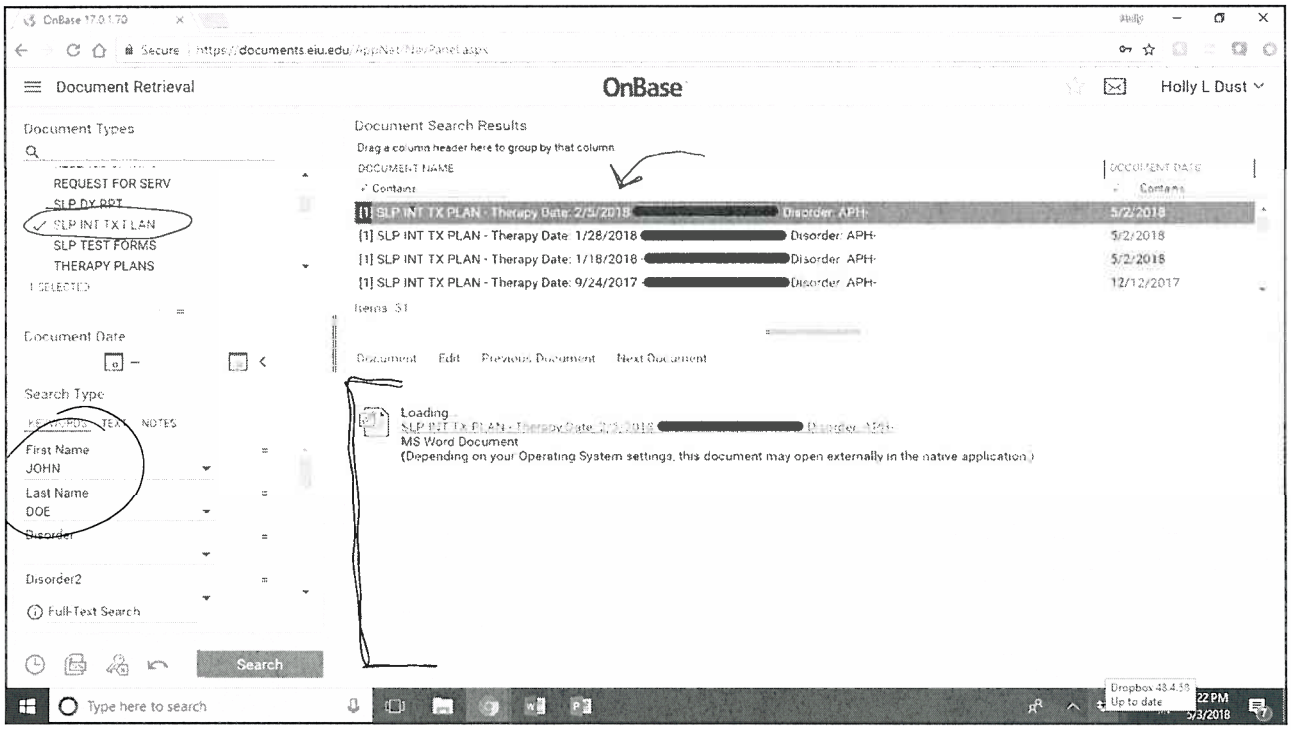
- MUST BE CONNECTED TO CDS WIFI
- Logging in:
  - User name is your EIU ID
  - Password is your EIU password
  - **Contact Jong Kim (jkim@eiu.edu) if password does not work**
  - Click Login
  - IMPORTANT: **Log off OnBase before closing internet**


Sign in
https://documents.eiu.edu
Username
hldust
Password
Sign in
Cancel
Type here to search
3:20 PM
5/3/2018


OnBase 17.0.1.70
Secure
Document Retrieval
OnBase
Holly L Dust
Document Types
CDS CLIENT RECORD
AUD DX RPT
AUD TEST FORMS
BILLING FORMS
CONSENT FORMS
Document Date
Search Type
TEXT
NOTES
Nothing to display
Full-Text Search
Type here to search
3:21 PM
5/3/2018

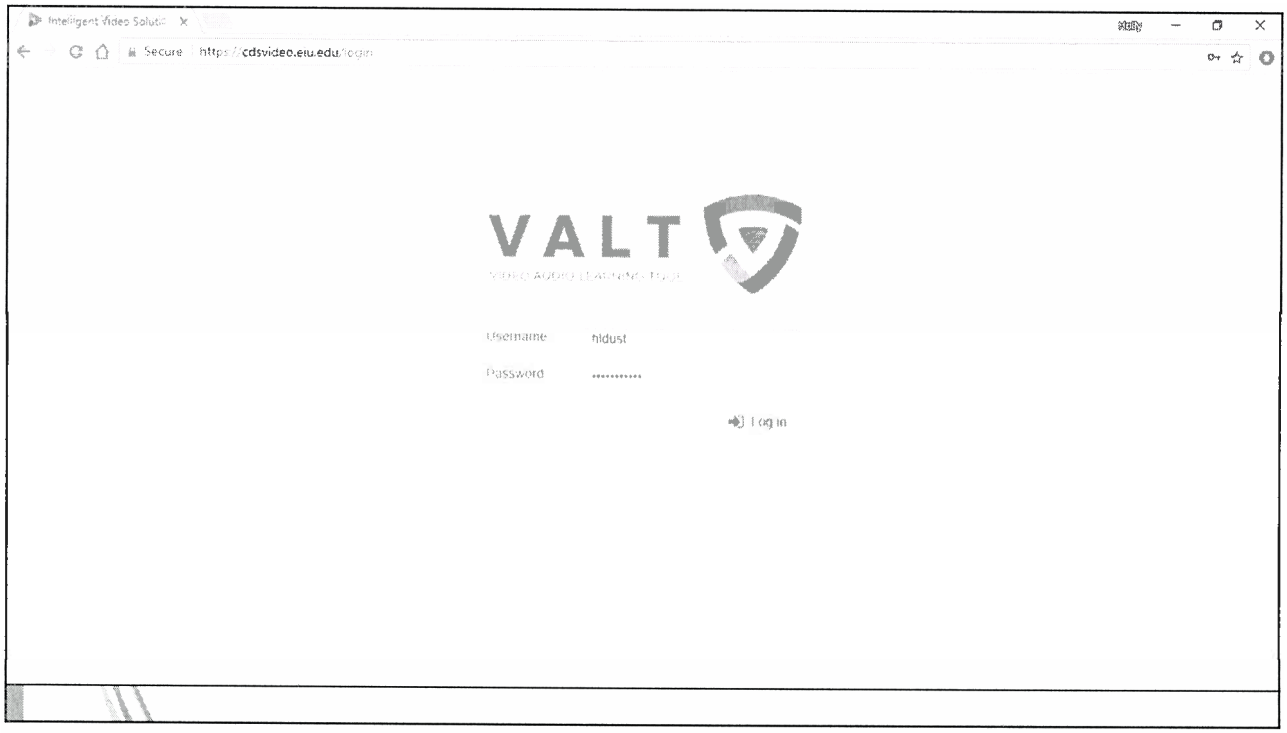
General Information about OnBase

- OnBase is used to access client's files
- Commonly used documents:
  - CORRESPOND-CDS: letters sent to client
  - DISPO FORMS: Disposition sheet – used to record client's attendance and current identifying information
  - EXT RPT: reports/testing we have received from anywhere else
  - **FINAL SEMESTER REPORT (FSR):** Written reports from the end of each semester
  - FUNCTIONAL OUTCOME: aka NOMS ratings
  - PRE-DX INFO FORM: filled out by parent before diagnostic evaluation
  - REQUEST FOR SERV: Request for services – filled out at the beginning of each semester
  - **SLP DX RPT:** Written diagnostic report
  - **SLP INT TX PLAN**: Initial therapy plan
  - SLP TEST FORMS: Any tests given to the client at EIU Clinic.
    - Only the scoring page is in OnBase. To see the entire test, you must check out the client's paper file in the front office.
  - **THERAPY PLANS/TX PLAN PROG NOTES**: therapy plans and SOAP



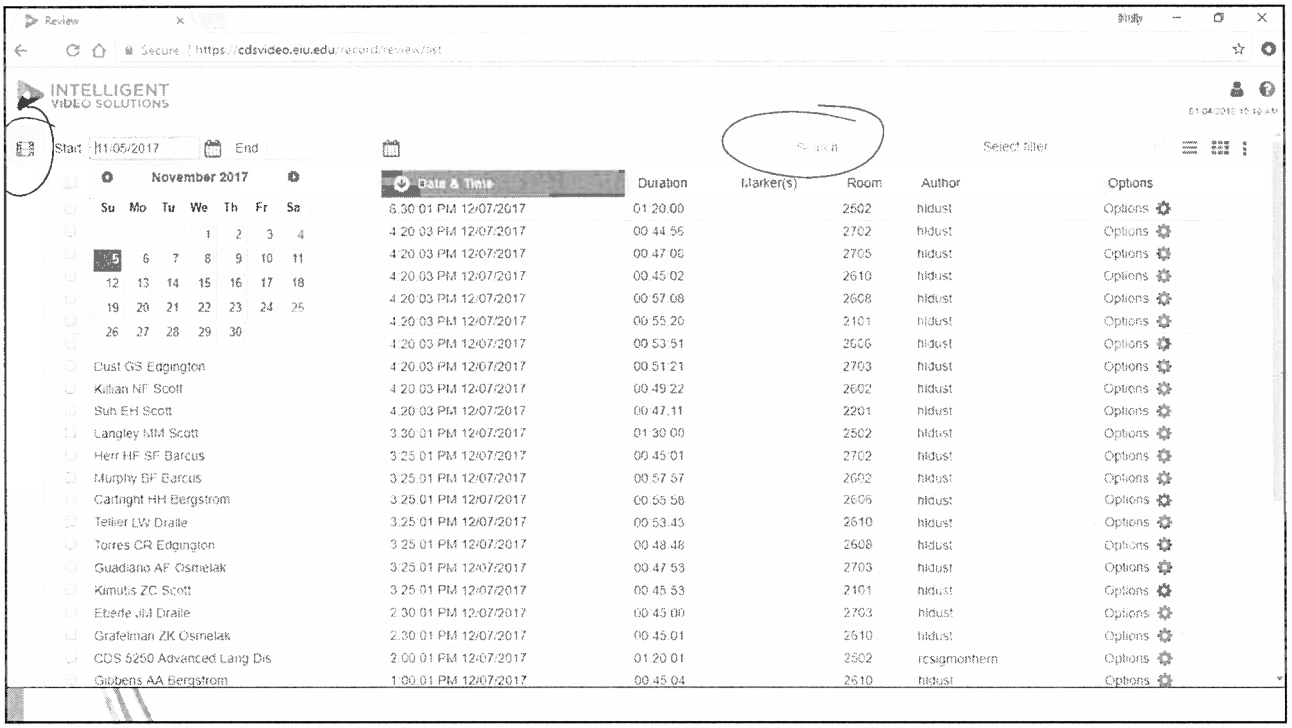
CDS Video System

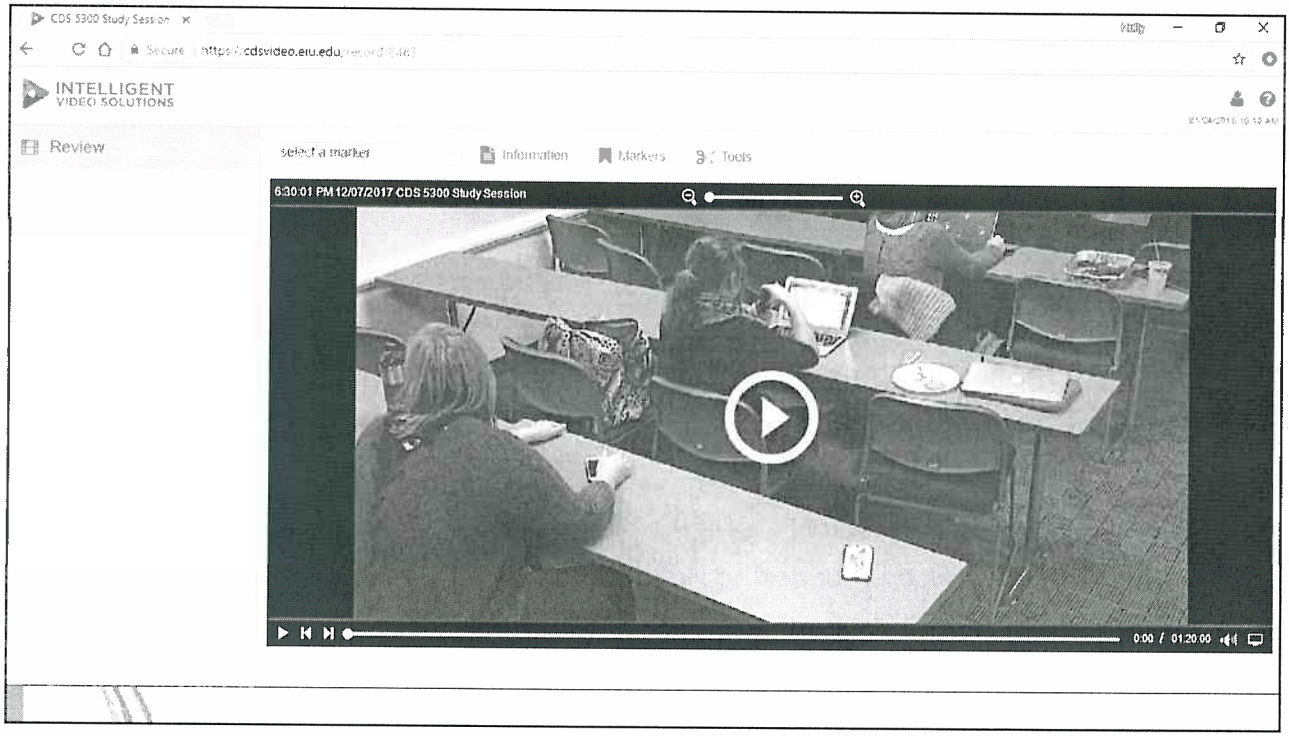
- The video system is used to view previous therapy sessions.
- MUST BE CONNECTED TO CDS WIFI
- Logging in:
  - User name & password
    - EIU ID
  - Click Login



Video System Directions

- To search a session
  - Click "review"
  - Select a "start" and "end" date
  - Enter search criteria
    - Last Name (Client Initials) Supervisor's Last Name
    - Salutric AA Bergstrom
  - Select "search"
  - Click on your desired video





Additional CDS Video Info

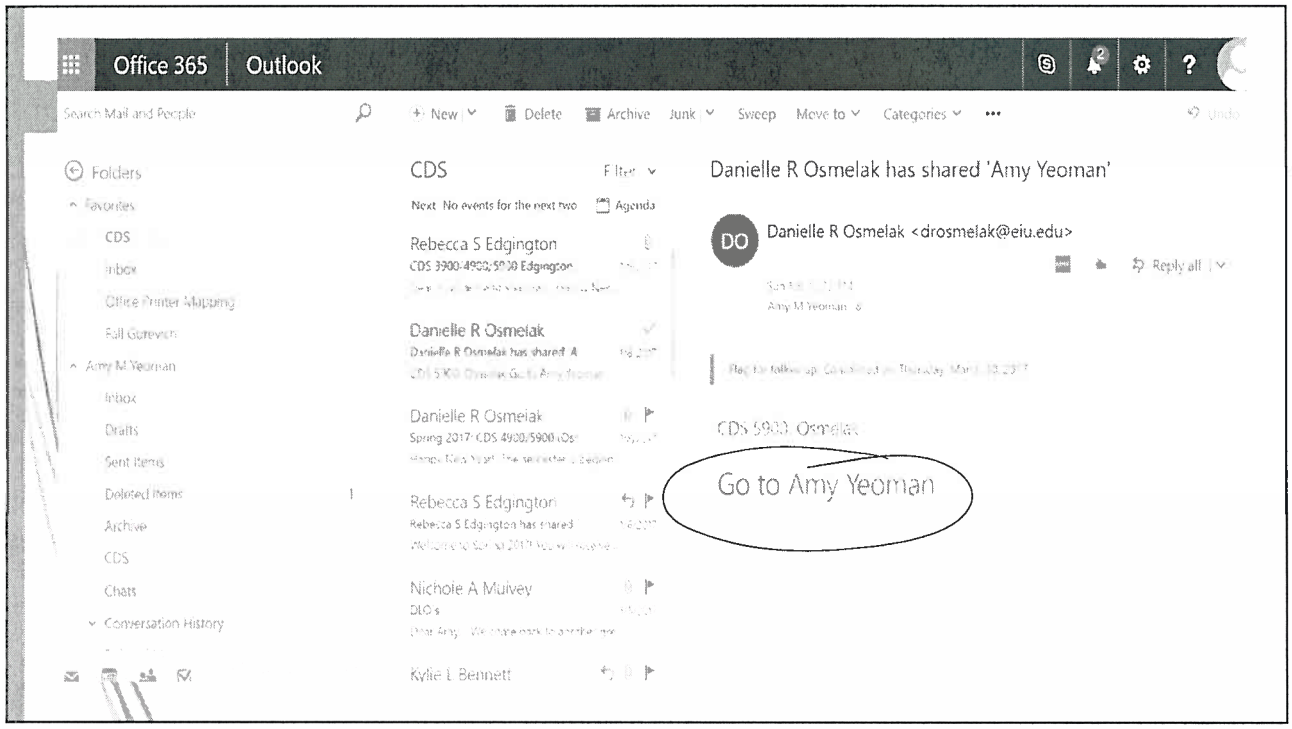
- Clinic
  - **Please check all your recordings for Week 1 of Clinic**
  - Stop by my office if you experience problems
- It is **YOUR** responsibility to check in with me regarding diagnostic recordings
  - Come by my office **AT LEAST 24 hours before your diagnostic**
  - This is **VERY IMPORTANT** for us to triple check together room number, times, etc.
- IF I AM NOT INFORMED OF CHANGES, THE RECORDING WILL BE INCORRECT AND/OR NON-EXISTANT

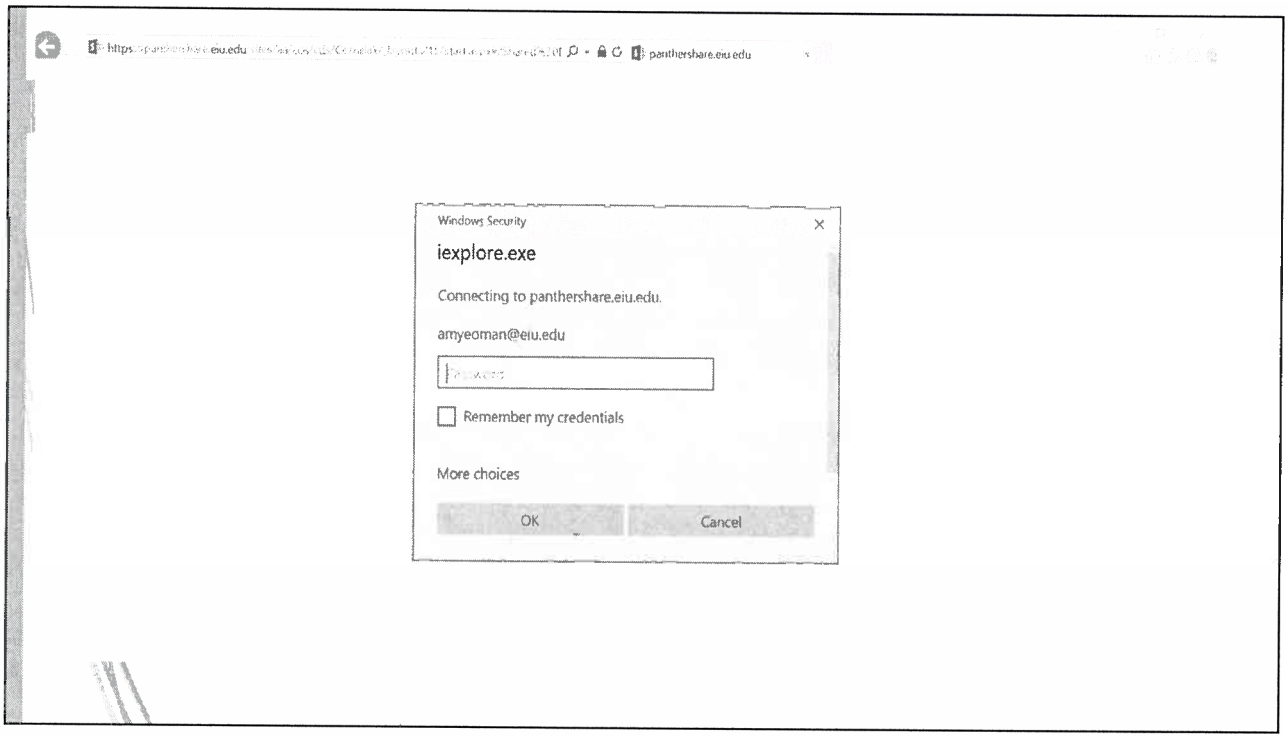
- **ASSUME I HAVE NOT BEEN TOLD OF CHANGES!**

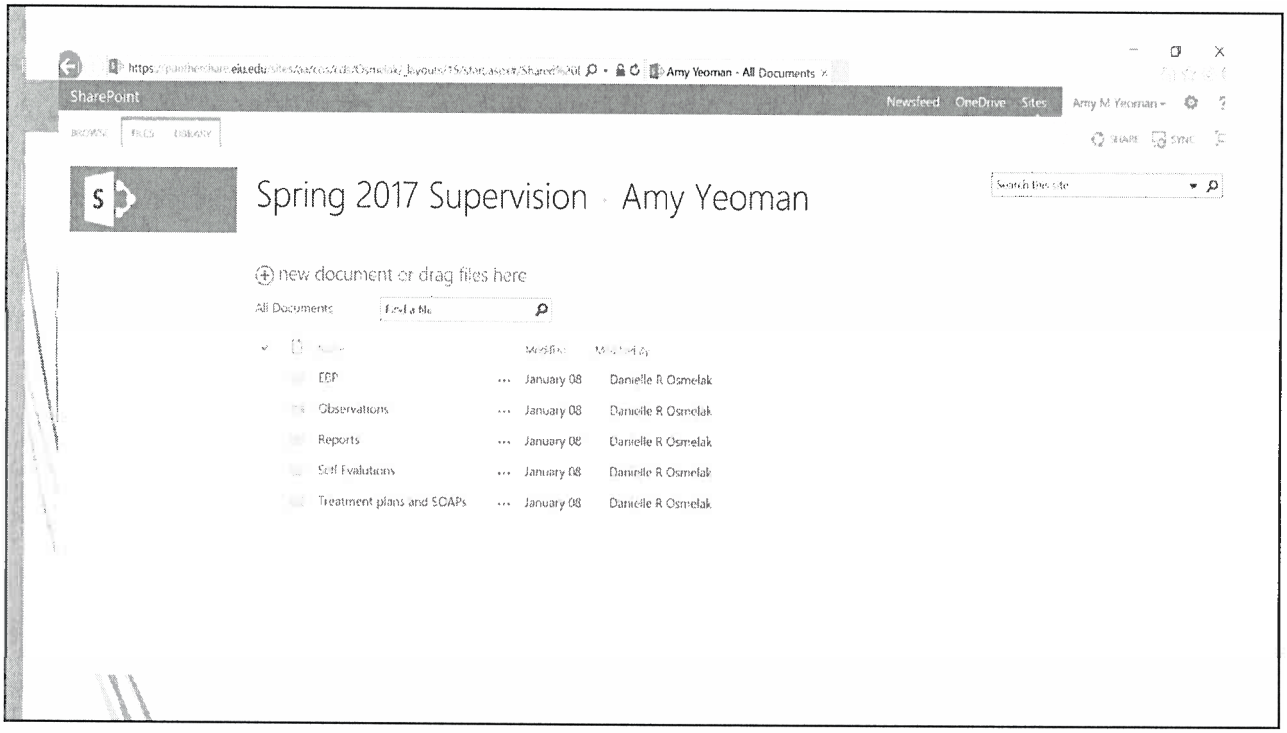
PantherShare/SharePoint

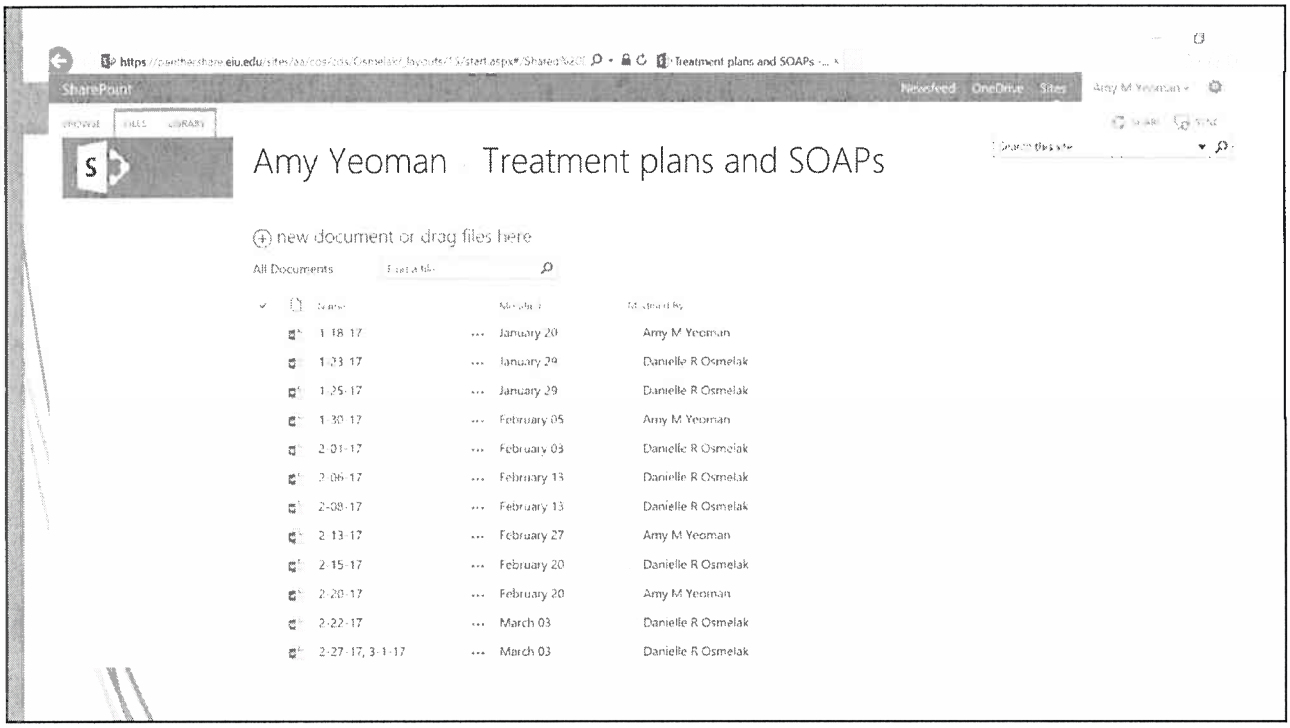
- PantherShare is used for the **current semester** therapy plans, reports (ITP, FSR), EBP, etc.
- Your supervisor will email you the link for the shared file
  - **Save this link as a favorite for future use**
- Login
  - Username: EIU ID
  - Password: EIU password

- **DO NOT USE ANY IDENTIFYING INFORMATION ON HERE!!!**
  - The client will…




panthershare.eiu.edu
Windows Security
iexplore.exe
Connecting to panthershare.eiu.edu.
amyeoman@eiu.edu
Remember my credentials
More choices
OK
Cancel


Amy Yeoman - All Documents
SharePoint
Newsfeed
OneDrive
Sites
Amy M Yeoman
Spring 2017 Supervision · Amy Yeoman
new document or drag files here
All Documents
EBP ... January 08 Danielle R Osmelak
Observations ... January 08 Danielle R Osmelak
Reports ... January 08 Danielle R Osmelak
Self Evalutions ... January 08 Danielle R Osmelak
Treatment plans and SOAPs ... January 08 Danielle R Osmelak

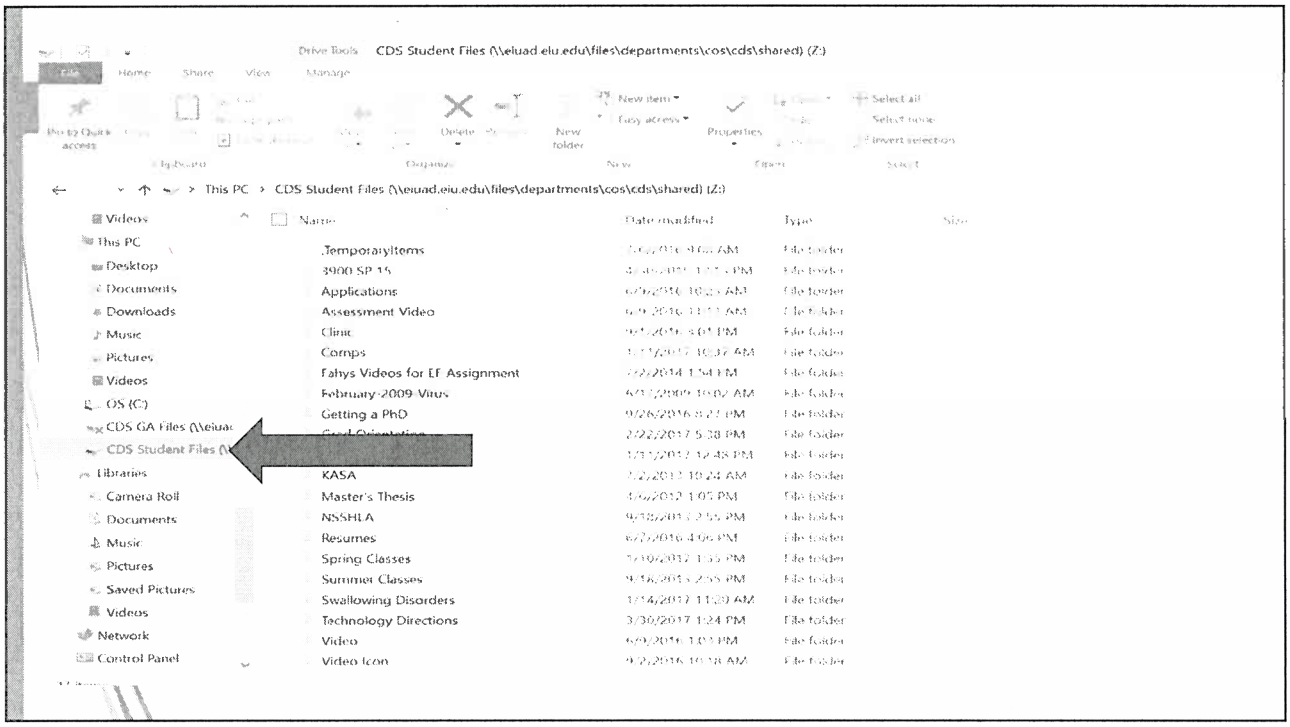


CDS Student drive A2

- You will be mapped to the student files drive
- If it prompts you to log in, enter "**eiu\eiuid**" and your email password
- Example "eiu\hldust"

Slide 22

A2 take this out if everything is on d2l now
Author, 8/16/2020



Clinic Technology

- Materials Center
  - 4 iPads – various games & apps, AAC apps (Touchchat, LAMP, Proloquo2go)
- My Office
  - 4 iPads – Tactus therapy apps (cognition and language based apps)
  - Laptop – various uses
  - Mini projector – can project laptop screen on wall for videos, use for therapy activities (e.g., fly swatter game, ceiling scavenger hunt), etc.
  - 3 camcorders
  - 4 flip cams

Other Technology

- Therasimplicity
  - Tons of FREE therapy materials
  - You will get emailed a link to join (must access within 30 day window!)
- Boardmaker
  - Generates communication boards
  - Great resource when you need picture cards for visual schedule
  - LOADED ON THE COMPUTERS IN THE CLINICIANS ROOMS
- SALT
  - Analyzes language samples
  - LOADED ON THE COMPUTERS IN THE CLINICIANS ROOMS
- Earobics
  - Contains auditory processing/phonological processing activities
- Spell Program
  - Analyzes spelling
- ALL THE CD-ROMs ARE LOCATED IN THE MATERIAL CENTER
- Don't forget to look at Pinterest! ☺

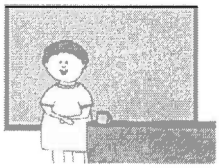
Tech GA FAQ's

- I can't connect to CDS Video and/or OnBase.
  - Are you connected to CDS Wifi?
  - Are you authenticated?
- My camcorder/flip cam isn't working.
  - Is it charged?
  - Is the memory card full?
- My session is not on CDS Video.
  - Did you inform Tech GA of room or time changes?
  - Are you connected to CDS Wifi AND Video?
- Can I add an app to an iPad? → Probably not. They are old and won't support most new appls.
- *Can I check out an iPad/camcorder/flip cam?
  - Did you sign the reservation list?
  - Does someone else already have it reserved?

Section 6: Supervision

- Supervision PowerPoint
- Self-Evaluation Examples

Supervision



Supervision Defined
(Anderson, 1988, p. 12)

- "Process that consists of a variety of patterns, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (tasks, client, setting, and other variables)."
- "The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal services to clients"

Working Definition
(ASHA, 1985)

- "
- "Central premise of supervision is that effective clinical teaching involves, in a fundamental way, the self-analysis, self-evaluation and problem-solving skills on the part of the individual being supervised."

Clinical Teaching

- The interaction between supervisor/supervisee in any setting which furthers the development of clinical skills of students or practicing clinicians as related to changes in client behavior.
- Traditionally - observation and conferences.

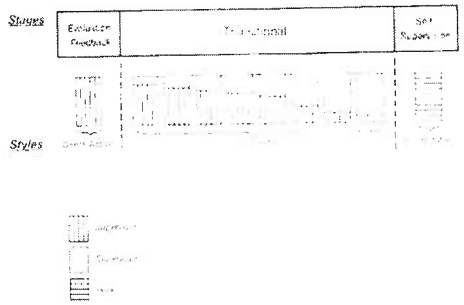
Direct/Indirect

- Direct supervisory behaviors:
  - telling, giving opinions and suggestions, directing, criticizing, suggesting change, and evaluating
  - Can be **defense-inducing**
- Indirect supervisory behaviors:
  - accepting, clarifying questions, praising behavior, asking for opinions and suggestions, involvement in problem solving, accepting ideas and discussing feelings
  - **Support-inducing**

Continuum of Supervision

- Supervision exists on a continuum
- There are styles of interaction appropriate to each stage
- Framework and structure for SR and SE to discuss philosophies, behaviors, etc.

Continuum of Supervision



Stages of the Continuum

- Evaluation-Feedback
- Transitional
- Self-Supervision

Stages

- Based on assumption that needs and expectations change
- Continuum mandates a change over time in amount and type of involvement
- None of the stages should be seen as time-bound
- Some may never reach the self-supervision stage, others may begin beyond the evaluation-feedback stage

Evaluation Feedback Stage

SUPERVISOR HAS A DOMINANT ROLE

- What type of supervisee is seen in this stage:
  - Beginning supervisee
  - Marginal supervisee
  - Supervisee who is working with a new disorder category, new setting, new supervisor

SR uses Direct-*Active* Style

- SR - controlling, superior position, assumes responsibility
- SE - dependence; minimal participation
- Compares with high direct-low indirect (Blumberg) and high task/low relationship (Hersey & B)

Transitional Stage

SUPERVISOR HAS A COLLABORATIVE ROLE

- What type of supervisee is seen here?
  - Someone who is learning to analyze the clinical sessions and her/his own behavior
  - Can suggest/make changes based on their own analysis
- Supervisee is an active participant
- Supervisee and Supervisor engage in joint problem solving
- Supervisor encourages and supports the supervisee in the management of the clinical process
- Supervisee is moving toward independence
  - Moving in competence, knowledge and skill

Self-Supervision Stage

SUPERVISOR HAS A CONSULTATIVE ROLE

- What type of supervisee is seen here?
  - person who is beginning to function independently but acts within boundaries of expertise
  - can analyze sessions and clinical behavior
- Supervisor views the supervisee as an independent problem solver
- Relationship becomes more of a peer interaction

Supervisees Responsible for Outcome of Conference!!

- **Supervisees should prepare for conference!!!**
  - Supervisee needs to analyze their own performance and be prepared to discuss their what they did well and what they need help with
  - Come with list of questions
  - Come with suggestions for change

Supervisees Should be Prepared

- If supervisee comes unprepared to the session, supervisor will assume more dominant role.
  - Supervisee may leave conference and still have questions
  - May not get the opportunity to express own ideas
- If supervisee prepared with agenda they will more likely....
  - Take an active role
  - Leave conference satisfied with all questions answered

Supervisee Professional Growth

- Important for supervisees to embrace idea of personal and professional growth
- Clinical training – Conferences tend to be client focused
- Part of supervisee's role is to recognize need and ask for guidance for professional growth
  - Know strengths and weaknesses ...communicate to supervisor about what you feel you need to improve on
  - Ask questions about how to address things with other types of clients...big picture!

Weekly Self-Evaluation
CDS 4900/5900

Date: **Clinician/Client:** **Supervisor:**

1. What did **you** do well this week in therapy?

2. What could **you** change for next week?

3. Comments on supervisory style. Am I providing you with appropriate feedback? What would you like more help with?

One question you want to discuss in our weekly meeting.

Rate yourself on a scale of 1-5 (with 5 as the highest) on the following questions.

a. **I knew the rationale for steps taken this week _____**
b. **I provided feedback/reinforcement for my client this week _____**
c. **I was comfortable in my session this week _____**
d. **I was prepared and organized this week _____**
e. **I was productive in my sessions this week _____**

Self-Evaluation
CDS 4900/5900

Date: **Clinician/Client:** **Supervisor:**

1. What did **you** do well during your therapy?

2. What did your client do well today?

3. Which activity and/or strategy did you feel was the most successful? Why?

4. Which activity and/or strategy did you feel was the least successful? Why?

5. What did your client really struggle with today?

6. What do **you** need to change/modify for the next session?

7. What questions do you have for me? What would you like help on to improve your clinical performance? Would you like more specific feedback on anything in particular?

Rate yourself on a scale of 1-5 (with 5 as the highest) on the following questions.

a. I felt my overall performance during this therapy session was a ____
b. I felt my client's overall performance during this therapy session was a ____
c. I was comfortable in my session _____
d. I knew the rationale for strategies I used in therapy _____
e. I provided appropriate and specific feedback/reinforcement for my client _____
f. I was prepared and organized _____
g. I was productive in my session _____