University of CINCINNATI

SPEECH-LANGUAGE PATHOLOGY

PRACTICUM HANDBOOK
All Programs

DEPARTMENT OF COMMUNICATION
SCIENCES AND DISORDERS

SECTION III

APPENDIX B

SECTION I

OVERALL PRACTICUM REQUIREMENTS

Clinical practicum is provided for graduate students in the University of Cincinnati Speech, Language, and Hearing Clinic as well as in cooperating outside agencies. Graduate students gain experience across the lifespan with a range of communication disorders in a variety of clinical settings.

Observation Hours

ASHA requires that students obtain 25 hours of observation with children and adults with disorders of speech, language, and/or hearing.   This experience can either be observing diagnostic evaluations or treatment and must be supervised by a person holding the Certificate of Clinical Competence (CCC) in that area.

Clinical Clock Hours

Each student must obtain a <u>minimum</u> of 400 clock hours of evaluation/treatment experience (this includes 25 observation hours) by the time the Master's Degree is completed. This experience must be with a variety of disorders. ASHA requires that students meet basic skill competencies in evaluation and treatment with children and adults across the scope of practice. The Department of Communication Sciences and Disorders has set the following minimum requirements in assessment and treatment.

<u>SPEECH-LANGUAGE PATHOLOGY MAJORS</u>

EVALUATION: 40 hours	TREATMENT: 80 hours
Language Disorders–20	Language Disorders–40
Adults - 10	Adults - 20
Children - 10	Children - 20
Speech Disorders/Dysphagia–20	Speech Disorders/Dysphagia–40
Adults - 10	Adults - 20
Children - 10	Children - 20

Speech Disorders include Voice, Articulation, and Fluency

AUDIOLOGY: 10 hours

The more clinical hours obtained with a variety of clients, the better prepared the student will be to meet the challenge of working in this professional field.

Students will need to achieve competency in all Big Nine Disorder areas: Articulation, Language, Hearing, Fluency, Voice, Swallowing, Cognition, Social, Communication Modalities, and professional requirements.

Clinical Certification Board Interpretations on Clinical Practicum

1. Persons holding CCC in Speech-Language Pathology may supervise:
    - All speech-language pathology evaluation and treatment services;
    - Non-diagnostic audiological screening (i.e., pure tone air-conduction screening and threshold testing, screening tympanometry, and acoustic reflex testing) for performing a speech and/or language evaluation or for initial identification of individuals with other communicative disorders;
    - Aural habilitative and rehabilitative services.

2. Persons holding CCC in Audiology may supervise:
    - Audiological evaluation;
    - Amplification (hearing aid selection and management);
    - Aural habilitative and rehabilitative services;
    - Speech and/or language screening for initial identification of individuals with other communicative disorders.

3. Only direct client contact time may be counted as clinical practicum hours. Per ASHA, only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward the practicum requirement. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, and writing reports may not be counted.

4. Hours to be counted in the "evaluation" category include the initial and formal diagnostic assessment re-evaluation (another formal assessment). Periodic assessments during treatment are to be considered "treatment." If periodic assessments include re/administering a standardized assessment, whether hours are counted as 'Evaluation' or 'Treatment' are at the site supervisor's discretion.

5. Time spent with either the client or a family member engaging in information seeking, information giving, counseling, training for a home program, Individual Education Program (IEP) meeting, Family Service Plan meeting, Family Care conference or Habilitation Plan meeting may be counted as clinical clock hours (provided the activity is directly related to patient care). The competency area of these hours is at the discretion of the site supervisor.

6.   Time spent in a multi-disciplinary staffing, educational appraisal and review or in meetings with professional persons regarding diagnosis and treatment of a given client <u>may not be</u> counted if the client or family member is not participating. Conference time with clinical supervisors <u>may not be</u> counted.

7.   If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For example, if a client with both language and articulation problems received twenty hours of treatment and approximately 3/4 of each treatment session was spent on language and 1/4 was spent on articulation, the clinician should record credit for 15 hours of language treatment and 5 hours of articulation treatment.

8.   Students enrolled in practicum will need to achieve competency levels of 4 by the end of their second year of graduate study in the nine areas of disorder types reflected on the Student Performance Evaluation as well as areas of Professionalism. These are: Articulation, Language, Voice, Swallowing, Hearing, Social, Cognitive, Fluency and Communication Modalities.

If a supervisor feels that, at any time, a student is not achieving independence in the clinical setting, she or he will contact the University liaison who will meet with the supervisor and student to develop an Action/Remedial plan. All will agree to the plan and its consequences and sign the form.

If a student has not met competencies at a practicum site, they will be placed on practicum probation for the following semester which requires successful fulfillment of the remediation/action plan. If a student receives an action plan at two sites and is not successful in gaining the needed competencies, practicum will be terminated.

<u>Policy for Alternative Clinical Education (ACE)</u>

<u>Background</u>
ASHA is now recognizing Alternative Clinical Education (ACE) as a mechanism for academic/clinical teaching, achieving competencies and clinical hours (75 hours). ACE has been added and can be tracked in the CALIPSO documentation system.
Currently, Simucase has developed additional cases with varying age and disorder representing both Speech Language Pathology and Audiology.

Instructors for academic courses are increasingly using Simucase for practice purposes. Clinical instructors have been using Simucase as well in a variety of ways including students working through a Simucase if a client has cancelled. Students can achieve clinical competencies as well as clinical hours, which have been pre-established for time limits by Simucase. Simucase has also been used as a mechanism for remediation for students.

<u>UC Policy</u>
At this time, we are proposing/recommending that students can generally obtain up to 10 hours of ACE via Simucase or other suitable ACE methodologies (e.g. case study, IPE review). ACE can be gathered for the following reasons:

A. To supplement clinical hours
B. To obtain missing clinical competencies
C. As part of a remediation plan
D. Additional targeted clinical practice

Requests to obtain ACE hours should be made to the Clinical Practicum Coordinator for the student's program OR the UC Director of Clinical Education. The Coordinator will work with the student and a faculty member (as needed) in the specific area of the case to meet the student's clinical needs. For example, there may be a difference in review of the case for a student seeking remediation vs. one for obtaining general clinical hours and competencies. At this time, a student must reach 95% competency in order to obtain the hours. Only the time recommended by SimuCase will count towards clinical hours, regardless of the actual time the student needs to obtain a 95% accuracy level. If less than the maximum time is documented via Simucase, the student will only accumulate the actual time spent in the case.

SECTION II

POLICIES AND PROCEDURES

IT IS THE RESPONSIBILITY OF THE STUDENT CLINICIAN TO BECOME FAMILIAR WITH AND FOLLOW THE POLICIES AND PROCEDURES IN THIS HANDBOOK. <u>Any</u> deviations from these established guidelines must be discussed with and approved by the practicum coordinator and the site supervisor.

<u>Essential Requirements</u>

Students will read and sign that they understand the Essential Requirements document that describes "essential qualities and abilities that are considered necessary for a student's success in academic/practicum programs. I understand that if I am unable to meet these standards, I will be required to complete the procedure for improvement, as stated in the Graduate Student Screenings follow-up policy. In addition, I understand that if I am unable/unwilling to meet these standards, further action may be taken.

<u>Graduate Student Screening and Follow-up Policy</u>

At the beginning of their first semester, first-year Graduate students in Speech Language Pathology and Audiology will undergo a screening procedure to check for any deficits in communication skills that might interfere with their ability to succeed in the profession of Speech-Language Pathology and Audiology. In order to pass the screening, the graduate student must demonstrate adequate skills for hearing, articulation, voice/resonance, fluency, grammatical language, and pragmatic language.

This screening directly relates to the statements that are included in our department's list of Essential Functions/Requirements for our profession.

Second-year graduate students who are available (excused absences will only include practicum

assignment conflicts) and in need of hearing and/or speech screening hours are expected to be available on the Friday morning (8:30-11:30a) PRIOR TO the beginning of fall classes to screen incoming 1st year graduate students in SLP and AUD.

Graduate students who do not pass the screening must cooperate with the following procedure:
- During the first semester, she/he will receive a follow-up evaluation in the on-campus clinic or location of choice, which is related to the communication deficit that was identified in the screening.
- If the results of the evaluation indicate that intervention is recommended, the graduate student must agree to attend the scheduled intervention sessions either in the UC clinic or chosen location, to improve the communication deficit.
- The number of sessions will be determined on an individual basis.

Immunization and Training Requirements

Immunization record for Measles, Mumps, Rubella (MMR), Hepatitis B 3-step series, and Varicella Zoster (chicken pox vaccine) is required of each student clinician. A yearly Mantoux Tuberculin (TB) test is required (each year of graduate program). Annual basic Health Insurance Portability and Accountability Act (HIPAA) and Bloodborne Pathogen (BBP) Training is required for all students and can be obtained through University web training. In addition, fingerprinting and criminal background checks (State and Federal) are required for on-campus, ACinD and West Virginia programs/cohorts. Some clinical training sites may require drug screening, CPR training, additional vaccinations (influenza, Tdap/Dtap{tetanus, diphtheria, and pertussis, i.e. whooping cough}), or site-specific training. Students may not be placed in a clinical setting until all immunizations are completed according to program requirements.

Ethical Responsibility

Information regarding clients must be held in the strictest confidence. Clients are not to be discussed with other persons outside clinic locations. Do not talk about clients in the waiting room, hallways, or anywhere else. Individuals not entitled to the information might overhear your conversation. Individuals not entitled to the information might overhear your conversation. Any violations of confidentiality will be directed to the practicum coordinator.

All student clinicians are expected to perform according to the standards, practices, and guidelines established by ASHA as described in the Code of Ethics. A copy of this Code of Ethics is provided in Appendix D of this handbook. Students are advised to become familiar with this document.

Professional Expectations

 The Speech, Language and Hearing Clinic provides screening, diagnostic evaluations, and a full range of therapy services to children and adults with communication disorders. In addition, hearing-related therapy and assistive listening devices may be obtained through the Clinic. Graduate students in Speech-Language Pathology and/or Audiology provide these services.

All students participating in clinical activities are expected to present a professional appearance. Style of dress and jewelry should reflect the role of a professional. Any color jeans, shorts, low cut or cropped tops, tank tops/spaghetti straps, and gym shoes are not considered appropriate dress. The clinic dress code remains the same for all seasons of the year. Students will be given a handout with more specific information about professional dress and conduct.

Promptness is a professional courtesy all student clinicians must extend to clients. Clinicians should arrive in the clinic with enough time before their scheduled appointments to check equipment, set up therapy rooms, and speak with their supervisors, etc. to enable them to see their clients promptly at the scheduled time.

Attendance

Regular attendance is expected without expectation of 'days off' across all practicum settings. Attendance should be followed as outlined in practicum commitment form with supervisor. Professionalism is required at all times.

Attendance and professionalism issues will impact your grade and are at the discretion of supervisor/clinical coordinator. Potential approved/excused days off from practicum might include: religious holidays, professional conferences/conventions, and required department activities such as Fluency Friday (spring semester) and PRAISE (spring semester).   These potential days off must be negotiated with site supervisor at start date of practicum. The student is required to make up minutes/days they are absent from practicum, including illness, and will be negotiated with supervisor in the practicum commitment at the beginning of the term or following an absence from illness. If absent for illness, please provide supervisor with a doctor's excuse. Clinical practicum dates/times are subject to site, may vary site-to-site and may not correlate with course schedule or university breaks. Known obligations or conflicts with schedule must be discussed with supervisor in advance. Contacting supervisor well in advance of absence shows professionalism. UC site/practicum coordinator(s) must be notified of day(s) off **for any reason.**

Confidentiality

Information regarding clients must be held in the strictest confidence. Cases may be discussed with the supervisor, faculty, other professionals, and other student clinicians in the clinic area; however, clients are not to be discussed with others outside these locations. Do not talk about clients in the waiting room, hallways, or anywhere else; individuals not entitled to the information might overhear your conversation. The Speech-Language-Hearing Clinic follows the privacy rules set by HIPAA (Health Insurance Portability and Accountability Act). All students will be required to take the University of Cincinnati on-line HIPAA training course and sign a confidentiality statement at the beginning of their academic program to enforce this responsibility. There are consequences for violating confidentiality practices.

Code of Ethics

All student clinicians are expected to perform according to the standards, practices, and guidelines established by ASHA as described in the Code of Ethics. A copy of the current ASHA Code of Ethics can be found at the end of this handbook. Students are advised to become familiar with this document.

There may be opportunities for students to babysit or help families who have children and/or adults with disabilities. These are recreational or vocational services that are separate from providing skilled speech language services. We value this experience; however, there may be activities that could place students in violation of the Code of Ethics and Ohio licensure laws, whereas students MUST be supervised on site by a licensed speech language pathologist to provide evaluative or intervention services. This may include providing speech/language/hearing diagnosis and therapy while babysitting, engaging as a tutor for providing speech/language/hearing services or implementing goals from a student's IEP (individualized educational plan). Some programs for children with disabilities, e.g., Autism, Downs Syndrome, Cerebral Palsy, Learning Disabilities, etc., may include speech and language intervention for which a student is not properly supervised by an ASHA supervised professional. If you will be helping a family with a child who has a communication disorder, and/or have any questions regarding a specific activity, please contact the Director of Clinical Education or CSD faculty. It is in your best interest for us to know and talk about these experiences with you.

Criminal Background Check Procedures

All graduate students in the Department of Communication Sciences and Disorders are required to obtain a criminal background check in order to participate in practicum. Students in the Cincinnati area can go to the Department of Parking, Keys, IDs, located on the west campus in the Edwards building to receive an FBI Web Fingerprinting check. This department is open Monday through Friday, 8a.m. – 5 p.m. A form will be provided to you.
The cost for FBI fingerprinting is $34.00. Students in speech-language pathology are required to receive and additional BCI (state of Ohio) background check, to participate in practicum in the school setting. This cost is $32.00. You may pay with cash, credit card, or check made payable to The University of Cincinnati. Credit cards (VISA, MasterCard and Discover) are accepted. The results are usually available within 24 hours and can be picked up at that time.

Professional Liability Insurance

All students enrolled in the CSD program are covered under UC's Professional Liability Insurance Program during the time they are enrolled in the CSD program. Students are covered if they follow all program requirements, including annual trainings and immunizations.

Health Care Setting Experiences for SLP Students – on campus
(Please direct specific questions to Mrs. Krista Beyrer beyrerka@ucmail.uc.edu). See the ACinD and
        WVA appendices regarding your specific program.
Eligibility:

1.   Students must be in the second year of the Master's program
2.   The following courses must have been successfully completed: *Dysphagia; Neurogenic Language Disorders; Neurogenic Speech Disorders; and Neurogenic Cognitive Disorders.*

Interview:
1.   Students must make an appointment for an interview with their supervisor at the assigned health care setting prior to the start of the semester. Please understand that settings may have specific requirements; therefore, contact your future supervisor/practicum placement at least 2 months prior to start date.
2.   Students must take the following materials to the interview: resume including education, previous practicum experiences and activities.

General Healthcare Practicum Requirements:
1.   Students must complete a term of clinical experience in a health care setting.
2.   During the healthcare practicum, students are expected to participate in the full range of experiences including patient care, report writing, case conferences, family conferences, interaction with other hospital personnel, etc.

School Practicum Experiences - on campus
(Please direct specific questions to Mrs. Lisa Williamson will3lo@ucmail.uc.edu)

Eligibility:
1.   Students must be in the second year of the Master's program.
2.   It is required that students have completed or be taking: *Seminar in School Issues.* See the ACinD and WVA appendices regarding your specific program.

SPEECH-LANGUAGE PATHOLOGY SCHOOL PRACTICUM EXPERIENCE
INTRODUCTION
The faculty in the Department of Communication Sciences and Disorders considers the Speech-Language Pathology School Practicum Experience a most important one for graduate students. For many of the students, this will be their first opportunity to work full time with a skilled professional in a school setting. Graduate students have received extensive training in communication sciences and disorders, and they welcome the opportunity to utilize and further develop their knowledge and skills under the guidance of their site supervisor.

This handbook contains information and suggestions which are intended to be useful for both students and site supervisors in planning an effective School Practicum Experience. Flexibility within each individual school setting is expected, and site supervisors and students are encouraged to work out a program which will best meet the needs of a particular setting within the framework of the overall SLP School Practicum Experience guidelines. The key to this experience is the opportunity for students to use and develop the skills they will need to be successful as a speech-language pathologist when they enter the profession after receiving their master's degree.

Conceptual Framework

Speech and language pathology is one of seventeen related programs to teacher preparation on the UC campus. Because we are all responsible for preparing educators, we support the core frame- work defined by its members**.**

The conceptual framework identified by the University of Cincinnati educator preparation community is to prepare *committed, caring and competent educators*:

- With foundation knowledge, including knowledge of how individuals learn and develop;
- With content knowledge, able to articulate the central concepts, tools of inquiry, and the structures of their discipline;
- Who successfully collaborate and who demonstrate leadership;
- Who are able to address issues of diversity with equity;
- Who are able to use technology to support their practice; and who use assessment to inform their efforts.
  As *committed, caring competent educators,* we:

- Are concerned about all aspects of an individual's well-being, assets and need;
- Are dedicated to continuous learning, professional discourse and an enthusiasm for the discipline each of us teaches;
- Support other in our efforts to be resourceful, creative and ready to think on your feet;
- Respect the diverse talents of all learners and recognize developmental differences;
- Share responsibility for establishing and sustaining a positive climate
- Expect students to learn
- Delight in exploration, inquiry, reflection, and self-evaluation.

These are just some of the values and beliefs that guide our practice.

Student Orientation

In order to help the graduate student in speech-language pathology acclimate to the school setting, it would be important for the site supervisor to introduce the student to other staff members, including the school principal and the school secretary. In the first week of the experience, the following activities may be helpful to the student: a tour of the school building(s); providing copies of school handbooks or policies and procedures to read; making available academic content standards, curriculum maps and textbooks; providing copies of faculty or department newsletters to read; discussing materials and equipment that are available to the student to use; discussing space that is available to the student for storage of his/her materials and personal things; and a general orientation to the speech- language pathology program as it is set-up in a particular school. In addition, the graduate student may also benefit from information concerning extracurricular events at the school(s) such as music programs or sports events so that they can be informed about the school as a whole.

Students should provide a copy of their background checks to the human resource department of your school district. They may need a picture identification badge and an approved password to access the computers. You may need to guide them in these activities.

The graduate students are responsible for informing their site supervisor about their background including areas of strengths and needs in the development of their speech-language pathology skills and their expectations for the School Practicum Experience. Students will provide you with a current

resume. Students also have the responsibility to maintain the speech-language pathology program in the manner that the site supervisor directs, remembering that the site supervisor has spent a lot of time setting up and establishing the program and relationships with the faculty at that school. Appropriate and professional dress is expected of the students, using other faculty members' style of dress as a guideline.

Workload Considerations

Taking over the site supervisor's caseload should be a gradual process with increasing responsibility as the semester proceeds. At first, students are expected to observe their site supervisor conducting therapy sessions and performing assessments in order to become familiar with the students, therapy environment, methods, materials, etc. Naturally, involving the students in this process in some manner is helpful, and students should be able to be directly involved in some way by the end of the first week. Assessment and therapy provide the opportunity for students to develop their skills as do parent or staff meetings about students who are being evaluated or who are already on the site supervisor's caseload. Most students need evaluation hours as part of their school based experience and should discuss the needs in this area with their site supervisor. Student involvement in the RTI, ETR and IEP process also provides valuable experience. The site supervisor and the student should discuss the timing of taking over the workload responsibilities at the beginning of the semester and should work toward having the student taking over full responsibility for the caseload during the last few weeks of the semester.

Phases	Timeline	Activities
Introduction Phase	Weeks 1-2	Observation, participation, Assisting, taking data while Co-Op does therapy. Participate in planning, performing lesson after it has been modeled by Co-Op. Get acquainted with materials and instructional resources. Begin to plan for initial teaching phase.
Initial Teaching Phase	Weeks 3-4	Assume responsibility for initial teaching of specific groups. Supervisor continues to plan for the majority of the caseload.
Full Teaching Phase	Weeks 5-14	Gradually assume as much of the full caseload as possible. Supervisor continues to model a few sessions per week.

Conclusion Phase	Week 15	Begin to phase out of instructional activities and complete observation of other aspects of the total school program.

Students should be encouraged to develop their own style and techniques within the guidelines of the site supervisor, ensuring that a rationale is provided for their ideas. Written lesson plans are expected for each session, including the objectives being addressed and the materials being utilized. Students should also be responsible for taking data and integrating results onto future therapy sessions as appropriate. Students and site supervisors should work closely together to review the therapy plans and outcomes, and the expectations from the site supervisor should be clearly stated to the student. Weekly conferences to discuss ongoing work may be helpful in promoting positive communication where both the student and the site supervisor feel comfortable expressing questions and concerns as needed. Written feedback at the end of a session or the end of a day is very effective and appropriate for the student. Self-reflection on treatment and diagnostics is encouraged.

Students are responsible for keeping track of their clinical clock hours as outlined in the <u>Handbook for Clinical Practicum</u> guidelines. At the end of this semester, the site supervisor should review the clock hours and sign the form including their ASHA certification number. A copy of the tracking form is included in this handbook. ASHA requires a minimum of 25% direct supervision for diagnostic evaluations and therapy. The site supervisor should be on site 100% of the time (see "ABSENCES" section for additional information on this subject.)

University Supervisor Responsibilities

The university supervisor will make a 1 or more site visits to each student and their site supervisor. A schedule will be set by the university supervisor after receiving the input from each student and site supervisor, and the chosen dates will be confirmed with the student who will have the responsibility of informing their site supervisor. Changes will be made in the schedule if necessary, and additional site visits can be scheduled if the need arises. PLEASE CONTINTUE TO CHECK YOUR UC EMAIL DAILY IN ORDER NOT TO MISS IMPORTANT COMMUNICATIONS!

Generally, the university will observe the student working in the school setting as scheduled, either doing therapy, performing diagnostic evaluation, meeting with staff or parents, etc. At the end of the observation period, some time for discussion of the observation and collaboration with the student and the site supervisor would be helpful. The university supervisor is interested in collaborating on a variety of subjects during these conferences, including questions the student or site supervisor may have, review of forms for evaluations during the semester, sharing comments on specific cases, materials, methods, upcoming in-service opportunities, strengths and challenges, feedback from observation, etc.

School Practicum Class

The School Practicum Class will meet before Graduate Seminar at 5:00 p.m. on some of the Tuesdays during the semester (approximately 5). Students may need to leave their school setting a little earlier

on these days, and it is the student's responsibility to inform their site supervisor about these seminar meeting times.

The practicum seminar is designed to allow time for students to exchange ideas, as well as to provide an opportunity for discussion of subjects pertinent to speech- language pathology practices in the school setting. Students are notified of the specific dates and times of these classes at the beginning of each semester.

Students that have their practicum site within one hour traveling distance from the University are expected to attend. If you are further than one hour you may watch the streamed class and send back a short 10 question form to prove that you have viewed all sessions. All students must participate weekly in topics posted on Blackboard. If the student is assigned to a part-time practicum over 2 semesters, the student attends the campus classes only the first semester.

Materials

Graduate students coming into the school setting may or may not have many materials of their own which they can use for therapy sessions. It is always helpful to students if their site supervisor shares materials or resources for materials with the student. Most students appreciate any ideas which site supervisors may have for materials development. Students are encouraged to ask specific questions about choosing materials and using commercially or personally developed materials which site supervisors have found to be effective in their therapy sessions. It is important for them to have access to classroom textbooks, assignments and   classroom curriculum.

Absences

Students are responsible for informing their site AND university supervisor if they are going to be absent that day. They are also responsible for texting or emailing the university supervisor Mrs. Williamson (513-218-5792) the day that is missed. Regular attendance is expected, and any unusual length of absence should immediately be reported to the university supervisor by the student or the site supervisor. Extended absences may need to be made up. Attendance at conferences, supervisor absences or in-services are not considered absences and are encouraged if the site supervisor and the student think the topics being addressed would be beneficial to the student's experience. Please understand that there is a required number of hours for school licensure so you must attend!

If the site supervisor is absent, the student should still attend that day with arrangements being established ahead of time as to what the student should do that day. Site supervisors may wish to discuss the options for student work during any possible absences with their school principal. Possible ideas might be: having the student take over the caseload in the site supervisor's absence with the okay of the principal and the ability to reach the site supervisor by phone; having the student observe another SLP in the district for the day; having the student observe one or several teachers in the classroom(s) where students who have speech- language IEPs are placed; having the student develop materials for future therapy sessions, etc. A contingency plan for possible site supervisor absences should be discussed at the beginning of the semester during the general orientation time.

Final Comments

Working with SLP student teachers can be a very rewarding experience which sometimes results in

continuing friendships and renewed interest in varying aspects of the field of speech-language pathology. The role of the site supervisor in a school based setting cannot be overstated. Many students will go on to successful careers as school based speech-language pathologists because of the experience they gained under the direction of a dedicated professional who took the time to encourage someone who was new to the profession.

The faculty in the Department of Communication Sciences and Disorders recognizes the value of the role that site supervisors play in the development of the graduate students in our program. The extra time that site supervisors spend in training graduate students makes a difference in the quality of work that students go on to perform in their jobs when they complete their graduate degree. The supervised practice that students get in their school based and other clinical speech- language pathology experiences brings their academic coursework to life. Without these supervised real-life experiences which are made possible by dedicated professionals in the field of speech-language pathology, students would not be as well prepared to enter our profession.

ACinD Program

The following information applies only to students enrolled in the ACinD program.
Please direct specific questions to Dr. Erin Redle (creacher@ucmail.uc.edu)

Obtaining Placements

In general, for those outside of the greater Cincinnati area identification of possible practicum placements is helpful. Initial contact with a supervisor may be made by a student using something along the lines of the following suggested language and the ACinD Program Director should be copied on the email. Once the initial contact is made, the ACinD Program Director will facilitate additional follow-up. Students should not discuss practicum with anyone in a school setting they currently work in without a prior discussion with the Program Director.

Suggested Language:

Dear _____,

My name is _____ and I am a graduate student in the Akron-Cincinnati Distance Learning Collaborative Program (ACinD) through the University of Cincinnati. I am reaching out to you to see if you or someone at your site might consider being a possible clinical supervisor for as I complete my graduate practicum hours. If you would be willing to discuss this further with my Program Director, Dr. Redle (copied on this email), please let me know. I will have her follow-up to discuss details.

Thank you in advance for your time and I look forward to hearing from you.

Best Regards,
NAME, CREDENTIALS

Beginning and Ending Dates of Placements
Beginning and ending dates of placements are generally consistent with the dates of the semester but may be extended due to altered start dates, competency needs, the need for additional hours, or missed days of practicum. Failure to adhere to these dates without prior written approval from the Program Director will result in reduction of the practicum grade by a full letter grade.

Medical Practicums
Medical placements are a minimum of 3 days per week unless otherwise noted.

School Practicums
In order to obtain a teaching license, students must complete 60 practicum days in a school setting. The only options for completing this are 3 days/week across an entire school year or 5 days/week for a full semester. If the 3 days/week option is chosen, students will complete their medical practicum in the preceding or following semester.

Practicum Availability
Although the ACinD program attempts to be flexible to accommodate the needs of students, this is a graduate program and students need to be sufficiently available. Failure to be appropriately available may result in an extension of the program to meet clinical hours.

<p style="text-align: center;">**West Virginia Distance Learning Program**</p>

The following information applies only to students enrolled in the West Virginia program.
Please direct questions to Dr. Lesley Raisor-Becker (raisorlj@ucmail.uc.edu)

Health Care Setting Experiences

Eligibility:

1.   Students will complete their health care experiences during the summers of their second and
         third year.
2.   In order to be eligible for a health care experience, students must have successfully completed
         their *Neuro Language*, *Neuro Cog*, *Voice Disorders*, and *Dysphagia* courses.

Interview/Phone Conversation:
1.   Students must make an appointment for an interview or phone conversation with their supervisor
         at the assigned health care setting prior to the start of the semester. Please understand that
         settings may have specific requirements; therefore, contact your future supervisor/practicum
         placement as soon as possible.

Healthcare Practicum:
1.   Students must complete a term of clinical experience in a health care setting.
 2.   During the healthcare practicum, students are expected to participate in the full range of
  experiences including patient care, report writing, case conferences, family conferences, interaction
  with other hospital personnel, etc.

<p style="text-align: center;">**Professional Behaviors for all clinical practicum settings**</p>

In addition to developing clinical competencies, an important part of the fieldwork experience is the development of professional behaviors. The following qualities have been determined essential to the position of student therapist and reflect the expectations for acceptable performance.

1. **Responsibility** - demonstrates independent initiative and readily assumes responsibility; demonstrates consistent dependability and reliability in fulfilling responsibilities; is conscientious in meeting responsibilities, demonstrating attention to routine responsibilities.
a) Ask questions when in doubt.
b) Be punctual in attending meetings and conferences.
c) Recognize and act on personal responsibility for learning during the fieldwork experience (e.g., finding answers to questions, providing feedback to supervisor, utilizing opportunities for observational learning experiences, i.e., other therapists, disciplines).
d) Take initiative to utilize resources (physical resources, personnel, grand rounds).
e) Read student manual the first week so that you are familiar with the information that is in it.

2. **Organizational Skills** - is punctual in fulfilling responsibilities and requirements of the position, including adhering to schedules, meeting deadlines, etc. By mid-term is able to create functional structure in an unstructured environment; is able to establish realistic priorities and set appropriate limits. a) Plan and organize daily schedule for self and for patient treatment, for short- and long-term projects (e.g., preparation for lectures, note writing, preparation for staffing and rounds, discharge planning, and SIP).

3. **Flexibility** - effectively adjusts to changes in schedules, policies, and procedures, patient and student program; is able to adjust priorities according to needs of the program and department and others. a) Develop an attitude of flexibility - expect changes to occur (e.g., changes in lecture schedule, supervision meetings, increase or decrease in patient load, early discharges, or patient schedules). b) Utilize time effectively when a patient's treatment is canceled. c) Help out and fill in for other therapists. d) Offer assistance to others.

4. **Interpersonal Skills** - is able to establish effective interpersonal relationships with patients and their families, staff members, students, and members of other disciplines; is sensitive to an considerate of others; is able to work and relate effectively with a wide range of diagnoses and disabilities (patients), socioeconomic, age, and ethnic groups (patients, their families, and other personnel).
a) Maintain professional relationship with supervisor and others.
b) Regard feedback as a learning tool.
c) Be aware of how your behavior affects others.
d) Consider timing of questions (e.g., when approaching staff).
e) Respect personal space and time of others.
f) Explore situations before responding - make informed interpretations and decisions.

5. **Communication Skills** - shows effective, appropriate (timing content, and method) communication with intra- and extra-departmental personnel at all levels; oral and written professional communication should reflect the standards established for the department; communication at all levels should be appropriate in timing, open and direct; important for staff to independently initiate communication whenever the need and to maintain consistent feedback to appropriate personnel; discretion and

confidentiality; open lines of communication should be maintained with the chief occupational therapist and supervisor at all times.

a) Expect and respect differences in professional opinions. Open-mindedness allows opportunity to explore different theories and techniques of management (e.g. doctors' goal and plan may differ from your own). You are part of a team; consider the goals of other disciplines when planning your treatment program for the patient.

b) Be aware of nonverbal behavior, tone of voice, etc., and the effect these can have upon your relationships with others.

c) Take time to organize your thoughts and make notes before reporting in conferences or contacting other disciplines and doctors.

d) Follow established guidelines and documentation standards for note writing.

7. Concern for Professional Development - is receptive to guidance and regards constructive feedback as a learning tool; actively assesses, recognizes, and expresses personal needs for further professional development; demonstrates interest and actively participates in continuing education activities; is willing to share professional knowledge and experience with others.

a) Assume responsibility for learning.

b) Be resourceful in finding answers to your questions.

c) Actively seek learning experiences (e.g., versus only utilizing scheduled experiences rounds).

d) Realize that as a student therapist you have valuable information and experiences to share with others. Be willing to share information, offer suggestions for SLP and student programs, procedures, equipment, etc.

8. **Problem-Solving Abilities** - demonstrates effective problem-solving skills in approach to patient treatment, and overall functioning within department; readily identifies and communicates problems impacting upon patient care and department functioning to appropriate individuals; maintains an open, objective attitude in assessing and confronting problem situations; appropriately acts upon decisions and maintains communication and effective follow-up and feedback.

a) Be resourceful. Use common sense and think things through before asking someone else for the answer.

b) Utilize resources to help find answers to questions and suggestions for patient treatment.

c) Utilize student manual.

d) Recognize and act on need to contact other disciplines.

e) Make yourself aware of material resources available in the unit.

7. **Sense of Humor.**

8. **Supervisory Skills** - with experiences, demonstrates those skills essential to the guidance of aides, volunteers, and other ancillary staff (e.g., in patient treatment, group activities, clerical work requests).

a) Interpersonal skills - respectful approach when working with secretaries, aides, transporters.

9. **Demonstrates a commitment to the growth and development of the department's programs and the support of its staff and students.** Offers constructive, diplomatic suggestions for change beneficial to the department in all areas of its functioning.

10. **Remember that you are a representative of the department and the profession.** Through

personal demonstration of professional attitudes and appearance, support and contribute to the professional image of the department.

Suggestions for Students:
An important part of the fieldwork experience is the opportunity to actively pursue the development and practice of professional qualities and behaviors attributable to a mature therapist. Such qualities would include personal initiative, punctuality, responsibility and resourcefulness, dependability, the ability to relate openly and effectively on a professional level, etc. Although your supervisor and other staff members may provide guidance and direction in this area of professional development, you must assume the primary responsibility for professional behavior. Below are some "helpful hints" as to how this responsibility might be independently assumed and reflected early and throughout your affiliation.

1. **Communication is the most critical essential. Initiate and maintain open, honest, communication with your supervisor:**
 • Provide feedback to your supervisor about the nature, quantity, quality, of supervision time. You must assess your needs and openly share them with your supervisor.
• Let your supervisor know your interests and goals/expectations. Clarify performance expectations with your supervisor - if you are unclear, ask.
• If you feel you are not getting enough feedback, let your supervisor know.
• If you feel you need to observe more or to be observed in patient treatment, let your supervisor know.
• If you have a question or doubt in your mind, try whenever possible to take the initiative to find the answer for yourself. However, never hesitate to utilize staff members as resources.

2. **Independently take the initiative and time early in your affiliation to familiarize yourself with your unit's organization and available resources.** It is important to take time to find out where things are kept during the first week. Schedule time to look through cabinets, file drawers, bookcases, etc., and see what is available. If you don't schedule specific time to do this, you may find that a "convenient" time will never come. Becoming familiar with the unit, its supplies, and equipment will prevent you from having to keep asking where equipment is kept. If you are uncertain about the use or purpose of any equipment, always ask and familiarize yourself with it.

3. **Learn how to effectively plan and utilize your time.**
• Make out a schedule for each day; include lectures, meetings, and supervision times in addition to patient treatment.
• Know your work requirements and set target dates for timely completion. Don't wait until the last minute to get things done. You will not be continually reminded or prodded once deadline have been established.
• Utilize your "spare" time appropriately, i.e., for reading, writing notes; developing patient's treatment programs; observing treatment. Feel free to help out in the unit – ask what you can do to help if you cannot readily identify what the need may be. Don't get behind in note-writing. The amount of paperwork and documentation requirements is great; now is the time to develop personal discipline in fulfilling responsibilities in this area on a timely basis.

4. **Procedures for routine, day-to-day treatment and departmental responsibilities should be established as a habit as quickly as possible.** If you are still confused after the first week, let your supervisor know. Use your school practicum manual and website resources - they are filled with

information concerning performance expectations, departmental policies and procedures, and information regarding patient care. Use it as an ongoing reference as questions arise.

5. **Suggestions for treatment planning:**
 • Observe other therapists and keep a list of media/techniques they can use. This can be helpful resource during treatment planning.
• Write a list of treatment goals (brainstorm). When writing treatment plans refer to this list, it will help you to be comprehensive.
• In the beginning, prepare a list of treatment media or evaluations for each treatment session. Be sure to include alternatives in case equipment is not available. If you have any questions on specific technique or evaluation, as your supervisor to go through the procedure with you before you treat the patient. Although this takes extra preparation time, it can greatly increase your self-confidence during treatment.

SECTION III

PRACTICUM FORMS

The student is responsible for completing the following forms. Students should make copies of **ALL** practicum paperwork.

Essential Requirements

Practicum Commitment

At the beginning of the semester the student and supervisor meet to negotiate and sign the practicum commitment. This form is **due** to the practicum coordinator by the second week of the term and should be uploaded to CALIPSO account by second week of each term/semester.

Student Teaching Licensure Required Form – Calendar 2017-2018

Confidentiality Statement

Remediation/Action Plan

Record of Observation Experience (Observation Hours)

All observation clock hours accumulated by the student clinician are to be recorded with the ASHA supervisor signature on the clinical Observation Form.

Clinical Hours Tracking Sheet

CALIPSO – Performance Evaluation and Supervisor Feedback Form

Clinical education documentation is managed via a web-based program called CALIPSO. Students can access CALIPSO by going to www.calipso.com/uc. You will receive step-by-step instructions on how to register during student orientation at the beginning of your first year of graduate study.

In CALIPSO you will post your clinical hours throughout the semester and your supervisor will approve them. Your supervisor will complete a performance evaluation at the end of the semester. There is also the capacity for a midterm evaluation which helps determine your progress in practicum and whether or not there is a need for a remediation plan. The action plan form and outcome is included in this manual. You will also complete a supervisor feedback form at the end of the semester. The on-campus practicum coordinator will review this form and submit to your supervisor for his/her records.

In addition to tracking clinical hours through the CALIPSO system, students will be required to upload personal, required program documentation, such as immunization form. Program Coordinator will monitor for compliance.

APPENDIX A

PRACTICUM FORMS

Essential Requirements for Clinical Practicum Form

ESSENTIAL REQUIREMENTS FOR CLINICAL PRACTICUM
DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS
UNIVERSITY OF CINCINNATI

Essential Requirements, as distinguished from academic standards, refer to the essential qualities and abilities that are considered necessary for a student's success in clinical/practicum programs. The Communication Sciences and Disorders program at the University of Cincinnati is responsible for the welfare of clients tested, treated, or otherwise affected by students enrolled in the CSD 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 in the profession of speech-language pathology or audiology.

When requested, the University will provide reasonable accommodation*s* to otherwise qualified students with documented disabilities through the Disability Services Office (556-6823; www.uc.edu/aess/disability.html). Admission and retention decisions are based not only on satisfactory prior and ongoing academic achievement but also on non-academic factors that serve to ensure that those students with or without accommodations can meet the essential requirements of the clinical program required for graduation.

IN ORDER TO SUCCESSFULLY PASS PRACTICUM AND COMPLETE NECESSARY COMPETENCIES, REQUIRED FOR ASHA CERTIFICATION STUDENTS SHOULD BE ABLE TO:

PHYSICAL ABILITIES –
- Provide a safe environment for others in responding quickly to emergency situations and in the application of universal precautions
- Sustain necessary physical stamina to complete the required work schedule
- Move independently to, from and within the work setting
- Manipulate screening/diagnostic materials necessary to complete an overall assessment
- Manipulate materials and/or patient utilized equipment (for example, AAC devices, hearing aids) for clinical practice in a safe manner
- Accurately monitor through both visual and auditory modalities materials and equipment used for assessment and treatment of patients

BEHAVIORAL SOCIAL AND COMMUNICATION ATTRIBUTES
- Maintain emotional/mental health required for building professional and collaborative relationships with clients and colleagues
- Maintain composure and emotional stability in demanding or changing situations
- Communicate effectively with people in person, by phone, and in written form by considering the communication needs and cultural values of clients

- Show respect for individuals with disabilities and for individuals of different ages, genders, race, religion, sexual orientation, cultural and socioeconomic backgrounds
- Speak English intelligibly, including the ability to model English phonemes, with satisfactory voice, fluency and resonance for clear communication
- Demonstrate responsibility for lifelong professional growth and development
- Conduct oneself in an ethical and legal manner upholding the ASHA and or AAA Code of Ethics and university and federal privacy policies
- Understand the Scope of Practice and Practice Standards in the field of Speech Language Pathology and Audiology
- Demonstrate honesty, integrity and overall professional behavior

COGNITIVE ABILITIES
- Comprehend, retain, integrate, synthesize and apply written and verbal information sufficient to meet curricular and clinical demands
- Seek relevant case information to formulate a diagnosis and develop a treatment plan
- Generate discipline-specific documents and clinical reports in English
- Reflect on clinical and academic performance and self-assess performance accurately

Procedures for Essential Requirements
The Department of Communication Sciences and Disorders at the University of Cincinnati has developed a list of essential requirements and abilities that are considered necessary for a student's successful academic and clinical performance in the professions of Speech Language Pathology and Audiology.

Dissemination:
The list of Essential Requirements for the Department of Communication Sciences and Disorders will be given to undergraduate students in the CSD program who are applying for admission for graduate study as well as those students who are admitted to graduate study within the program from other universities.

Procedure when a student does not meet essential requirements:
- Instructor or clinical supervisor identifies student as not meeting an essential requirement.
- Instructor/clinical supervisor alerts student's advisor and department chair (if identified in academic setting) or clinic director (if identified as a part of clinical practicum).
- Conference will be held with the student and include the instructor/clinical supervisor, department chair/clinic director to review the concern(s) with the student and recommend a course of action. An action/remediation plan will be signed by all parties involved.
- Documentation of the conference and the recommended course of action will be placed in the student's file.

Please review the essential requirements for clinical practicum document and sign the statement below:

I certify that I have read and understand the essential requirements document and that I believe to the best of my knowledge that I meet each of these standards either with or without accommodations. I will contact the Office of Disabilities to determine what accommodations are available. I understand that if I am unable to meet these standards, I may be dismissed from the program.

(Student Signature) _____

(Date)_____

PRACTICUM COMMITMENT FORM
University of Cincinnati
Communication Sciences and Disorders Department

Student Name: _____

Semester/Year: _____

Site: _____

Supervisor: _____

Site Address: _____

Supervisor's Email: _____

Supervisor's Phone: _____

Student's Phone: _____

1. *The University of Cincinnati student, who has been assigned to a Communication Sciences and Disorders Practicum, has agreed to the following guidelines and expectations for beginning/end day/dates of practicum and hours of work each day:*

Start day/date:					
Days of week	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Practicum Site:					
Hours each day					
End day/date:					

*hours must be flexible based on daily needs of clinical placement

2. The student will maintain the days/hours specified above through finals week each semester of the graduate program and potentially longer, **per site/supervisor specifics**.

3. **Regular attendance is expected**. Read and initial below.

_____I understand that attendance and professionalism will impact my grade and is at the discretion of supervisor/clinical coordinator.

_____Potential days off from practicum might include: religious holidays, professional conferences/conventions, and required department activities such as Fluency Friday (spring semester), and PRAISE (spring semester).

_____Potential days off must be negotiated with supervisor at practicum start date and UC site coordinator(s) must be notified of day(s) off **for any reason.**

_____The student is required to make up minutes/days they are absent from practicum, including illness, and will be negotiated with supervisor in the practicum commitment at the beginning of the term or following an absence from illness.

25

_____Clinical practicum dates/times are subject to site, may vary site-to-site and may not correlate with course schedule or university breaks.

_____I have read the Essential Requirements document and the Code of Ethics and will be held accountable and will follow these guidelines and principles.

Please list known obligations or conflicts with schedule designated above in #1 and #2.

_____

4. The student will follow all rules of confidentiality as they pertain to clients and clients' families and facility rules and regulations.

5. Therapy plans, evaluations, and other reports must be submitted by deadlines specified by the site supervisor: _____

6. The student will participate in at least_____of directed observation before he/she begins to provide clinical services (up to a maximum of_____).

7. The student will comply with all policies and procedures of the practicum site and in accordance with the clinical/school practicum manual(s) at the University of Cincinnati.

If at any time in the first 4 weeks of the term the supervisor feels that the student is not progressing toward independence at the practicum site, the practicum coordinator should be contacted to discuss a plan of action.

The on-site supervisor has agreed to the following guidelines:

1. The supervisor will have primary responsibility for coordination and supervision of the student's professional work at this site.
2. The supervisor recognizes and agrees to abide by the observation requirements set by ASHA; supervision of a <u>minimum</u> of 25% of client contact time for therapy and and diagnostic evaluations.
3. The supervisor and student will have conferences scheduled at least_____ _____.
4. The supervisor will share the evaluation of the student's performance with the student and Practicum Coordinator.

The Practicum Coordinator will make_____visit(s) to the practicum site during the quarter.

_____
Student

_____
Site Supervisor   ASHA#   State License#
(Please attach a photocopy of your updated ASHA card)
U.C. Practicum Coordinator Signature

_____

<u>SCHOOL</u> PRACTICUM COMMITMENT FORM

University of Cincinnati
Communication Sciences and Disorders Department

Student Name: _____

Student Cell Phone: _____

Semester/Year: _____

Site: _____

School SLP Supervisor: _____

School Address: _____

Supervisor school Email: _____

Supervisor Cell Phone: _____

Supervisor ASHA number: _____ **State license #_____**

1. *The University of Cincinnati student, who has been assigned to a Communication Sciences and Disorders Practicum, has agreed to the following guidelines and expectations for <u>beginning/end day/dates</u> of practicum and <u>hours of work each day</u>:*

List **<u>beginning and ending dates</u>, <u>name of school and school hours</u>** for each day:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

2. The student will maintain the days/hours specified above through finals week each semester of the graduate program and potentially longer, **per site/supervisor specifics**.

3. **Regular attendance is expected**. Read and initial below.
_____I understand that attendance and professionalism will impact my grade and is at the

discretion of supervisor/clinical coordinator.

_____Potential days off from practicum might include: religious holidays, professional

conferences/conventions, and required department activities such as Fluency Friday (spring

semester), and PRAISE (spring semester).

_____ Please be aware that student teachers are required to attend professional development, conferences, staff meetings and inservices UNLESS you feel that they would not be beneficial to their professional development (such as meetings to discuss the caseload for the following year).

_____Potential days off must be negotiated with supervisor at practicum start date and UC site coordinator(s) must be notified of day(s) off **for any reason.**

_____The student is required to make up minutes/days they are absent from practicum, including illness, and will be negotiated with supervisor in the practicum commitment at the beginning of the term or following an absence from illness.

_____Clinical practicum dates/times are subject to site, may vary site-to-site and may not correlate with course schedule or university breaks.

_____I have read the Essential Requirements document and the Code of Ethics and will be held accountable and will follow these guidelines and principles.

Please list known obligations or conflicts with schedule designated above in #1 and #2:

_____

4. The student will follow all rules of confidentiality as they pertain to clients and clients' families.

5. Therapy plans, evaluations, and other reports must be submitted by deadlines specified by the site supervisor. ALL STUDENT TEACHERS MUST WRITE LESSON PLANS IN SOME FORM WHICH MUST INCLUDE AT LEAST: Objectives targeted and activity.

6. See suggested timeline at the end of this document for how to phase in your student teacher. Please give your student teacher **written feedback at least one time per week** through midterm to help them with their skills. We would appreciate that you continue to model some therapy sessions all through the semester. This helps our students learn best.

7. The student will comply with all policies and procedures of the practicum site and in accordance with the clinical/school practicum manual(s) at the University of Cincinnati. **If at any time in the first five weeks of the term, the supervisor feels that the student is not progressing towards independence at the practicum site, the practicum coordinator should be contacted to discuss a plan of action. The on-site supervisor has agreed to the following guidelines:**

1. The supervisor will have primary responsibility for coordination and supervision of the student's professional work at this site.

2. The supervisor recognizes and agrees to abide by the observation requirements set by
    ASHA; supervision at a <u>minimum</u> of 25% of client contact time for therapy and
    and diagnostic evaluations.

3. The supervisor and student will have conferences scheduled at least_____

    _____.

4. The supervisor will share the evaluation of the student's performance with the student
    and Practicum Coordinator.

5. The Practicum Coordinator will make_1___visit to the practicum site during the semester
unless issues arise with placement. In this case additional visits will be made by the UC School
Practicum Coordinator. If an issue arises with the student teacher then an intervention action
plan will be written for the student teacher to follow and the CSD Department Chair and
Practicum Coordinator will be notified of this plan.

6. Please attach a copy of the district calendar which would specify school vacations and
inservice days.

7. Also please attach a copy of the supervisor's ASHA card.

8. Please bring this completed form to your first school practicum class.

_____
Student

_____
Site Supervisor   ASHA#   State License#
(Please provide a photocopy of your updated ASHA card)

_____
U.C. Practicum Coordinator

Student Teaching Licensure Required Form- 2017-18

Graduate Clinician: School Supervisor:

Circle: Fall Semester   Spring Semester

This is the form that you will fill out as you are student teaching to prove the number of days that you were present for student teaching. Please cross out any days missed due to supervisor absence, graduate student absence, vacation days/holidays or for any other reason that you did not attend school. Please count the number of days that you attended school, fill in that number of days and then you and your supervisor sign this form. You may turn in this form at the end of student teaching which will be a necessary record to obtain your school licensure.

2017-18 School Year

JULY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
17	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JANUARY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

MARCH
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

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Total Number of Days for Student teaching: ___
Graduate Clinician Signature: **Supervisor Signature:**

30

University of
CINCINNATI

CONFIDENTIALITY STATEMENT

All information concerning past and present clients is strictly confidential and will be shared with no one unless agreed upon in writing by the client or client's family.

I understand the importance of confidentiality as it relates to the welfare of clients and their families whom we serve. I will not reveal any professional or personal information regarding these clients and I will maintain accurate information in the client's clinical files and will not divulge the contents of such files to anyone except upon written consent from the client or the family.

I understand and agree to abide by the confidentiality standards set by the Department of Communication Sciences and Disorders.

_____   _____

Signature of Student Clinician   Date

_____

Printed Name of Student Clinician

Patient Care. Education. Research. Community Service
An affirmative action/equal opportunity institute

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DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS
SPEECH-LANGUAGE PATHOLOGY
PRACTICUM REMEDIATION/ACTION PLAN

Student: _____Date: _____

Supervisor: _____

U. C. Liaison: _____

1.Identify (and agree to) competencies not being met during the practicum period:

_____

Skills:
Assessment:

_____

_____

Intervention: _____

_____

Interaction/Person Qualities:_____

_____

_____

2. Plan of Action: _____

_____

_____

_____

_____

3. Action Steps Achieved:

_____

Date: _____

If Not Achieved:

_____

               _____Extend time at site

               _____Practicum at another site

               _____Terminate practicum

               _____Other

Comments:_____

_____

_____

_____

_____

Practicum Supervisor:

_____

Student:

_____

University Liaison_____

Action Plan Outcome
Practicum

Students enrolled in practicum during their first or second year will need to achieve competency levels (of 3 and 4's respectively) in each disorder area and in professional codes of conduct.

Students enrolled in practicum during their second year must achieve competencies at a 4 level in the nine areas of disorder types reflected on the CALIPSO performance evaluation form. Competencies are achieved in the areas which reflect their current patient load. At the end of each semester, their competencies will be assessed and competency needs reviewed in order to achieve all 4's by the time of graduation.

If a supervisor feels that, at any time, a student is not moving along the continuum for independence, she or he will contact the University liaisons who will meet with the supervisor and student to develop an Action/Remedial plan. All will agree to the plan and its consequences and sign the form. This form plus any additional documentation regarding final outcome will be placed in the student's CALIPSO account under Clinical Placement.   If the student is unable to achieve the action steps at the end of the semester, they will not pass competencies for that practicum site. Some clinical hours may be given depending on the circumstances and agreed upon by the supervisor/university liaison.   Students may be required to extend their practicum in order to meet competency levels or perform practicum at another site. Another plan or course of action may need to be developed depending on specific circumstances.

If a student has not met competencies at a site, they will be placed on practicum probation for the following semester which requires successful fulfillment of the remediation/action plan. If a student receives an action plan at two sites and is not successful in gaining the needed competencies, practicum will be terminated. The supervisor and student will meet throughout the action plan process and the student will be notified when all steps have been completed satisfactorily.

RECORD OF OBSERVATION EXPERIENCE
Department of Communication Sciences & Disorders
University of Cincinnati

Date	Site	Child/Adult	Disorder	Eval or Therapy	Amount of observation time	Clinician's signature	ASHA #

Clinical Hours Tracking Form

Clinician_____ Semester_____ Site_____

– Year_____

Date		Language								Speech								Related Disorders		ESL/Other	Supervisor Initials
		Rec/Exp		Social		Cognitive		AAC		Artic		Fluency		Voice		Dysphagia		Hearing			
		Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Scr	Aural Rehab		
	C / A																				
	C / A																				
	C / A																				
	C / A																				
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	C / A																				
	C / A																				
	Total																				
	Total																				

C- Child   A- Adult

Supervisor's Signature_____ ASHA #_____

Performance Evaluation

Supervisor: Test Supervisor,

*Student: Doe, Jane

*Site: University of Cincinnati Speech, Language, a

*Evaluation Type: Final

*Semester: 2013 Spring

*Course number: 1st Yr Spring

*Patient population:
- ☐ Young Child (0-5)
- ☐ Child (6-17)
- ☑ Adult (18-64)
- ☐ Older adult (65+)

% the student was observed while providing:

Evaluation: _____ (minimum of 25% of the total contact with each client/patient)

Treatment: _____ (minimum of 25% of the total contact with each client/patient)

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 - Not evident 4 - Refining
2 - Emerging 5 - Independent
3 - Developing

* If n/a, please leave space blank

Evaluation skills	Articulation?	Fluency?	Voice?	Language?	He aring?	Swallowing?	Cognition?	Social Aspects?	Communication Modalities?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures (std III-D, std IV-G, 1a).									
2. Performs chart review and/or collects case history from interviewing patient and/or relevant others (std IV-G, 1b).									
3. Selects appropriate evaluation instruments/procedures (std IV-G, 1c).									
4. Administers and scores diagnostic tests correctly (std IV-G, 1c).									
5. Adapts evaluation procedures to meet patient needs (std IV-G, 1d).									
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).									
7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std IV-G, 1e).									
8. Makes appropriate recommendations for intervention (std IV-G, 1e).									
9. Completes administrative functions including reporting and documentation necessary to support evaluation (std IV-G, 1f).									
10. Makes appropriate recommendations for patient referrals (std IV-G, 1g). ?									
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

Save

Treatment skills	Articulation?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	Communication Modalities?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std IV-G, 2a)									
2. Implements treatment plans (std IV-G, 2b).									
3. Selects and uses appropriate materials/instrumentation (std IV-G, 2c).									
4. Sequences task to meet objectives.									
5. Provides appropriate introduction/explanation of tasks.									
6. Measures and evaluates patients' performance and progress (std IV-G, 2d).									
7. Uses appropriate models, prompts, or cues. Allows time for patient response.									
8. Adapts treatment session to meet individual patient needs (std IV-G, 2e).									
9. Completes administrative functions including reporting and documentation necessary to support treatment (std IV-G, 2f).									
10. Identifies and refers patients for services as appropriate (std IV-G, 2g). ?									
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

Preparedness, Interaction, and Personal Qualities	Score
1. Possesses foundation for basic human communication and swallowing processes (std III-B).	
2. Integrates research principles into evidence-based clinical practice (std III-F).	
3. Possesses knowledge of contemporary professional issues, including trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures, and advocacy (std III-G).	
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std IV-G, 3a).	
5. Establishes rapport and shows sensitivity to the needs of the patient.	
6. Uses appropriate rate, pitch, and volume when interacting with patients or others.	
7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std IV-G, 3c).	
8. Collaborates with other professionals in case management (std IV-G, 3b).	
9. Displays effective oral communication with patient, family, or other professionals (std IV-B).	
10. Displays effective written communication for professional correspondence (std IV-B).	
11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std III-E, IV-G, 3d).	
12. Assumes a professional level of responsibility and initiative in completing all requirements.	
13. Demonstrates openness and responsiveness to clinical supervision and suggestions.	
14. Possesses the ability to self-reflect and self-evaluate.	
15. Personal appearance is professional and appropriate for the clinical setting.	

16. Displays organization and preparedness for all clinical sessions.	
Total number of items scored: 0 Total number of points: 0 Section Average: 0	

Save

Improvements Since Last Evaluation:

Strengths/Challenges:

Total points (all sections included): 0 Adjustment: 0.0
divided by total number of items 0
Recommendations for Improving Clinical Skills:
Evaluation score: 0
Letter grade Fail
Quality points: N/A

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

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.

Supervisor Feedback Form

* Supervisor:

* Site:

* Semester:

1. Provided an orientation to the facility and caseload.

- ◌ N/A
- ◌ No orientation provided. Student oriented him/herself.
- ◌ Informal orientation provided.
- ◌ Formal orientation provided with supplemental documentation.

2. Provided the student with feedback regarding the skills used in diagnostics.

- ◌ N/A
- ◌ Comments were vague; and therefore, difficult to apply.
- ◌ Comments were useful but lacked specifics or concrete examples.
- ◌ Comments were useful, specific, and constructive.

3. Provided the student with feedback regarding the skills used in interviewing.

- ◌ N/A
- ◌ Comments were vague; and therefore, difficult to apply.
- ◌ Comments were useful but lacked specifics or concrete examples.
- ◌ Comments were useful, specific, and constructive.

4. Provided the student with feedback regarding the skills used in conferences.

- ◌ N/A
- ◌ Comments were vague; and therefore, difficult to apply.
- ◌ Comments were useful but lacked specifics or concrete examples.
- ◌ Comments were useful, specific, and constructive.

5. Provided the student with feedback regarding the skills used in behavioral management.

- ◌ N/A
- ◌ Comments were vague; and therefore, difficult to apply.
- ◌ Comments were useful but lacked specifics or concrete examples.
- ◌ Comments were useful, specific, and constructive.

6. Provided the student with feedback regarding the skills used in therapy.

- ◌ N/A
- ◌ Comments were vague; and therefore, difficult to apply.
- ◌ Comments were useful but lacked specifics or concrete examples.
- ◌ Comments were useful, specific, and constructive.

7. Provided the student with feedback regarding his/her selection of diagnostic or therapy materials.

- ◌ N/A
- ◌ Comments were vague; and therefore, difficult to apply.
- ◌ Comments were useful but lacked specifics or concrete examples.
- ◌ Comments were useful, specific, and constructive.

8. Explained and/or demonstrated clinical procedures to assist student in clinical skills development.

- ◌ N/A
- ◌ Provided minimal explanations and/or demonstrations.
- ◌ Provided adequate explanations and/or demonstrations when requested.
- ◌ Provided thorough explanations and/or demonstrations for all clinical procedures.

9. Utilized evidence-based practice.

- ◌ N/A
- ◌ Rarely referenced current literature.
- ◌ Occasionally referenced current literature.
- ◌ Frequently referenced current literature.

10. Encouraged student independence and creativity.

- ◌ N/A
- ◌ Minimally receptive to
- new
- ideas an

d differing techniques.

○ Somewhat receptive to new ideas and differing techniques but did not encourage them.

○ Very receptive to new ideas and encouraged use of own techniques.

11. Provided positive reinforcement of student's successes and efforts.

○ N/A   ○ Rarely commented on successes and efforts.   ○ Occasionally commented on successes and efforts.   ○ Frequently commented on successes and efforts.

12. Provided student with written and/or verbal recommendations for improvement.

○ N/A   ○ Rarely provided written and/or verbal recommendations except on midterm and final evaluations.   ○ Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations.   ○ Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.

13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.

○ N/A   ○ Enthusiasm and interest rarely observed; frequent negative comments.   ○ Enthusiasm and interest occasionally observed; occasional negative comments.   ○ Enthusiasm and interest regularly observed; frequent positive and optimistic comments.

14. Demonstrated effective interpersonal communication with student.

○ N/A   ○ Seemed uninterested and/or unwilling to listen or respond to student's needs.   ○ Some interest in student's needs shown, but communication lacked sensitivity.   ○ Aware of and sensitive to student's needs; open and effective communication.

15. Receptive to questions.

○ N/A   ○ Unwilling to take time to answer questions.   ○ Answered questions inconsistently.   ○ Answered questions with helpful information or additional resources which encouraged me to think for myself.

16. Available to me when I requested assistance.

○ N/A   ○ Supervisor was rarely available.   ○ Supervisor was occasionally available.   ○ Supervisor was always available.

17. Utilized effective organizational and management skills.

○ N/A   ○ Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.   ○ Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.   ○ Always organized; balanced supervisory and clinical responsibilities with ease.

18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)

○ N/A   ○ Provided minimal or no additional resources.   ○ Provided helpful resources upon student request.   ○ Provided helpful resources without student request.

19. Realistically demanding of me as a student intern.

○ N/A   ○ Expectations were either too high or too low for level of experience with no attempts to adjust.   ○ Expectations were generally appropriate for my level of experience.   ○ Expectations were individualized and adjusted according to my strengths and weaknesses.

Overall, how would you rate this clinical experience?

Additional comments?

What experience during this practicum provided you with the greatest learning opportunity

**CALIPSO INSTRUCTIONS
FOR STUDENTS
https://www.calipsoclient.com/<mark>xxx</mark>**

Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
- Go to https://www.calipsoclient.com/<mark>xxx</mark>
- Click on the "Student" registration link located below the login button.
- Complete the requested information, <u>being sure to enter your "school" e-mail address</u>, and record your password in a secure location. Click "Register Account."
- Please note: **PIN numbers are valid for 40 days.** Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to https://www.calipsoclient.com/<mark>xxx</mark> and login to CALIPSO using your school e-mail and **password that you created for yourself during the registration process (step one.)**
- Upon logging in for the first time, you will be prompted to pay the student fee and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

- Click on "Student Information"
- Click on "Contact Info" and then "Edit" for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter "rotation" contact info when on externships. Return to this link to update as necessary.
- Click "Home" located within the blue stripe to return to the home page.

Step 4: View Immunization and Compliance Records

- Before each semester, click on "Student Information" and then "Compliance/Immunizations" to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- To create a document to save and/or print, click "PDF" located within the blue stripe.
- An electronic file of the original documents can be accessed, if uploaded by the Clinical Coordinator, by clicking "Files" located within the blue stripe.
- Click "Home" located within the blue stripe to return to the home page.

Step 5: View/Upload Clinical Placement Files

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
- Click on "Student Information" and then "Clinical Placement" to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the "Browse" button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing "public" for supervisor and clinical administrator access or "private" for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Rename folders** by clicking the "rename" link to the right of the folder name.
- **Delete <u>files</u>** by clicking the "delete" button next to the file name. **Delete <u>folders</u>** by deleting all files from the folder. Once all the files within the folder have been deleted, a "delete" link will appear to the right of the folder name.

Step 6a: Enter Daily Clock Hours

- Click on the "Clockhours" link located on the lobby page or the "Student Information" link then "Clockhours."
- Click on the "Daily clockhours" link located within the blue stripe.
- Click on the "Add new daily clockhour" link.
- Complete the requested information and click "save."
- Record clock hours and click "save" located at the bottom of the screen. You will receive a "Clockhour saved" message.

  To add clock hours for a ***different*** supervisor, clinical setting, or semester:
- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

  To add additional clock hours to the ***same*** record:
- Click on the "Daily clockhours" link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click "Show."
- Click the "Copy" button located next to the date of a previous entry.
- Record the new clock hours (changing the date if necessary) and click "save" located at the bottom of the screen. You will receive a "Clockhour saved" message.

- To **view/edit** daily clock hours, click on the "Daily clockhours" link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click "Show."
- Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
- Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Step 6b: Submit Clock Hours for Supervisor Approval

- Click on the "Daily clockhours" link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click "Show."
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click "Submit selected clockhours for supervisor approval." Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the "Clockhour list" link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking "Clockhours list" located within the blue stripe.

Step 7: View Clinical Performance Evaluations

- Click on "Student Information" and then "Evaluations."
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
- View a desired evaluation by clicking on the "current evaluation" link highlighted in blue.

Step 8: View Cumulative Evaluation

- Click on "Student Information" and then "Cumulative evaluation" to view a summary of your clinical competency across the 9 disorder areas.
- Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
- Please make note of any areas of deficiency which are highlighted in orange.

Step 9: View Performance Summary

- Click on "Student Information" and then "Performance summary" to view a summary of your clinical performance across all clinical courses to date.

Step 10: View My Checklist

- Click on "Student Information" and then "My Checklist" to view your progress in meeting the clinical requirements for graduation.
- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 11: Complete Self-Evaluation

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
- From the lobby page, click on the "Self-evaluations" link.
- Click on "New self-evaluation."
- Complete required fields designated with an asterisk and press "save."
- Continue completing self-evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, check the "final submission" box and click "save."
- Receive message stating "evaluation recorded."
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from "in progress" to "final".
- To view the evaluation, click "Evaluations list" located within the blue stripe.

Step 12: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click "Supervisor feedback forms."
- Click "New supervisor feedback."
- Complete form and click "Submit feedback."
- Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on "View/edit."

Step 13: View Site Information Forms

- The "Site Information Forms" link located on the lobby page displays pertinent information on the sites/facilities that your school affiliates with for clinical placements.
- To view available information, identify the desired site and click "View" located in the fifth column under submitted.
- Please note: "In progress" forms are not accessible to students; only "submitted" forms are accessible to students.

ASHA Code of Ethics Effective March 1, 2016

Preamble

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

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

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

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)

- a member of the Association not holding the Certificate of Clinical Competence (CCC)

- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)

- an applicant for certification, or for membership and certification

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

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for

one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

Terminology

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

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

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

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

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

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

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

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

informed consent

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

jurisdiction

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

know, known, or knowingly

Having or reflecting knowledge.

may vs. shall

May denotes an allowance for discretion; *shall* denotes no discretion.

misrepresentation

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

negligence

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

nolo contendere

No contest.

plagiarism

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

publicly sanctioned

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

reasonable or reasonably

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

self-report

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

shall vs. may

Shall denotes no discretion; *may* denotes an allowance for discretion.

support personnel
> Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on Audiology Assistants and/or Speech-Language Pathology Assistants.

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

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

Principle of Ethics I

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

Rules of Ethics

A. Individuals shall provide all clinical services and scientific activities competently.

B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

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

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

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

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

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills,

knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

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

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

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

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

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

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

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

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

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

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

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

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

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

Principle of Ethics II

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

Rules of Ethics

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

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

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

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

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

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

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

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

Principle of Ethics III

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

Rules of Ethics

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

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

C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

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

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

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

Principle of Ethics IV

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

Rules of Ethics

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

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

C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

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

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

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

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

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

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

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

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

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

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

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

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

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