



SACRAMENTO STATE

Department of Communication Sciences and Disorders
Maryjane Rees Language, Speech, and Hearing Center

STUDENT CLINIC HANDBOOK

Clinical Instructor Edition

Updated Fall 2024

PREFACE

This handbook has been designed to acquaint students in the Communication Sciences and Disorders master's degree program with information about clinical policies and procedures. It should serve as a reference throughout your clinical experience and explains responsibilities of graduate student clinicians during clinical practicums and internships. This information is intended to support and supplement classroom instruction and guidance from clinical instructors. It is the student's responsibility to seek clarification from faculty, staff and/or clinical instructors regarding matters which might remain unclear.

The procedures outlined in this handbook are specific to the Maryjane Rees Language, Speech and Hearing Center and are expected to be followed while a graduate student clinician in the Department of Communication Sciences and Disorders. Faculty and staff within the department are unbiasedly committed to facilitating an environment which promotes the successful completion of the master's degree requirements. This handbook serves as one tool for helping you achieve that success.

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MISSION STATEMENTS

Sacramento State: As California's capital university, we transform lives by preparing students for leadership, service, and success.

- (Vision) Sacramento State will be a recognized leader in education, innovation, and engagement.

Department of Communication Sciences and Disorders: The Department of Communication Sciences and Disorders trains highly competent professionals in the fields of speech-language pathology and audiology by providing a rigorous scientific background and diverse clinical experiences while fostering a dedication to lifelong learning and community service.

Equal Access

California State University-Sacramento, Department of Communication Sciences and Disorders, seeks to provide equal access to its programs, services, and activities for people with disabilities. If you have a documented disability and verification from the Disability Access Center (DAC), and wish to discuss academic accommodations, please contact your instructor as soon as possible. It is the student's responsibility to provide documentation of disability to DAC and meet with a DAC counselor to request special accommodation before classes start.

Sacramento State Disability Services are available through the Disability Access Center. DAC offers a wide range of support services and accommodations for students in order to ensure students with disabilities have equal access and opportunity to pursue their educational goals. Working collaboratively with students, faculty, staff and administrators, DAC provides consultation and serves as the information resource on disability related issues to the campus community.

The Disability Access Center is located in Lassen Hall 1008 and can be contacted by phone at (916) 278-6955 (Voice) or (916) 278-7239 (TDD only) or via email at sswd@csus.edu.

Diversity

Sacramento State has a strong institutional commitment to the principle of diversity in all areas.

We consider qualified applicants for our programs without regard to race, color, religion, national origin, age, gender, gender identity/expression, sexual orientation, genetic information, medical condition, marital status, veteran status, or disability. Sacramento State is a Hispanic-serving Institution, an Asian American Pacific Islander-serving institution, thoroughly abides by Title IX, and is a caring campus where students of all identities and intersectionalities are welcomed.

Equal Opportunity

The program adheres to Sacramento State's Policy for ensuring that appropriate corrective action is taken when violations of compliance with non-discrimination laws and regulations occur. Any violations of compliance are referred directly to the [Equal Opportunity Office](#).

Sacramento State is committed to creating a diverse and inclusive university for all members of our campus community. As part of our commitment, Sacramento State and its programs comply with all applicable laws, regulations, and executive orders prohibiting discrimination towards students, faculty, staff, and persons served in the program's clinics. This includes prohibitions on discrimination based on any category prohibited by applicable law including, but not limited to, age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.

California State University Executive Orders 1096 (employee and third parties) and 1097 (students) outline the policy prohibiting, and procedures for addressing complaints of, Discrimination, Harassment and Retaliation. William Bishop, CSU, Sacramento Director of Equal Opportunity, is the University's DHR Administrator/Title IX Coordinator. Mr. Bishop's office is responsible for monitoring, supervising, and overseeing overall Campus-wide implementation of and compliance with the Executive Orders and state/federal civil rights laws – including coordination of training, education, communications, and administration of complaint procedures for employees, students, and third parties in the areas of discrimination (including sex discrimination), harassment (including sexual harassment), sexual misconduct, dating and domestic violence, and stalking.

ASHA REQUIREMENTS FOR CLINICAL OBSERVATIONS AND PRACTICUM EXPERIENCES

- Clinical Observation
 - 25 hours were completed before beginning Clinical Practicum experiences
- Clinical Practicum
 - 375 total direct client contact clock hours per ASHA guidelines
(325 clock hours at the graduate level)

ASHA Standard V-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severity of communication and/or related disorders, differences, and disabilities. The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in standard IV-C.

The Department's **recommended** minimums are as follows:

- **388 direct client contact clock hours** will be acquired across three clinical settings: (1. on-campus clinic, 2. public school and 3. medical/private practice/or special day class)
- Approximately 32 of these clock hours should be acquired in each of the following on-campus clinical practicums:
 - Speech I and Language I (approximately 20 hours for Language I)
 - Speech II and Language II
 - Speech III and Language III
- At least 4 of these clock hours will be acquired in the assessment clinic
- At least 4 of these clock hours will be acquired completing hearing screenings
- At least 200 of these clock hours will be acquired in internships/field experiences

REQUIREMENTS

FOR THE SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL WITH OR WITHOUT THE SPECIAL CLASS AUTHORIZATION (SCA)

- The Speech-Language Pathology Services Credential qualifies the holder to serve as an itinerant Language/Speech Pathologist (Language/Speech Specialist) in California public schools.
- The Master's degree, including CSAD 295I, meets all the academic and practicum requirements for the Speech-Language Pathology Services Credential.
- The applicant may also qualify as a teacher of a special day class for students with primary disabilities in the area of speech and language impairment by acquiring the optional Special Class Authorization; this authorization requires completion of CSAD 295D: Special Day Class Internship, passage of the Reading Instruction Competence Assessment (RICA), and passage of appropriate California Subject Matter examinations for Teachers (CSET: Multiple Subjects OR a single subject CSET in the areas of art, English, foreign language, mathematics including foundational-level mathematics, music, social science, or science including foundational-level general science and specialized science). Note: For students with undergraduate degrees in the single subject areas listed above, completion of a subject matter program in one areas or an applicable subject matter waiver program may fulfill this subject matter requirement.
- For more information on these examinations, the student is referred to the following websites:
 - RICA: <http://www.rica.nesinc.com/>
 - CSET: <http://www.cset.nesinc.com/>
- Students seeking the Speech Language Pathology Services Credential must not have a criminal record that would preclude issuance of a credential as determined by California state law.
- Public School Internship/Field Experience
 - Students must pass the California Basic Education Skills Test (CBEST) prior to participating in these field experiences.
- Field Experience Clinical and Clock-Hour Requirements:
 - The Credential requires completion of the minimum 388 clock hours prescribed by the program requirements.

REQUIREMENTS FOR A CALIFORNIA STATE LICENSE

The Speech Pathology and Audiology Board has established the following requirements:

- Possess a master's degree in speech-language pathology from an educational accredited educational institution.

- Complete 300 clock hours of supervised clinical practicum speech pathology work in three different clinical settings and across the life span.

- Complete either thirty-six (36) weeks of full-time supervised experience or seventy-two (72) weeks of part-time supervised experience.

- Pass with a minimum score of 162 the National Examination in Speech-Language Educational Testing Service, the Praxis Series. The exam score must not be more than five years old.

For more information, go to the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board Website at <http://www.speechandhearing.ca.gov/>

REQUIREMENTS FOR AHSA CERTIFICATE OF CLINICAL COMPETENCE

- The Master's Degree Program meets all the academic and practicum requirements for the Certificate of Clinical Competence (CCC), which is awarded upon completion of the Clinical Fellowship (CF).
- The Certificate of Clinical Competence is required of all members of the American Speech-Language-Hearing Association who wish to engage in clinical practice. It authorizes the holder to offer clinical services in many work settings where a national level of certification is required.
- For more information, go to the American Speech-Language-Hearing Association Website at <http://www.asha.org>

PROFESSIONAL CONDUCT

Professionalism

- The Maryjane Rees Language, Speech, and Hearing Center is a recognized and valued service provider in the Sacramento community and surrounding areas. It is the primary facility for clinical training for graduate students enrolled in clinical practicum activities on campus. Students are required to conduct themselves in a professional manner at all times as reflected in demeanor while in any space within the clinic, dress, verbal exchanges, attitude towards fellow clinicians and clinic staff, including supply room student workers, and compliance with all policies and procedures associated with this clinic, which includes the supply room.
- As graduate student clinicians, you will interact with many professionals as part of your preparation. In coursework and in field experience, there will be occasions where you must work with other professionals to create a case history, to interact with your clients, to support behavior and learning, etc. These other professionals include (but are not limited to) in-service general educators, in-service special educators, social workers, interpreters, translators, case workers, other allied healthcare professionals, etc. Students are required to conduct themselves in a professional manner for all interprofessional practice activities.
- Violations of expected clinic conduct are directly related to professional behavior and will impact clinic grades up to and including failing the associated clinical experience(s). Any student who has failed any two clinical practicum courses will not be allowed to continue in the graduate program and will be dismissed. ***Students are reminded to review and discuss the professional behavior clinical competencies with their Clinical Instructors.***

- Student Clinicians should remember they are practicing under the licenses of their clinical instructors. That relationship may result in a clinical instructor being particularly exacting in their requirements for completion of documentation and performances of clinical duties.

Clinician Attendance and Cancellation

- Attendance is mandatory at each clinical assignment for which Student Clinicians are scheduled. If for any reason you cannot attend a session(s) due to illness, emergency, or other extenuating circumstance, please adhere to the following procedures:
 - Notify your Clinical Instructor *and* the Clinic Front Desk
 - Contact the client to cancel their session via your saclink email only if you are not in the clinic to call them. **NOTE:** On the first day of clinic, please make sure your clients know that if you are needing to cancel a therapy session, you are not permitted to call them from your personal phones. Please be sure they know to check their emails routinely (or someone designated as their contact) before each therapy session to help safeguard against missed communication attempts.
 - The email subject line must include the following information and sent with high importance:
 - Cancelling Session
 - Clinician's full name
 - Client's initials
 - Date and time of therapy session being cancelled
 - Clinic name
 - **Ex: Cancelling Session, Jane Smith for D.G., 2/5/18 @ 4pm, Speech II**
 - **When you email your client, you are required to CC the clinic staff using the following email address:**
 - speechclinic@csus.edu
 - You will receive a confirmation email from the clinic indicating your email was received. We will then call your client to attempt to confirm the cancellation notification only after this email has been received. If you do not receive a response email from the clinic within a reasonable amount of time, please call the clinic desk at **(916) 278-6011** to alert us of the situation. Once the client has been reached, the front desk worker will cancel the session on CounselEAR.
 - It is against clinic policy to contact a fellow graduate clinician and request that they call your client to cancel therapy for you.

- When the Student Clinician cancels a session, the Student Clinician is required to offer a make-up session to the client during the last week of classroom instruction prior to finals week. Your Clinical Instructor must be notified of all scheduled make-up sessions.
- The Student Clinician will be prompt in meeting clients for evaluations, therapy sessions, and meetings with his/her Clinical Instructor(s).

Client Attendance and Cancellation

- The Student Clinician should inform the client or family member/care provider of the policy to cancel a therapy session on the first day of clinic.
- The client is asked to call the clinic desk if s/he will be late or absent for a therapy session. Please provide the client or family member/care provider with the clinic phone number and your name. We ask clients to let us know at least 2 hours in advance if they are unable to attend a session. You will be notified of cancellations directly in the clinic schedule on CounselEAR. The clinic schedule is accessible from the computers in the Clinicians' Computer Room. Please inform your Clinical Instructor of the client absence immediately.
- No make-up session needs to be offered to the client when they cancel.
- If a client is late to a session, the Student Clinician is to telephone the client from a clinic phone after fifteen minutes. The Student Clinician is also responsible for informing the Clinical Instructor of the situation. After 30 minutes, the clinician is no longer obligated to conduct therapy should the client arrive at this time.
- If a client shows a pattern of tardiness or absenteeism, the clinician should inform his/her Clinical Instructor and discuss a course of action. In general, missing three sessions in a row is grounds for client dismissal.
- It is the Student Clinician's responsibility to inform the client of the clinic's policy on absences to avoid misunderstandings.
- If your client withdraws or is dismissed from clinic early, it is the Student Clinician's responsibility to inform the Clinic Director. You will be responsible, under the guidance of your Clinical Instructor, for writing a final case report or discharge summary, whichever is most appropriate.

Dress Code

- Participation in clinic is viewed with importance equal to that of a job. Student Clinicians are expected to behave professionally, dress professionally, exhibit excellent personal hygiene, and be well-groomed.
- Infractions of the dress code shall be addressed by the Clinical Instructors, the Clinic Director, and the faculty. Clinical Instructors reserve the right to insist that you wear a lab coat during therapy due to inappropriate attire. This could result in a reduction of your clinic grade.
- Clinic appropriate dress is crisp and neat and should align with "business casual" attire. Appropriate dress is expected at all times when in the clinic by all.
- Appropriate Dress:
 - Clinic scrubs (order forms in student locker workroom)
 - Dresses /Skirts at least knee length
 - Blouses/sweaters/casual business tee shirts and tops
 - Nice pants or slacks
 - Closed toed shoes
 - Men's button shirts/casual button shirts
 - Appropriate Polo shirts
 - Hair, fingernails and jewelry should not interfere with therapy.
- Inappropriate Dress:
 - Denim jeans
 - Ripped, torn, or sloppy clothing
 - Sweatshirts
 - Tee shirts with logos
 - Shorts of any length
 - Tank tops. *Please have shoulders covered at all times during therapy sessions.*
 - Clothes that restrict movement in therapy because they are too short, tight, low cut or revealing
 - Cropped or short tops
 - Spandex outfits
 - Flip-flops or Crocs

Cell Phones, Smart Phones and Other Electronic Devices

- Cell phones may be used as timers, metronomes, sound level meters, and any other applicable therapeutic uses during therapy sessions, but may NOT be used for texting, photos/videos, or phone calls during therapy. The only exception is when the approved treatment plan for the client specifies therapeutic use of phones.
- Student Clinicians are not to make or take personal phone calls or text messages during treatment sessions.
- Student Clinicians are not allowed to give out personal phone numbers to clients.

Client Confidentiality

- All client records in the Maryjane Rees Language, Speech, and Hearing Center are confidential. Student Clinicians are granted access to personal/medical information only pertaining to those clients that they are treating.
- To protect client confidentiality, the following practices and procedures have been established:
 - Clients are not to be identified or discussed with friends, roommates or any other person outside of the clinic.
 - Clients may be discussed with Clinical Instructors, faculty members and fellow students **only** when such discussions serve a clinical or educational purpose.
 - Student Clinicians are not to exchange information regarding clients with other agencies without a signed release from the client/parent/legal guardian. Please ensure the proper form has been signed.
 - Extreme care should be taken when having conversations within this clinic. Clinicians will refrain from discussing clients in hallways, elevators, classrooms or other public spaces, including the clinic waiting room restrooms. All client-related conversations should be conducted in a private room.
 - **DO NOT HOLD CONSULTATIONS WITH PARENTS/GUARDIANS/FAMILY IN THE WAITING AREA.**
 - Information in the client's file is not to be taken from the clinic or left unattended.
 - Information from a client's file **MAY NOT BE PHOTOCOPIED OR PHOTOGRAPHED**
 - **Do not** leave reports, lesson plans, SOAP notes or any other loose records in therapy rooms, any other clinic rooms/labs, or classrooms.

- **Written Documents**
 - All drafts of reports in progress and all documentation stored in a working file must be prepared without identifying information regarding the client's full name, address, and guardian information. **Use only client initials until the report is finalized.**
 - Case summaries and other clinic documentation typed about clients may only be prepared at the Student Clinician's home or in the clinic. They may not be typed at a place of work or other public spaces.
 - **Case summaries with initials only** may be printed on a printer in the Student Clinician's home or in the clinician's room. They may not be printed on a printer at a place of work or public copying establishment.
 - **Adding clients' full name and other identifying information to final case reports is only allowed on the computers in the clinicians' computer lab for printed reports or on CounselEAR.**
 - **Client's full name and other identifying information must be immediately deleted from the report in the electronic file after it is printed for final dissemination to the client and the client's file.**
 - All test protocols generated at this Center, whether in assessment or treatment, should be stored in the hanging folders in the CI room for each clinic. Protocols should not be identified and should not leave the clinic.

- **Receiving a requested Fax regarding information pertaining to a client**
 - All faxes will be collected by clinic administration and scanned into CounselEAR with the patient's record.
 - You must share the information with your Clinical Instructor upon its receipt.

- **E-mailing Client Documents**
 - E-mailed documents between a Student Clinician and Clinical Instructor will include only the client initials or Client Number as identifying information. These e-mails will not include the client's name, the parent/guardian name, address, phone number, or birthdate.
 - **Only** saclink email accounts are permitted to be used between Student Clinicians and Clinical Instructors. Use of personal email accounts is prohibited.

○ Client Report Distribution

- Final Case Reports are to be completed and added to CounselEAR by the last day of therapy. Student Clinicians will discuss necessary details of the report as guided by their Clinical Instructors and provide each client with a hard copy of the report on the last day of therapy. The report will also be saved in the client's CounselEAR patient record.
- In the event that a Student Clinician is unable to complete a Final Case Report by the last day of therapy or if a client does not show for their last day of therapy, they can access reports on their Patient Portal through counselear.
- Only final drafts which have been approved by the Clinical Instructor should be uploaded to CounselEAR
- **NOTE:** Student Clinicians and Clinical Instructors will sign a Report Finalization Form at the end of the semester to ensure the Final Case Report is free of grammatical and formatting errors. The Clinic Director will conduct a randomized review of Final Case Reports for quality assurance measures. It is the expectation that each Student Clinician and his or her Clinical Instructor will be diligent about reviewing and editing their reports for errors. This is consistent with professional expectations of a licensed speech-language pathologist and, therefore, is a key component of your training program.

○ Digital Recordings of Clients

- Student clinicians may not use personal equipment (smart phones, iPads, cameras, etc.) to visually record sessions (whole or part). Only the Clinical Observation Recording System can be used for this purpose. Audio recordings are allowed, identifying the client by initials only. Audio recordings can be taken home if the client's name is not mentioned in the recording.
- Clinicians are allowed to use any clinic Microsoft Surface Pro to record their clients during therapy if needed for therapeutic purposes, such as visual and auditory feedback. All video recordings must be deleted immediately at the end of the session that day. Clinicians are not allowed to use clinic iPads for in-session recording purposes. CIs can also set up recordings through the VALT camera system for students to review for learning purposes in the clinic.
- Video Recordings of clients must remain in the clinic.
- Video recordings of sessions are to be viewed in the observation room only at any time on any available monitor. If there is a monitor available during clinic hours, you are allowed to use that monitor for the purpose of viewing your recorded videos only. You are allowed to use the monitors in the auxiliary

observation room if those monitors have not been reserved. You must consult with the Clinical Instructors to verify that any monitor is available if it is during clinic hours.

- For the purpose of classroom presentations, you are to request that your Clinical Instructor download a shared video to a designated methods course flash drive stored in the observation room. Clinical Instructors will return the flash drive to its stored location. Methods course instructors, not the students, will bring the flash drive to class with them, and return the flash drive to the observation room, not the students. Students are not allowed to remove these flash drives from the observation room, or use them to view their downloaded recorded videos in a different clinic location. ***This process is in place to maintain compliance with all California mandated confidentiality regulations.***
 - A student found in violation of this policy will result in the student receiving a failing grade in the clinic.
- Each student will sign the following Confidentiality Agreement prior to beginning their first semester of clinic:

Agreement to Maintain Client Confidentiality

I understand that everything I see and hear in any clinical situation during my years as a graduate clinician or undergraduate student will be kept in the strictest of confidences. I will only discuss my clinical experiences in class or with my Clinical Instructor in a place where my conversation cannot be overheard by anyone else. Conferences with persons approved by the client or their legal representative will be conducted in a confidential manner as well.

Information about any clinical experience will not be shared in any social medium by way of social media sites (e.g. Facebook, Twitter, etc.), texting and email. I understand that sharing pertinent clinical material via any social medium is a breach of confidentiality and can cause negative perceptions of not only my professionalism, but also the professionalism of the individuals and institution with whom and which I am associated.

I realize that this is important because information conveyed in a professional clinical setting, such as the Maryjane Rees Language, Speech, and Hearing Center, is considered to be Personal Health Information (PHI) and is legally confidential. I understand that a breach of confidentiality can be a reason for dismissal from the Speech Pathology and Audiology Program.

Clinical Clock Hours

- Student Clinicians are responsible for tracking and maintaining all clinical practicum clock hours in CALIPSO throughout their graduate program. Your Clinical Instructors will approve your clock hours each semester and during your internships.
- **IMPORTANT:** Report clock hours in actual time (43 minutes of therapy is 43 minutes of therapy; 12 minutes of assessment is 12 minutes of assessment; a 50-minute therapy session is not counted as 1 hour of treatment or assessment). **Rounding to the nearest quarter hour is not permissible.**

Clinic Fees

- The Maryjane Rees Language, Speech, and Hearing Center is a donations-only clinic.
- Clients will receive information about this funding model and how to donate from the front desk clinic staff when they check in at the front desk on their first scheduled day of therapy or for an assessment.

Mandatory Background Check (Policy)

- The Department of Communication Sciences and Disorders requires all students in clinical and internship practicum courses to complete a background check prior to beginning any clinical courses in the semester. Please see the instructions below and contact the department if you have any questions.
- The completed background check information will only be revealed to the Communication Sciences and Disorders department chair and the Dean of the College of Health and Human Services. All information will be kept confidential.
- No other background screenings may be substituted.
- If you have recently completed and submitted a background check for this department as an undergraduate for CSAD 146, that background check may be considered valid for beginning clinic in the Maryjane Rees Language, Speech, and Hearing Center. Please consult with the Clinic Director as needed.
- Instructions are posted on our CSAD Department Website under CSAD Handbooks: Resources, Forms and Information
 - <https://www.csus.edu/college/health-human-services/communication-sciences-disorders/student-resources.html>

**Please note that this information is for the sole purpose of background screening for this school only. Unauthorized use of our service is prohibited. **

Please note that this does not take the place of fingerprinting and background checks required by the California Commission on Teacher Credentialing and some specific internship sites before internship placements.

Required Immunizations

- Before beginning any clinical practicum, students must be immunized for Hepatitis B (series of 3) and show proof of TB Clearance. These can be obtained through the student Health Center on campus. The CSAD immunization policy is available on our department website.
-
- Evidence must be uploaded into your CALIPSO account or you will not be permitted to begin seeing clients in the clinic. You will upload to a file within the Compliance/Immunization section of your Student Information found in CALIPSO.
 - It is assumed that you have provided proof of MMR immunization as this is a condition of enrollment as a student here at Sac State.
 - Each student is responsible for keeping their immunization status current and updated in CALIPSO.

Clinical Assignments

- All clients are scheduled for Student Clinicians based on clinic block schedules and client availability.
- Your clinical assignments each semester will be posted in the clinic schedule, accessible in the clinic only beginning the first day of each new semester. A link to this schedule can be found on all computers in the clinicians' computer lab and on the therapy room Microsoft Surface Pros.
- Student clinicians are scheduled for clinic based on a randomized system to maintain a high degree of equitability. Because of this, individual requests for scheduling changes will likely not be honored, particularly after the schedule has been disseminated to all clinicians. All inquiries are to be directed to the Clinic Director. Individual requests that impact other students' schedules will not be facilitated by the Clinic Director, unless it is an extenuating circumstance, approved by the Clinic Director and the Department Chair.
- It is the Student Clinician's responsibility to call the client/parent/caregiver prior to their first therapy session to introduce themselves and confirm the days and hour of their scheduled therapy. **Note:** All clients would have already received verbal and written confirmation of their scheduled appointment times for the semester. You are still required to call and confirm. If the client/parent/caregiver indicates to you that there is now a conflict with the therapy days or time, please inform the clinic administrative assistant immediately.

- Clinicians are allowed to use the following designated clinic phones only:
 - Three phones located at the back of the clinicians' computer room
 - One phone located in the client file room
 - Phone in Observation Room may be used during non-clinic hours

Client Files

- Client charts are located in the client file room, which is locked at all times. You may access the key to this room during clinic operating hours at the front desk.
- We use electronic medical records (EMR) through Counselor for all client records. These records are only accessible inside the clinic on secure computers. You may not print out client records and leave the clinic with them. You may not review your client files anywhere else in Folsom Hall. You are not allowed to take them to any common space within the building. They are to remain in your possession at all times while in the clinic or clinical instructor's office. You may **NOT** remove client files from the premises.
- Please file test protocols promptly in the hanging folders in the CI room. These are shredded at the end of each semester.
 - Make sure that you have the client's file number and not the client's name on the protocols.

Clinician Files

- Your academic files are located in the department at Folsom Hall.
- Request your file from the department Administrative Assistant by 5:00pm the day before you need it.
- The files will be pulled and available to you at the department front desk by noon the next day.

Meetings with your Clinical Instructors

- Your Clinical Instructor will meet with you each week throughout the semester for client discussion and therapy preparation. The first two weeks of the semester will provide you and your Clinical Instructor the time to guide and review your assessment plan beginning the first week of the semester. Agreed upon weekly meeting dates will be determined between you and your Clinical Instructors. These conferences may be group conferences or individual conferences. Should a graduate student clinician feel that he or she requires individual support from his or her Clinical Instructor, he or she may request an individual meeting time.
- Prior to your first meeting, students should review their client files and may choose to prepare a “Client Information and Planning Sheet” found in the clinicians’ computer room. This form may be helpful to discuss each client’s needs and develop an assessment plan. A sample of how this form may be used follows:

CLIENT INFORMATION AND PLANNING SHEET - SAMPLE

Clinician: _____ Clinical Instructor: _____
Client Initials: _____ Semester/year: _____
Diagnosis: _____ DOB: _____ Age: _____

Background Information:

Developmental milestones met WNL with the exception of speech and language development
First words spoken at 2 ½ yrs, limited phonetic inventory until age 4 yrs
Received Speech therapy since the age of 2 yrs
Allergic to peanuts

Current Levels of Functioning and recommendations per most recent report:

/k/ and /g/ @ sentence level – previous goal. FCR indicates 80-90% @ word-initial level

Irregular past tense verbs, previous SPELT results indicate errors. Last FCR revealed worked on regular past tense and has mastered.

Sequencing and re-telling stories/events – recommended by previous clinician.

Assessment Plan (Include rationale; include both formal and informal measures you plan to use):

Goldman-Fristoe Test of Articulation – assess speech sound production. Previous FCR states client has several speech sound errors.

Informal probe of regular and irregular past tense verbs. Previous report states this is an area of need.

Probe sequencing and re-telling of stories/events (informal). Previous clinician recommends probing this for a possible goal.

CELF-5 – assess receptive/expressive language. Previous reports reveal language needs. Full language assessment has not been completed in over 1 year.

First Day of Clinic

1. Clients will be waiting for his/her Student Clinician in the waiting room. A client is not required to have a babysitter while the clinician interviews the parent if the client is 16 years or older, and the parent has given verbal consent.
- Discuss with your clients appropriate means of communication.
 - Do not give them your personal phone numbers or personal email addresses.
 - Clients may call you at the clinic or leave messages at the front desk or contact you via your Sac State secure email account.
 - Student Clinicians may only contact clients via designated clinic phones. Do not use personal phones (cell, home, etc.)
 - Email communication with clients must only be via your Sac State secure email account.
 - Students must cc their Clinical Instructor's Sac State secure email account on all email communications with clients.
- You are required to review with your client/client's parent or legal guardian/client's spouse the following forms EACH semester. All forms will be completed by the client on CounselEAR. Student clinicians should review these documents with the client/family the first day of clinic. A **CLIENT FORMS CHECKLIST** is available in the clinician's room.
 - **REQUIRED FORMS**
 - ***Notice of Privacy Practice***
Only the signature page goes into the client file. The notice goes home with the client.
 - ***General Information***
 - ***Client Agreement***

- ___ *Auxiliary Observation Room Policy Agreement*
 - ___ *Client Emergency*
NOTE: The Emergency Form is to be placed in a designated location at the clinic front desk. These forms will be collected and maintained at the front desk so that information can be quickly accessed if needed during clinic.
 - ___ *Center Permission*
 Permission for viewing (supervising) is required for clinic attendance.
 - ___ *Request for Information to be Sent*
 Permission to send the final report to the client and his/her designees.
- **AS NEEDED FORMS**
- ___ *Waiver of Responsibility*
 This must be filled out for each authorized individual who will be bringing a child client to the clinic for therapy.
 - ___ *Consent to Exchange Information*
 This form will allow you to exchange information by telephone with other professionals who work with your client.
 - ___ *Authorization to Request Information*
 This form will allow you to receive medical or school reports having to do with your client.
 - ___ *Facility/School Visit Release*
 This form gives you permission to visit a client's residential facility or classroom.
 - ___ *Food Agreement*
 This form identifies any food your client may be allergic to and provides permission to use safe food with your client during therapy.

Client Parking

- Each client receives ONE parking pass per semester. No exceptions. Replacements will not be issued.
- The client/driver(s) are responsible for moving the pass between vehicles being used to transport the client to the clinic. Additional passes cannot be authorized.
- It is preferred that clients park in the reserved clinic spaces until they are full. If none are available, clients may park in any available student space.

- Client parking passes are only valid on the days and times marked on the pass. Use of a pass at any other time will result in a parking citation.

Required Documentation

- At a minimum, Student Clinicians are responsible for writing **Weekly Lesson Plan** or **SOAPS** notes at the discretion of the Clinical Instructor, an **Initial Case Report (ICR)** and a **Final Case Report (FCR)**.

- **WRITTEN REPORTS**

- As we transition to using CounselEAR for all medical records, reports will be uploaded to that platform. You will receive specific instructions and guidelines regarding professional report writing from your clinical methods course professors and your Clinical Instructors.
- Final case reports should state the client's Long Term Goal(s) in addition to the Short Term Goals established for each semester.
- **Weekly lesson plans can be kept in the lesson plan folders in the CI observation room or on MS teams, and should be de-identified.**

- **REPORT FORMATTING**

- Report formats will be provided to you by your clinical methods course instructor. Please use the following standard heading for **ALL printed** Initial Case Reports, Final Case Reports, and Assessment Reports: (**NOTE: *Headings are not to stand alone as a title page***)
- Report formatting for Discharge Summaries are at the discretion of your Clinical Instructors.



SACRAMENTO
STATE

Maryjane Rees Language, Speech and Hearing Center
Department of Communication Sciences and Disorders
California State University, Sacramento
6000 J street MS 6601
Sacramento, CA 95819
916-278-6601

**Initial Case/Final Case/Assessment Report
Spring/Fall Semester (year)**

Client Name:

Date of Birth:

Age:

Parents:

Address:

Phone:

Graduate Clinician:

Clinical Instructor:

File#:

Date of Report:

Diagnosis: *Speech and Language Diagnoses only (please include severity levels)

*If SSD, please indicate SSD characterized by articulation errors or phonological deficits, whichever applies

*Please include ASD diagnosis if applies

*If aphasic, please indicate fluent vs. non-fluent aphasia with severity level

*If treating cognitive deficits, please indicate cognitive deficits secondary to TBI, etc.

- **Fonts:** Please use **Garamond** as this is a Sac State authorized font.
- **Reporting ages:** Please report the ages of clients in the following manner depending on the sentence structure:
 - 4 years, 9 months of age
 - 4-year, 9-month-old
 - 4;9-year-old

- In the heading next to Age, it is acceptable to simply report 4;9
 - **Footer:** You must have a footer which indicates **STUDENT REPORT** (centered) on each page, including first page.
 - **Header:** You must have a header which indicates File # and page x of y (right alignment). *Headers are not to appear on the first page of the report.*
 - **Margins:**
 - Left and top @ 1”
 - Right @ 0.7”
 - Bottom @ 0.5”
- **CHART NOTES**
 - Students are expected to keep a daily record of therapy sessions for each client. Chart notes are in counselEAR. They document the number of minutes you worked with the client and what skills you targeted.
 - This form will also serve as an attendance record. If the client did not show and did not call, Student Clinicians should record a “no show” for that session. The Student Clinician should indicate the reason if known or state “Unknown reason.”
 - The Student Clinician should indicate consistent client tardiness here, as well.
 - Chart notes should be completed after each session.
 - This a part of the client’s confidential file; chart notes are NOT permitted to leave the premises of the Clinic.
 - At the end of the semester, you will print out chart notes for your Clinical Instructor to check clock hours submitted on Calipso.

Supervision

- Clinical Instructors will observe each Student Clinician a minimum of 25% per therapy session and 50% per assessment session throughout the semester.
- In addition to the requirements outlined in this manual, each Clinical Instructor may have specific requirements for their Student Clinicians. Student Clinicians should check with each of their Clinical Instructors to ensure that they understand what is expected of them.

Student Evaluations

- Student Clinicians will receive a midterm and final student evaluation during each clinical practicum experience. These student evaluations are completed and maintained in CALIPSO. During the midterm evaluation conference, Clinical Instructors will meet with each student to discuss their performance. Clinical Instructors may offer further suggestions on how the student may improve their performance as needed. The midterm meeting also serves as a time for Student Clinicians to discuss any concerns he/she may have regarding his or her own performance, the Clinical Instructor’s expectations, their clinical assignment, etc.
- At the end of each semester, Clinical Instructors will again meet with each student to review their final grade. All Clinical Instructors will use the approved CALIPSO clinical competencies and student evaluation to document clinical performance. Students are encouraged to review the clinical competencies at the beginning of the semester. This will help answer most questions regarding what is being evaluated.

CALIPSO Clinical Competencies California State University, Sacramento

EVALUATION
1. Conducts screening and prevention procedures
2. Collects case history information and integrates information from clients/patients and/or relevant others
3. Selects appropriate evaluation instruments/procedures
4. Administers and score diagnostic tests correctly
5. Adapts evaluation procedures to meet client/patient needs
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses
8. Makes appropriate recommendations for intervention
9. Completes administrative and reporting functions necessary to support evaluation
10. Refers clients/patients for appropriate services

INTERVENTION
1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process)
3. Selects or develops and uses appropriate materials/instrumentation
4. Sequences tasks to meet objectives
5. Provides appropriate introduction/explanation of tasks
6. Measures and evaluates clients'/patients' performance and progress
7. Uses appropriate models, prompts or cues. Allows time for patient response
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs
9. Completes administrative and reporting functions necessary to support intervention
10.. Identifies and refers patients/clients for services as appropriate
PROFESSIONAL PRACTICE, INTERACTION, AND PERSONAL QUALITIES
1. Demonstrates knowledge of and interdependence of communication and swallowing processes
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice
3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities)
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others
5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others
6. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others
7. Collaborates with other professionals in case management
8. Displays effective oral communication with patient, family, or other professionals
9. Displays effective written communication for all professional correspondence
10. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner
11. Demonstrates professionalism
12. Prepares sufficiently and is prompt with the initiation of and termination of each therapy session.
13. Implements advice/guidelines/recommendations of the Clinical Instructor promptly
14. Maintains awareness of and complies with department and clinic/facility policies

CLINICAL WRITING
1. Displays effective written communication for all professional correspondence
2. Edits to ensure documentation is free of errors in sentence structure, grammar, spelling, punctuation and capitalization. No typographical errors are present
3. Written work adheres to the appropriate format and is coherent and appropriate for the defined audience
4. Summarizes the test results, takes into account the historical information and develops a written diagnostic statement that describes the speech/language/hearing problem(s) being addressed. Describes the functional impact of the identified speech/language/hearing problem(s).
5. Writes goals and objectives that address the area of need/baseline and are S.M.A.R.T. (specific, measurable, attainable, results-oriented and timely).
6. Understands the difference between written semester goal and daily objectives.
7. Displays effective written communication in all professional writing.
8. Demonstrates appropriate writing style by selecting the appropriate tone, sentence length, phrasing and use of professional terminology.
9. Assesses his/her own writing and develops strategies for addressing weaknesses
10. Completes daily therapy log/charting, lesson plans, SOAP notes in a timely manner. Reports and subsequent drafts are completed according to established deadlines.
11. Clearly documents the progress a client has made or lack thereof. Includes a discussion of the barriers to greater success/progress in the Final Case Report

Clinic Grading Policy

- Progress toward meeting clinical policies for passing each clinical experience is documented using the clinical competencies found in the student evaluations in CALIPSO.
- Your final competency scores assigned by your Clinical Instructor determine your final grade.

PERFORMANCE RATING SCALE

1. **Grading Policy:** A passing grade for clinic performance is based on the Final Student Evaluation completed in CALIPSO. You should review this form BEFORE clinic starts so that you are aware of all items that will become part of your formative and summative assessment for this clinic. The student evaluation form will be completed by your clinical instructor at midterm and at final, but it is the **final** evaluation on which your clinic grade is based. The student evaluation is separated into four (4) general competency categories: Writing, Assessment, Treatment, and Professional Behavior. Each general competency area consists of numerous individual line items.

A passing grade for each clinic is a B- or higher. A passing grade is obtained by achieving a rating of 4.0 or better on the average combined score of the 4 general competency categories, provided that the student achieves; (a) an average rating of 4.0 or better for **each** of the 4 general competency categories **and** (b) a minimum score of 3.0 on **all** individual competency line items. **Therefore, any student receiving (a) a rating of 2.99 or less on any one (or more) specific line item or (b) a rating of 3.99 or less for a competency category will not pass the clinic, even if their average combined score of the 4 general competency categories is a B- or higher. In such cases, a grade of C+ will be given for the clinic.**

Letter grades will be based upon the following:

SCORE	GRADE	DESCRIPTION
4.65 - 5.00	A	<u>Exceeds Performance Expectations</u> (Minimum assistance required) <ul style="list-style-type: none"> • Clinical skill/behavior well-developed, consistently demonstrated, and effectively implemented • Demonstrates creative problem solving • Clinical Instructor consults and provides guidance on ideas initiated by student
4.50 - 4.64	A-	
4.35 – 4.49	B+	<u>Meets Performance Expectations</u> (Minimum to moderate assistance required) <ul style="list-style-type: none"> • Clinical skill/behavior is developed/implemented most of the time, but needs continued refinement or consistency • Student can problem solve and self-evaluate adequately in-session • Clinical Instructor acts as a collaborator to plan and suggest possible alternatives
4.15 – 4.34	B	
4.00 – 4.14	B-	
3.85 – 3.99	C+	<u>Needs Improvement in Performance</u> (Moderate assistance required) <ul style="list-style-type: none"> • Inconsistently demonstrates clinical skill/behavior • Student’s efforts to modify performance result in varying degrees of success • Moderate and ongoing direction and/or support from Clinical Instructor required to perform effectively
3.65 – 3.84	C	
3.50 – 3.64	C-	

3.35 – 3.49	D+	<p><u>Needs Significant Improvement in Performance</u> (Maximum assistance required)</p> <ul style="list-style-type: none"> • Clinical skill/behavior is beginning to emerge, but is inconsistent or inadequate • Student is aware of need to modify behavior, but is unsure of how to do so • Maximum amount of direction and support from clinical Supervisor required to perform effectively.
3.15 – 3.34	D	
3.00 – 3.14	D-	
1.00 – 2.99	F	<p><u>Unacceptable Performance</u> (Maximum assistance is not effective)</p> <ul style="list-style-type: none"> • Clinical skill/behavior is not evident most of the time • Student is unaware of need to modify behavior and requires ongoing direct instruction from Clinical Instructor to do so • Specific direction from Clinical Instructor does not alter unsatisfactory performance

- A grade of Incomplete will only be assigned at the discretion of the Clinical Instructor, if a portion of required coursework has not been completed and evaluated during the course due to unforeseen but fully justified reasons and that there is still a possibility of earning credit for the course. It is the responsibility of the Student Clinician to bring pertinent information to the attention of the Clinical Instructor and to determine from the Clinical Instructor the remaining course requirements that must be satisfied to remove the incomplete grade. A final grade is assigned when the work agreed upon has been completed and evaluated. An Incomplete grade in a practicum must be resolved to the satisfaction of the Clinical Instructor(s) or the Student Clinician may not be eligible for subsequent practica and will not be eligible for internship placement. A performance improvement plan following the terms designated by the University and outlining the timeframe and terms of completion of a grade of Incomplete will be developed by the Clinical Instructor and Student Clinician, in consultation with the Clinic Coordinator and Graduate Coordinator. Clinic clock hours will not be awarded until successful completion of the practicum assignment according to the terms of the performance improvement plan. An Incomplete must be made up within the time limit specified by the instructor when the completed "I" grade is assigned. The time limit may not extend beyond 12 months. If the instructor does not specify a time limit, then the student must meet the conditions specified by the instructor within 12 months from the day grades are due on the Academic Calendar (the last day of the term) the same term in which the "I" grade was assigned. This limitation prevails whether or not the student maintains continuous enrollment. Failure to complete the assigned work will result in an Incomplete being converted to an "F" or "NC" on the academic transcript.

End of the Semester Procedure

- An *End of Semester Clinic Check List* can be found in the clinician's room.

- Finalize your Final Case Reports with your Clinical Instructor(s). Once approved, upload FCR to CounselEAR. Findings should be reviewed with your clients on the last day of therapy and an electronic copy of the report will be sent to the patient through CounselEAR
- Please complete the following (End-of-semester packet) prior to your last day in clinic :
 - **End-of-semester checklist**
 - **Report Finalization Form for each client. *Please check off all designated areas.***
 - (Purple Card) **Returning Therapy Recommendation Card for each client.**

Clinical Instructor Evaluation

- At the end of each clinical semester, students will be asked to complete a Clinical Instructor Evaluation. Students are asked to be as thorough and honest as possible when completing these evaluations. Clinical Instructors will use this information to make changes in the way they work with students. Clinical Instructors are provided with the information only after grades have been posted and students' anonymity is maintained.

Performance Improvement Plans

- If a Student Clinician is at risk for not meeting clinical competency expectations, a performance improvement plan(s) (PIP) will be formulated as required. Performance improvement plans are designed to improve a Student Clinician's knowledge and skills in specific area(s) of weakness.
- If a performance improvement plan is necessary, the following steps will take place:
 - The Clinical Instructor will write an appropriate PIP following department guidelines, using the department specific PIP template.
 - The PIP will be approved by the Clinic Director, reviewed with the Student Clinician, and signed by all required parties.
 - Progress made related to the PIP goal(s) will be considered by the Clinical Instructor before determining the final clinical competency scores and posting the course grade.
 - If there is more than one clinic requiring a performance improvement plan(s) in a semester or if a performance improvement plan is required in a previously failed clinic, then a department level performance improvement plan is required and will be written by the Department Chair in consultation with the Clinical Instructor, the Student Clinician, and the Clinic Director.

Student Grievance Procedure

<https://www.csus.edu/college/health-human-services/communication-sciences-disorders/internal/documents/equitable-treatment-and-other-campus-policies.pdf>

- Please see the Department of Communication Sciences and Disorders' website for all information regarding pathways to student grievance.
- Should a condition exist that a student believes is in violation of the rules, procedures, policies, or the standards of the university, it is important that he/she bring it to the attention of the appropriate individual or office. An attempt at an informal resolution should be the first action taken by the aggrieved party.
- If an informal resolution is not possible, then the aggrieved party should meet with the Department chair for resolution of the issue. The Department chair shall allow the student an opportunity to present their case and any documentation relevant to the issue. If the chair finds that the issue is in fact a specified academic right and that the student has asserted a reasonable claim of a violation of these rights, the chair shall make whatever additional inquiry is appropriate. If the subsequent inquiry substantiates the assertion, the chair shall meet with the faculty or staff member alleged to have engaged in the action aggrieved. The chair may then attempt an informal resolution or refer the action to higher authority for action.
- This policy shall not apply to any allegation related to discrimination based on any category prohibited by applicable law including, but not limited to, sex, race, ethnicity, linguistic background, national origin, gender, sexual orientation, gender identity, genetic information, race, marital status, pregnancy, religion, age, citizenship, disability or veteran status. Complaints of discrimination against students based on these grounds shall be immediately referred to the University Affirmative Action/Equal Opportunity Officer.
- Students shall have a right to appeal the action of the chair to the College of Health and Human Services Dean.
- In matters involving all other grievances contact the office of the Vice President for Student Affairs for appropriate referral, 3008 Lassen Hall.

Clinicians' Computer Room

- Open to all Student Clinicians during hours of clinic operation.
- This room is part of the clinic facility and should be respected as such. Professional behavior is expected at all times. Please monitor your vocal volume out of respect to your fellow clinicians.
- This space is provided to Student Clinicians for the purpose of planning therapy, writing reports, studying, and developing professional collaboration skills with one another.
- Please treat this space as you would any other work space in a professional setting such as a private clinic, hospital or school site.
- **NOTE:** The computers in the Student Clinician's room revert to erase all data every evening after the clinic has closed. Student Clinicians should back-up documents to personal data storage devices. Confidential client information should not be stored on personal data storage devices.

- Please respect your fellow clinicians and everyone's need to access computer time. Please clear all personal belongings from the computer space you may have been using when you leave the clinician's room for a prolonged period of time.

Therapy Rooms and Lab Spaces

- Each therapy room is set up to be identical to one another in terms of furniture (3-6 adult chairs depending on size of the therapy room, 2 children's chairs, 1 adult table, and 1 child table.)
- If furniture is moved to better accommodate a client's needs, the clinician is responsible for moving all furniture back to its home base immediately after the session. Relocating therapy room furniture to a new permanent location is not an option for student clinicians. This is a professional courtesy issue.
- If therapy chairs are moved to another room for conferencing with a Clinical Instructor, clinicians are responsible for moving the chairs back to the room from which they were retrieved.
- Before and after each session, the Student Clinician is responsible for cleaning all surfaces (counter top, table tops, children's chairs, and the arms of the adult chairs) using the disinfecting wipes found in each therapy room upper cabinetry. These wipes are to be replaced back in the upper cabinetry.
- Supplies for completing an oral mechanism examination are located in the top drawers of the therapy room cabinetry.
- Please throw all trash away at a wash station located in the therapy room hallways.
- Do not remove the instruction manual or the boxes containing accessories and parts for the View Sonics from the therapy rooms. PLEASE USE A STYLUS TO WRITE ON THE VIEW SONIC SCREEN.
- Therapy rooms are assigned randomly. If room changes occur after therapy has begun at the request of your Clinical Instructor based on the needs of your client, please make those arrangements per Clinical Instructor coordination and inform the clinic administrative assistant immediately so we can make the changes on the clinic schedule.
- Student clinicians may use any therapy room to study when the room is not in use (first come, first serve; no reservation needed).

Observation Room and Auxiliary Observation Room

- The observation room is to be treated as a professional environment. Clinical Instructors will be supervising student clinicians and assisting guest observers. Students will be accessing their lesson plan files, reviewing video recordings, and may be seeking specific instruction regarding client therapy.
- Students are not allowed to study in either observation room.
- Students are allowed to review videos that their Clinical Instructors have shared with them at any time during non-clinic hours in either observation room.
- During clinic hours, when Clinical Instructors are supervising, students are allowed to sit at any available station to review recorded videos. Students are also allowed to sit at any computer station in the auxiliary observation room if a station is available. Students are to confirm with the Clinical Instructors the availability of the computer stations during therapy hours.
- Clinical Instructors will not limit the access of this room or computer stations to students. During therapy, Clinical Instructors and guest observers have priority use of the computer stations. But if one is available, a student is permitted to use it for reviewing recorded videos.
- These rooms may be used by Clinical Instructors for conferencing with students, but they cannot be reserved by a Clinical Instructor for conferencing purposes.
- Student Clinicians are permitted to document in their therapy logs and read Clinical Instructor's comments and ask questions of their Clinical Instructors within the observation suite. If students require lengthy discussion with their Clinical Instructor, they should schedule an appointment for a later time.
- Clinical Instructors will manage the reservation of computer stations in the auxiliary observation room using a sign-up system for approved individuals.
- All clients must sign the Auxiliary Observation Room Policy Agreement in order to use this room to observe.

Therapy Prep Room and Supply Room

- Lockers are available on a first come, first serve basis with a sign up sheet in the therapy prep room. If the student chooses to use a lock, the lock needs to be removed at the end of each semester.
- All AAC items and labeled equipment in cubbies must be checked out using supply room procedures.

- Larger items located in the Therapy Prep Room such as laminators and paper cutters, are not to be removed from this room. Please return all smaller items that you might use outside of this room, such as scissors, out of professional courtesy.
- Located in drawers of the island unit, you will find supplies that may be used for rewards or reinforces for therapy. These consumable items are for you to take and use. Please use as needed and at your discretion. Please be mindful that these supplies are to be used by all clinicians in the Maryjane Rees Language, Speech, and Hearing Center.
- You will find other items in drawers and cubby spaces such as playdough, bubbles and clipboards which are also for you to use during therapy. These types of items we ask that you return out of courtesy for other clinicians to use as well.
- Please respect the supply room, its policies and procedures, and the undergraduate students managing the supply room as part of their requirements for a course. It is part of your professional expectations as a clinician in this clinic. The Supply Room Policies and Procedures are revised as needed each semester and are located at the front counter of the Supply Room.
- To review the Supply Room inventory online, please refer to the Department of Communication Sciences and Disorder's webpage under CSAD Handbooks: Resources, Forms and Information; Maryjane Rees Language, Speech, and Hearing Center Handbook.

Miscellaneous Clinic Policies

- **KEY FOBS:** Graduate students will be issued a key fob to allow access to the clinic. This fob will allow you entrance at the reception desk door that leads directly into the clinic. This door is locked at all times and is not to be propped open for any reason.
 - Key request forms will be available each semester one week prior to the first day of classes. These forms can be picked up at the clinic front desk.
 - Please take your key request form to Facilities Management along with your student OneCard to receive your fob. Facilities Management is open M-F 8:00am – 4:00pm.
 - You will need to pick up a new request form at the beginning of each Fall semester only. Your Fob will deactivate during the winter recess, but automatically reactive the first day of classes during the following Spring semester.
 - Your fobs will deactivate on the last day of finals week each semester.
 - You are provided with one complimentary fob at the beginning of graduate school. If you lose it, you are responsible for going to Facilities Management to pay for a replacement. The department is not responsible to pay the associated fees to replace a fob.

- Turn your fob back in at Facilities Management after you have successfully completed your third semester of clinic. Your degree conferral will be held up if you do not return your fob back to facilities.

- CLINIC BADGES: Students and CIs are provided identifying name badges and a lanyard to wear when they are in the clinic space for quick identification. Please wear your badge each day.

- Students are to check the clinic schedule on CounselEAR to check for client cancellations and to see when their client has checked in.

- Students are to pick up their clients from the waiting room and escort them back to the waiting room. **Remember: No conferencing is permitted in the waiting room.**

- Student Clinicians are not allowed to have relatives or friends visit in the clinic or to spend the day.

- Student Clinicians may not receive personal calls at the clinic.

- Student Clinicians may not use clinic phones for personal use.

- Student Clinicians are not allowed to use the audio suite for studying or making client phone calls.

CLINICAL SUPERVISION AT SACRAMENTO STATE

Our philosophy is that the clinical education of our graduate students begins with experiences provided in the undergraduate program and continues in the hierarchical graduate clinic sequence and its associated methods courses. Supervision is a clinical teaching activity and a collaborative process between the student and the Clinical Instructor (CI).

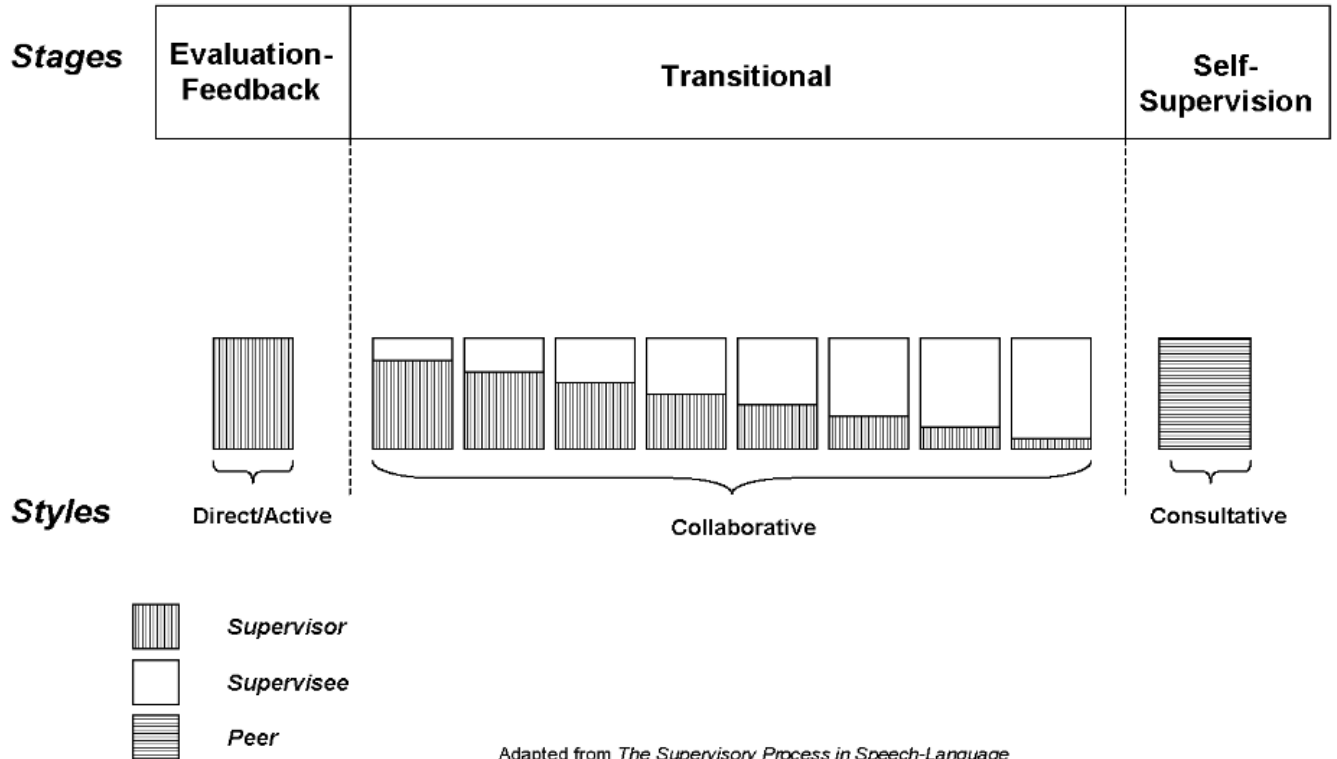
Clinical Supervision Expectations

A Clinical Instructor (CI) will:

- Create and maintain a safe learning environment
- Provide a foundation of mutual respect and effective interpersonal communication
- Offer meaningful feedback and session evaluations
- Share responsibility for all of the activities involved in the supervisory experience
- Provide assistance in developing clinical skills
- Coach and mentor the students as they advance through the varying levels of support in each clinic
- Instruct the student in the integration and application of theoretical knowledge
- Sequence and scaffold the student's knowledge and skills development
- Guide the student in the development and refinement of clinical skills in preparation for the Clinical Fellowship (CF)/ Required Professional Experience (RPE)
- Develop performance improvement plans as necessary in order to facilitate successful knowledge and skills development
- Teach using a variety of strategies, such as:
 - Direct instruction
 - Modeling/ Demonstration therapy
 - Role playing
 - Structured observations
 - Observation by other supervisors

References:

Anderson's Continuum of Supervision



Adapted from *The Supervisory Process in Speech-Language Pathology and Audiology* (p.62) by J.L. Anderson, 1988, Boston: College-Hill Press/Little Brown and Company.

- American Speech-Language-Hearing Association. (2008). Clinical supervision in speech-language pathology [Position Statement]. Available from www.asha.org/policy.

Clinical Instructor Requirements

1. It is required that the CI be present and observing in the observation suite whenever a graduate clinician is conducting therapy. CIs are not allowed to supervise/observe more than 4 students per hour.
 - a. In cases where it has been determined by the clinical instructor that a student requires additional supervision, the methods class instructor and the clinic director are available to provide additional supervision. Our clinical observation suite includes an auxiliary observation room that provides more than ample observation stations for any additional supervision that is required by these individuals.

2. In the event that a CI must be absent from his or her observation responsibilities (for illness or other emergency), the following steps must be taken:
 - a. Inform the Clinic Director and Department Chair via email prior to the absence.

 - b. Attempt to find coverage for the time period you will be missing via the following procedure:
 - i. Use the MS Teams CI Chat to request coverage dates and times as soon as you are aware of your need to be absent.
 - ii. You may reach out to individual CIs to trade days or pay forward coverage.

 - c. Inform the Clinic Director and Department Chair via email of the coverage that you have arranged.

 - d. If you are unable to find a substitute, the clients will need to be cancelled. The Student Clinicians should inform their clients and you must inform the Clinic Director.

3. The CI will ensure that students are documenting their actual number of clinical minutes and is required to document the actual number of minutes that they observe on the hours record forms in CALIPSO.

4. For each clinical session, the CI must provide real-time written documentation (e.g., recommendations, suggestions, praise, and general comments) for each Student Clinician under their supervision.

5. The CI will require their assigned Student Clinicians to write:
 - a. At least weekly lesson plans or SOAPS notes (at the discretion of the CI)
 - i. All weekly student documentation must include the student’s rationale for planned assessments and intervention and include references/citations and a self-reflection section to include a discussion of why elements of the therapy sessions went well and what could be improved to support the student’s development of critical thinking skills.

Lesson Plan Template

WEEKLY LESSON PLAN					
Clinician’s Name:			Client Initials:		
Dates of Sessions:			Age:		
Clinical Instructor:					
Diagnosis:					
Therapy Day/Time:					
S.M.A.R.T. Weekly Objectives	Method/Approach with Rationale <i>(include independent and EB information in discussion; cite literature, if applicable)</i>	Materials Rationale	Results <i>(Objective data with accuracy levels)</i>	Next week’s Plan <i>(S.M.A.R.T. therapy objectives Discuss cueing hierarchy & appropriate levels of complexity demonstrating your task analysis)</i>	Self-Reflection <i>(Be sure to answer: [a] What I did well? and [b] What area(s) to improve along with my strategy for implementation)</i>

- b. One Initial Case Report (ICR)
 - c. One Final Case Report (FCR)
6. The CI will require that the Student Clinicians use the ICR and FCR document formats as provided by the instructor of the associated methods course. *Changes to the approved report heading and formatting guidelines by the student or Clinical Instructor are not permitted.*
 7. The CI will guide the Student Clinician in the development of professional writing skills.
 8. The CI is required to meet with his or her assigned Student Clinicians on a weekly basis for client discussion and clinician preparation. These consultations/conferences may be group conferences or individual conferences, depending on the needs of each Student Clinician. When a graduate clinician requires individual support from his or her CI, it should be made available/offered to him or her. These meetings shall take place on campus in the Maryjane Rees Language, Speech and Hearing Center, designated faculty offices, or other reserved University/department space, and not in the homes or off-campus offices of students or faculty members.
 - a. In order to support students in obtaining the clinical competence required to acquire the independence to enter independent professional practice, Clinical instructors will schedule additional meetings (as necessary) and develop performance improvement plans (as needed).
 - b. The methods class instructor and the clinic director are available to provide additional support as needed.
 9. The CI is required to complete a midterm and a final student evaluation in CALIPSO for each assigned clinician.
 10. The CI is required to meet and discuss the midterm and final student evaluations during a midterm and final conference with each assigned clinician. Both the midterm and the final student evaluations must be signed electronically in CALIPSO by the CI and the student before final submission. This is your evidence that you have reviewed the evaluations face-to-face with your students.
 11. If a graduate clinician is at risk for not meeting clinical competency expectations, performance improvement plan(s) must be formulated as required.
 - a. Performance improvement plans will follow the template(s) established by the department (below).
 - b. Performance improvement plans must involve consultation with the Clinic Director, be signed by all required parties, and be filed in the Clinic Director's office.
 - c. Performance improvement plans are considered a teaching tool, and include responsibilities for both the student clinician and the CI.

- d. Multiple performance improvement plans may be required over the course of the semester.
 - e. Student clinicians must be given the opportunity to demonstrate adequate progress on a performance improvement plan up until the final day of the semester.
 - f. The CI will consider the progress made on all performance improvement plans before determining the final clinical competency scores and posting the course grade.
12. When a student has failed a clinic, the clinical competencies for that clinic MUST be reviewed by the Department Chair prior to presenting the evaluation to the student.
13. The Clinical Instructor is requested to monitor the dress code required for all student clinicians. A lab coat is available in the observation suite for use should a student clinician arrive for therapy out of compliance with the dress code. The lab coat is to avoid canceling a client, not to safe guard the student's grade under professional behavior.
14. Student clinicians are required to offer make-up sessions to the client if the clinician or the CI canceled therapy. These make-up sessions are held during the week following the last week of clinic. The Clinical Instructor is required to be present.
15. Student Clinicians are required to complete and submit the clinical clock hour's forms for CI approval in CALIPSO.
- a. Only direct client and/or family contact hours can be counted as clinical hours.
NOTE: Report clock hours in actual time (43 minutes of therapy is 43 minutes of therapy; 12 minutes of assessment is 12 minutes of assessment; a 50 minute therapy session is not counted as 1 hour of treatment or assessment). **Rounding to the nearest quarter hour is not permissible.**
16. At the end of the clinic semester the CI is encouraged to ensure their students are pulling the end-of-semester packets together successfully. The end-of-the-semester packets are the students' responsibility to submit.
17. The CI is required to provide a grade for the graduate clinicians under their supervision. Each CI is responsible for submitting the grades for each of their students directly into CMS by the university-mandated deadline. Detailed instructions regarding how to enter grades in CMS can be found online at <http://www.csus.edu/irt/service/sdesk/support/mysacstate/Faculty-Staff-Tutorial.html>
18. If and when problems or concerns arise during the semester, you are requested to contact the Clinic Director as soon as possible for support and direction.

Performance Improvement Plan - Template

Clinic Level

If a graduate clinician is at risk for not meeting clinical competency expectations, performance improvement plan(s) must be formulated. These will be written by the CI in consultation with the Student Clinician and the Clinic Director.

California State University, Sacramento

Department of Speech-Language Pathology and Audiology

Clinic Title
Semester, Year

Performance Improvement Plan (PIP)

Student Name:

Clinical Instructor (CI):

Purpose of PIP: To support Student in the successful completion of

Outcome of PIP: The level of progress towards goals listed below will affect final competency scores, which will determine the final course grade. As stated in the clinic syllabus:

A passing grade for each clinic is a B- or higher. A passing grade is obtained by achieving a rating of 4.0 or better on the average combined score of the 4 general competency categories, provided that the student achieves; (a) an average rating of 4.0 or better for each of the 4 general competency categories and (b) a minimum score of 3.0 on all individual competency line items. **Therefore, any student receiving (a) a rating of 2.99 or less on any one (or more) specific line item or (b) a rating of 3.99 or less for a competency category will not pass the clinic, even if their average combined score of the 4 general competency categories is a B- or higher. In such cases, a grade of C+ will be given for the clinic.**

Competency-Related Performance Improvement Goal:

Competencies: <u>All</u>
GOAL:

1. By the end of the semester, student will require no more than minimum to moderate assistance, as outlined on the performance rating scale, in order to achieve a rating of 4.0 or better on the average combined score of the 4 general competency categories, an average rating of 4.0 or better for each of the 4 general competency categories, and a minimum score of 3.0 on all individual competency line items.

Specific Competency-Related Performance Improvement Goal(s):

Competency:
GOAL(S):

Clinical Instructor will be available by email, phone, or in-person to answer all student clinician’s questions and biweekly therapy sessions.

Benchmarks	Student Clinician Obligation	Clinical Instructor Obligations	(E

I have read, understand, and will comply with the performance improvement plan as written above (Initiation of PIP):

 Student Clinician Date

 Clinical Instructor Date

 Clinic Director Date

 Methods Instructor Date

I have read and understand the progress notation notes regarding progress to goal achievement (End of PIP):

Student Clinician

Date

Clinical Instructor

Date

Clinic Director

Date

Methods Instructor

Date

Department Level

If there is more than one clinic requiring a performance improvement plan(s) in a semester or if a performance improvement plan is required following a previously failed clinic, then a department level performance improvement plan is required and will be written by the Department Chair in consultation with the CI, the Student Clinician, and the Clinic Director.

California State University, Sacramento

Department of Communication Sciences and Disorders

XYZ Clinic/Semester

Department Level Performance Improvement Plan

Student Name: XXX

Semester and Year:

Current Clinics with performance improvement plans in place: XXX

Purpose of Department Level Performance Improvement Plan: To support the student clinician's successful completion of the XXX Clinic(s)

Outcome of PIP: Successful passage of clinics with active performance improvement plans.

Competency-Related Performance Improvement Goals:

1. Competency: (category) XXX			
GOAL: 1. The student will XXX			
Clinical Instructor(s) will record (e.g. audio and visual) every scheduled therapy session and meet with Department Chair and Clinical Director to discuss progress towards meeting department level performance improvement goals			
Benchmarks	Student Clinician Obligation	Clinical Instructor Obligations	Progress Notation (Benchmark progress towards goal achievement)
1. By XXX	XXX	XXX	XXX

2. By XXX	XXX	XXX	XXX
3. By XXX	XXX	XXX	XXX

I have read, understand, and will comply with the performance improvement plan as written above (Initiation of PIP):

Student Clinician Date

Department Chair Date

Clinic Director Date

Clinical Instructor(s) Date

I have read and understand the progress notation notes regarding progress to goal achievement (End of PIP):

Student Clinician Date

Department Chair Date

Clinic Director Date

Clinical Instructor(s) Date

Additional Information:

1. Note that all discussions involving clients' protected health information should be conducted in a confidential location and manner.
2. The same is true for all student-protected information, including evaluation conferences and the required supporting documentation: Conferences must be conducted in a confidential location and student evaluations must be delivered to the student in a confidential manner.
3. Discussions regarding students' individual or group clinical performance must not be held in the Observation Suite. Please seek a confidential location should such consultation be required.
4. No client information may be shared with anyone but the client if the client is an adult, unless the adult client has signed a release form allowing the sharing of information. Child client

information cannot be shared with anyone but the child's parent(s) with legal custody, unless that parent has signed a release form allowing for the sharing of the information.

5. The campus email system is required for corresponding with students. All email correspondence between you and your student clinicians regarding a client must contain client initials only and no identifying information.
6. At the end of each semester, the students are required to evaluate the performance of their Clinical Instructor in their methods class. The administrative coordinator is responsible for gathering the data. A report will be furnished to you following the end of the semester.
7. As a reminder, this clinical teaching process is designed to meet the educational and clinical needs of each Student Clinician under your supervision, as well as the client's need for quality speech-language-hearing services.

TELEPRACTICE

The following policies and procedures have been modified for telepractice services through the MRLSHC.

Professionalism

- The Maryjane Rees Language, Speech, and Hearing Center is a recognized and valued service provider in the Sacramento community and surrounding areas. It is the primary facility for clinical training for graduate students enrolled in clinical practicum activities on campus. Even when engaged in a telepractice session, graduate student clinicians are required to conduct themselves in a professional manner at all times as reflected in demeanor, dress, verbal exchanges, attitude towards fellow clinicians and clinic instructors, and compliance with all relative policies and procedures.
- As graduate student clinicians, you will interact with many professionals as part of your preparation. In coursework and in field experience, there will be occasions where you must work with other professionals to create a case history, to interact with your clients, to support behavior and learning, etc. These other professionals include (but are not limited to) in-service general educators, in-service special educators, social workers, interpreters, translators, case workers, other allied healthcare professionals, etc. Students are required to conduct themselves in a professional manner for all interprofessional practice activities which may apply.
- Violations of expected telepractice conduct are directly related to professional behavior and will impact clinic grades up to and including failing the associated clinical experience(s). Any student

who has failed any two clinical practicum courses will not be allowed to continue in the graduate program and will be dismissed. ***Students are reminded to review and discuss the professional behavior clinical competencies with their Clinical Instructors.***

- Student Clinicians should remember they are practicing under the licenses of their clinical instructors. That relationship may result in a clinical instructor being particularly exacting in their requirements for completion of documentation and performances of clinical duties.

Clinician Attendance and Cancellation

- The Student Clinician will be prompt when attending all telepractice sessions, and meetings with his/her Clinical Instructor(s).
- Attendance is mandatory at each clinical assignment for which Student Clinicians are scheduled. If for any reason you cannot attend a session(s) due to illness, emergency, or other extenuating circumstance, please adhere to the following procedures:
 - Notify your Clinical Instructor according to his or her preferred method of contact. Please verify this preferred method of contact at the beginning of the semester.
 - Notify all other members of your clinical team according to the previously established preferred method of notification, i.e. notify the other graduate student clinicians teaming with you for your shared clinical assignments. Arrange for another team member to cover your clinical role for the day as per your Clinical Instructor's instructions.
 - Because the clients in clinic this semester are assigned to a team of clinicians, you do not need to notify your clients of your absence in advance.
 - You do not need to notify clinic staff of your absence.
- Should a client session need to be canceled entirely by the telepractice team, a make-up therapy session will need to be offered to the client during the last week of classroom instruction prior to finals week.

Client Attendance and Cancellation

- Student Clinicians are responsible for informing the client or family member/care provider of the policy to cancel a therapy session on the first day of clinic.
- Clients are asked to email the designated student clinician from their team at least two (2) hours in advance.
- Clients are not allowed to call student clinicians as students clinicians are prohibited from using personal phones for communicating with clients.
- The designated student clinician is then responsible for notifying the Clinical instructor and all other team members of the cancelled session immediately following notification from the client.
- Make sure your client knows to not call the clinic, but to only email their student clinician. Should your client call the clinic because they do not have access to their email, the clinic staff will do their best to notify clinical instructors in a timely manner, but there could be a delay in this communication.
- No make-up session needs to be offered to the client when they cancel.
- If a client is late to a session, a designated student clinician is to email the client after 10 minutes. After 20 minutes, the clinicians are no longer obligated to conduct therapy should the client arrive at this time. The discretion is up to the Clinical Instructor.
- If a client shows a pattern of tardiness or absenteeism, the clinicians and Clinical Instructor should discuss a course of action. In general, missing three sessions in a row is grounds for client dismissal.
- It is the Student Clinician's responsibility to inform the client of the clinic's policy on absences to avoid misunderstandings.
- If your client withdraws or is dismissed from clinic early, it is the Student Clinician's responsibility to inform the clinic staff. You will be responsible, under the guidance of your Clinical Instructor, for writing a final case report or discharge summary, whichever is most appropriate.

Dress Code

- Participation in clinic is viewed with importance equal to that of a job. Student Clinicians are expected to behave professionally, dress professionally, exhibit excellent personal hygiene, and be well-groomed.
- Infractions of the dress code shall be addressed by the Clinical Instructors. This could result in a reduction of your clinic grade.
- Clinic appropriate should not look like cocktail or party or picnic attire. Avoid revealing clothing.
- Appropriate Dress:
 - Casual business tee shirts, button shirts, and tops
 - It is not likely that pants will be viewable by your client during a telepractice session, but in case they are, the expectation is to wear casual business-like pants
 - Hair, fingernails and jewelry should not be distracting for clients
- Inappropriate Dress:
 - Tank tops. *Please have shoulders covered at all times during therapy sessions.*
 - Clothes that are too tight, low cut or revealing
 - Cropped or short tops

Cell Phones, Smart Phones and Other Electronic Devices

- Cell phones may be used as timers, metronomes, sound level meters, and any other applicable therapeutic uses during therapy sessions,
- Cell phones may be used to text your Clinical Instructor or other student clinician team members during telepractice sessions to ask questions needing immediate attention relevant to the telepractice session.
- Student Clinicians are not to make or take personal phone calls or text messages from anyone other individuals during treatment sessions.
- Student Clinicians are not allowed to give out personal phone numbers to clients.

Client Confidentiality

- All telepractice sessions are to be conducted in a private location. Use of public spaces for participating in telepractice sessions is prohibited. No other individuals are allowed to be

present in the room during telepractice sessions with clients or during tele-conference sessions with Clinical Instructors.

- All client records in the Maryjane Rees Language, Speech, and Hearing Center are confidential. Student Clinicians are granted access to personal/medical information only pertaining to those clients that they are treating.
- To protect client confidentiality, the following practices and procedures have been established:
 - Clients are not to be identified or discussed with friends, roommates or any other person outside of the clinical team for the client.
 - Clients may be discussed with Clinical Instructors, faculty members and fellow students **only** when such discussions serve a clinical or educational purpose.
 - Student Clinicians are not to exchange information regarding clients with other agencies without a signed release from the client/parent/legal guardian. Please ensure the proper form has been signed.
 - Consultation with parents, legal guardians, significant others, or clients will occur only during a scheduled telepractice session.
 - Client Information presented via a shared screen through a Zoom teleconference meeting with your Clinical Instructor may not be photographed, recorded, or copied using a screen shot function on your personal computer.
 - All physical notes taken by student clinicians related to client information are to be kept securely and confidentially in a private space, not accessible to anyone without authorization to view this information. All notes stored electronically on a clinician's personal computer are to be password protected and deleted at the end of the semester.
 - Client information pertaining to identifying health information is not to be stored by a clinician electronically in drafts or final versions of any written client report or lesson plans/SOAP notes. The client will be referred to as "the client" rather than by name or initials. No identifiers will be contained within the report other than the DOB and client file number.
 - Clinicians who may have been a client's prior semester clinician are not allowed to share drafts or final versions of any written client report or lesson plans/SOAP notes with any other graduate student clinician at any time either electronically or in hard copy.
 - Do not leave printed reports, lesson plans, SOAP notes or any other loose records in unattended work spaces, or public spaces. Do not leave your computer opened to documents associated with your clients and clinical work unattended or accessible to public viewing.
 - When creating client documents, students are required to download all documents to their personal computers to ensure they are not stored in a google cloud account.

- Students are not allowed to upload saved files containing client information to a google drive or other electronic platform.

- **Written Documents**

- All drafts of reports in progress and all documentation stored in a working file must be prepared without identifying information regarding the client's full name, address, and guardian information. The client is to be referred to as "the client" only in the body of the report. Use of names or initials in a draft or final version of a report is prohibited.
- Case summaries and other clinic documentation typed about clients may only be prepared at the Student Clinician's home or the student Computer lab. They may not be typed at a place of work or other public spaces.
- Once de-identified reports have been approved, students should enter them into CounselEAR for client distribution.

- **Exchanging Client Documents between CI's and Student Clinicians**

- Clinical Instructors are required to set up a CANVAS course for the students they are supervising.
 - Various devices, such as Chromebooks, do not allow students to download password protected documents, which is one example why Clinical Instructors are required to use CANVAS. This supports our requirement to provide access to all students.
 - Additionally, using CANVAS maintains the highest security level of client confidentiality.
- Your CANVAS course will be used for the collection and tracking of clinic documentation, and to easily manage that documentation throughout the semester.
- All clinic documentation will contain the student's name, client file # and DOB only.
- Emailing client documentation is not allowed.

- It should be noted that only SacLink email accounts are permitted to be used between Student Clinicians and Clinical Instructors for purposes other than exchanging client documentation. Use of personal email accounts is prohibited.

○ **Client Report Distribution**

- Final Case Reports are to be completed by the last day of therapy. Student Clinicians will discuss necessary details of the report as guided by their Clinical Instructors.
- Student Clinicians must ensure that the client, parent/legal guardian, or significant other has authorized a ***Request For Information to be Sent*** telepractice release form at the beginning of the semester to ensure delivery of the report at the end of the semester, as all reports will be disseminated to the client through CounselEAR L.

○ **Digital Recordings of Clients**

- Student clinicians may not use personal equipment (smart phones, iPads, cameras, etc.) to visually record sessions (whole or part). Audio recordings are allowed, identifying the client by client file number only.
 - All students are to ensure clients have agreed to the possibility of audio recordings during the semester as described in the telepractice Client Agreement and Permission Form, in addition to requesting verbal permission from the client each time a student plans to audio record a client during any telepractice session.
 - Telepractice sessions will not be recorded in the Zoom for Healthcare platform.
- Each student will sign the following Confidentiality Agreement prior to beginning clinic this semester:

Agreement to Maintain Client Confidentiality

I understand that everything I see and hear in any clinical situation during my years as a graduate clinician or undergraduate student will be kept in the strictest of confidences. This includes everything

you see and hear during all telepractice and teleconferencing sessions with clients, Clinical Instructors, and Methods Instructors. I will only discuss my clinical experiences in class or with my Clinical Instructor in a place where my conversation cannot be overheard by anyone else. Conferences with persons approved by the client or their legal representative will be conducted in a confidential manner as well.

Information about any clinical experience will not be shared in any social medium by way of social media sites (e.g. Facebook, Twitter, etc.), texting and email. I understand that sharing pertinent clinical material via any social medium is a breach of confidentiality and can cause negative perceptions of not only my professionalism, but also the professionalism of the individuals and institution with whom and which I am associated.

I realize that this is important because information conveyed in a professional clinical setting, such as the Maryjane Rees Language, Speech, and Hearing Center and all telepractice and teleconferencing sessions, is considered to be Personal Health Information (PHI) and is legally confidential. I understand that a breach of confidentiality can be a reason for dismissal from the Speech Pathology and Audiology Program.

GENERAL CLINIC POLICIES AND PROCEDURES telepractice

Clinical Clock Hours

- Student Clinicians are responsible for tracking and maintaining all clinical practicum clock hours in CALIPSO throughout their graduate program. Your Clinical Instructors will approve your clock hours each semester and during your internships.
- **IMPORTANT:** Report clock hours in actual time (43 minutes of therapy is 43 minutes of therapy; 12 minutes of assessment is 12 minutes of assessment; a 50-minute therapy session is not counted as 1 hour of treatment or assessment). **Rounding to the nearest quarter hour is not permissible.**
- When conducting telepractice with two or more graduate student clinicians, each student is allowed to count all clinical clock hours equally during a telepractice session, regardless of the assigned clinical role for each student. If the session lasted 57 minutes, and there were four graduate student clinicians participating in their assigned roles during the session, then all four students would count 57 minutes of clinical clock hours. In other words, the hours are not divided by four in this case, they are counted equally. This applies to telepractice service delivery only.

Clinical Assignments

- All clients are scheduled for Student Clinicians based on clinic block schedules and client availability.

- Your clinical assignment will be discussed with you by your Clinical Instructor during your first scheduled teleconference meeting.
- Student clinicians are scheduled for clinic based on a randomized system to maintain a high degree of equitability. Because of this, individual requests for scheduling changes will likely not be honored, particularly after the schedule has been disseminated to all clinicians. All inquiries are to be directed to the Clinic Director. Individual requests that impact other students' schedules will not be facilitated by the Clinic Director, unless it is an extenuating circumstance, approved by the Clinic Director and the Department Chair.
- All clinical assignments are scheduled based on a team approach to our telepractice service delivery model. Each client is scheduled with a team consisting of 2-4 graduate student clinicians, depending on the associated clinic.

Meetings with your Clinical Instructors

- Your Clinical Instructor will meet with you each week throughout the semester for client discussion and therapy preparation. During the first two weeks of the semester, your Clinical Instructors will be guiding you through the process of telepractice including discussions about and practice with our teleconferencing platform, Zoom for Healthcare, sharing client information, documentation procedures, lesson planning, and beginning the process of planning individualized assessment procedures for each of your clients. Your Clinical Instructors will also be defining student roles that supports the collaborative team approach to telepractice services, and establishing a schedule for how these roles will rotate each week.
- Agreed upon weekly meeting dates will be determined between you and your Clinical Instructors. These conferences may be group conferences or individual conferences. Should a graduate student clinician feel that he or she requires individual support from his or her Clinical Instructor, he or she may request an individual meeting time.

First Day of Clinic

- Discuss with your clients our established appropriate means of communication.
 - Do not give them your personal phone numbers or personal email addresses.
 - Clients may contact you via your Sac State secure email account.
 - Students must cc their Clinical Instructor's Sac State secure email account on all email communications with clients.

- Clients will complete the following paperwork on CounselEAR. On the first day of clinic, you are required to review with your client/client's parent or legal guardian/client's significant other the following clinic forms:

- **REQUIRED TELEPRACTICE FORMS**

- ___ *MRLSHC Telepractice Consent Form*
- ___ *Notice of Privacy Practice*

NOTE: Students are required to email a copy of the Notice of Privacy Practice Form to each client prior to the first day of clinic to ensure the Notice of Privacy Practice is in their possession.

- ___ *Client Agreement and Permission Form*
- ___ *Request for Information to be Sent*

Required Documentation

- At a minimum, each Student Clinician is responsible for writing **Weekly Lesson Plans** or **SOAPS** notes at the discretion of the Clinical Instructor, an **Initial Case Report (ICR)** and a **Final Case Report (FCR)**.
- A Final Case Report Summary will be developed by each telepractice team for each client as the final draft for filing in the client's file. This summary report will be disseminated to the client. Students will not be graded on this FCR Summary, only the FCR submitted as your own individual work.

- **WRITTEN REPORTS**

- You will receive specific instructions and guidelines regarding professional report writing from your clinical methods course professors and your Clinical Instructors.
- Final case reports should state the client's Long Term Goal(s) in addition to the Short Term Goals established for each semester.

● **REPORT FORMATTING**

- Report formats will be provided to you by your clinical methods course instructor. Please use the following standard heading for **ALL** Initial Case Reports, Final Case Reports, and Assessment Reports: (**NOTE: *Headings are not to stand alone as a title page***)
- Report formatting for Discharge Summaries are at the discretion of your Clinical Instructors.



SACRAMENTO
STATE

Maryjane Rees Language, Speech and Hearing Center
 Department of Communication Sciences and Disorders
 California State University, Sacramento
 6000 J street MS 6601
 Sacramento, CA 95819
 916-278-6601

**Initial Case/Final Case/Assessment Report
 Spring/Fall Semester (year)**

Client File Number:

Date of Birth:

Date of Report:

Graduate Clinician:
Clinical Instructor:

Diagnosis: *Speech and Language Diagnoses only (please include severity levels)
*If SSD, please indicate SSD characterized by articulation errors or phonological deficits, whichever applies
*Please include ASD diagnosis if applies
*If aphasic, please indicate fluent vs. non-fluent aphasia with severity level
*If treating cognitive deficits, please indicate cognitive deficits secondary to TBI, etc.

- **Fonts:** Please use **Garamond** as this is a Sac State authorized font.
- **Reporting ages:** Please report the ages of clients in the following manner depending on the sentence structure:
 - 4 years, 9 months of age
 - 4-year, 9-month-old
 - 4;9-year-old
 - In the heading next to Age, it is acceptable to simply report 4;9
- **Footer:** You must have a footer which indicates **STUDENT REPORT** (centered) on each page, including first page.
- **Header:** You must have a header which indicates File # and page x of y (right alignment). *Headers are not to appear on the first page of the report.*
- **Margins:**
 - Left and top @ 1”
 - Right @ 0.7”
 - Bottom @ 0.5”
- **THERAPY LOG**
 - Students are expected to keep a daily record of therapy sessions for each client. Clinical Instructors will make the Therapy Logs available to you. Due to the nature of our collaborative model of telepractice, completion of the Therapy Log for each client will be a shared responsibility of all student team members.
 - Therapy log entries should indicate the date of each scheduled session and include a brief statement of the session goals. This form will also serve as an attendance record. If the client did not show and did not cancel, Student Clinicians should record a “no show” for that session. The Student Clinician should indicate the reason if known or state “Unknown reason.”

- The therapy log should be completed after each session.
- The therapy log is a part of the client's confidential file. Only the client file # is permitted to be used on the form. No client names or initials allowed.

Supervision

- During telepractice sessions, Clinical Instructors will provide 100% supervision.
- In addition to the requirements outlined in this manual, each Clinical Instructor may have specific requirements for their Student Clinicians. Student Clinicians should check with each of their Clinical Instructors to ensure that they understand what is expected of them.

End of the Semester Procedure

- Please ensure the Therapy Log is complete and ready for your Clinical Instructors to submit into the clinic CANVAS course at the end of the semester.
- Finalize your Final Case Reports with your Clinical Instructor(s) and the FCR Summary. The FCR Summary is to be reviewed with your clients on the last day of therapy. FCRs will be disseminated to clients electronically through CounselEAR at the end of the semester.

NOTE: This marks the end of telepractice specific policies and procedures modifications.

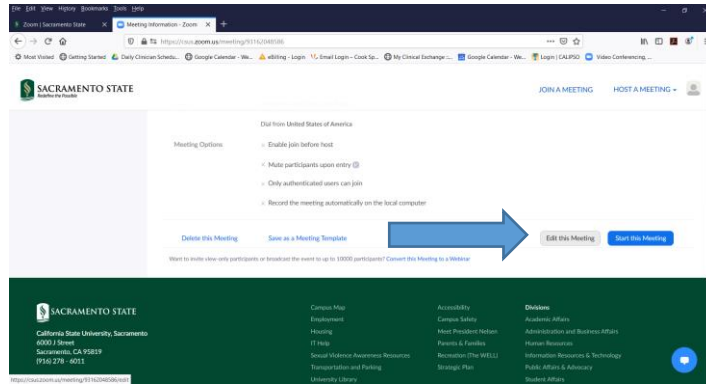
CLINICAL SUPERVISION AT SACRAMENTO STATE telepractice

The following guidelines have been modified to accommodate our telepractice service delivery model.

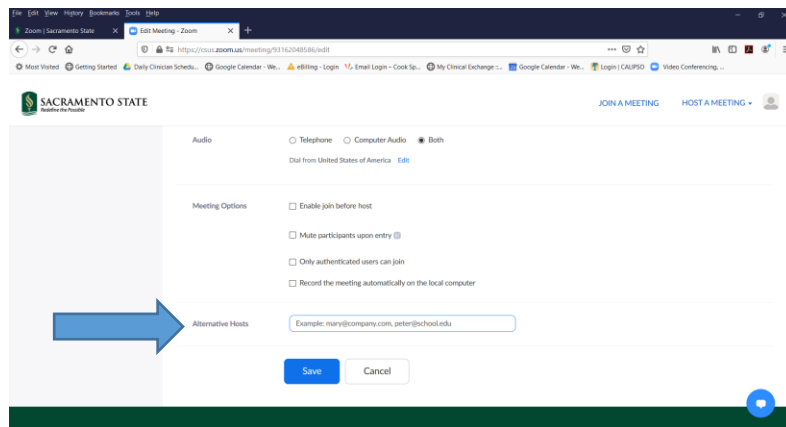
Clinical Instructor Requirements

1. Clinical Instructors are required to set up a CANVAS course for the students they are supervising.

- a. Various devices, such as Chromebooks, do not allow students to download password protected documents as one example why you are required to use CANVAS. This supports our requirement to provide access to all students.
 - b. Additionally, using CANVAS maintains the highest security level of client confidentiality.
 - c. Your CANVAS course will be used for accessing client FCRs, or other client information, for review with their students, collecting and tracking of clinic documentation, and to easily manage that documentation throughout the semester.
2. Clinical Instructors are required to use a CSUS Zoom for Healthcare account for scheduling all client sessions and meetings with their student clinicians. Using a CSUS Zoom Basic account is prohibited.
 3. Students will not have a Zoom for Healthcare account; therefore, Clinical Instructors are responsible for scheduling all sessions with clients and meetings with students.
 4. It is required that the CI be present and observing during all client telepractice sessions.
 5. In the event that a CI must be absent from his or her observation responsibilities (for illness or other emergency), the following steps must be taken:
 - a. Inform the Department Chair via email prior to the absence.
 - b. Attempt to find coverage for the time period you will be missing by following the following procedure:
 - i. Compose an email requesting coverage dates and times as soon as you are aware of your need to be absent.
 - ii. Send this email to clinic staff at speechclinic@csus.edu who will forward your request to all Fall 2020 CI's.
 - iii. Please request that the CI who is able to provide you with coverage, email you directly to notify you.
 - c. Once you have secured coverage, log into Zoom for healthcare and select the specific meeting dates that you had previously scheduled for the clients and students, and then select "Edit this Meeting"



d. Next, add the email address of covering CI to “Alternative Host” and “SAVE”



e. Copy the edited meeting link and share with the CI providing coverage. You do not need to share the meeting link again with the client or students.

f. Inform the Department Chair via email of the coverage that you have arranged.

g. If you are unable to find a substitute, the clients will need to be cancelled. The Student Clinicians should inform their clients and you must inform the Department Chair.

19. The CI will insure that students are documenting their actual number of clinical minutes and is required to document the percentage of time they observe on the hours record forms submitted in CALIPSO.

20. For each clinical session, the CI must provide real-time written documentation (e.g., recommendations, suggestions, praise, and general comments) for each Student Clinician under their supervision.

- a. Clinical Instructors can choose to take a photo of their written feedback and send via text messaging with their phones, or send via email immediately following the session.
 - b. Each student will need access to this written feedback in an immediate manner.
 - c. Ensure each student is receiving individualized and private feedback.
 - d. The CI must maintain all written feedback until the end of the semester.
 - e. Session feedback notes must not contain any identifying client information.
21. The CI will require their assigned Student Clinicians to write or complete:
- a. Therapy Logs for each client. This will be a shared responsibility among all student team members for each client. The Clinical instructor is responsible for making the Therapy Log available to the students. You may consider creating a Google Doc for easy access and viewing.
 - b. At least weekly lesson plans or SOAPS notes (at the discretion of the CI)
 - i. All weekly student documentation must include the student's rationale for planned assessments and intervention.
 - ii. An opportunity for the student to engage in self-reflection to include a discussion of why elements of the therapy sessions went well and what could be improved to support the student's development of critical thinking skills must be provided on a weekly basis
 - c. One Initial Case Report (ICR)
 - d. One Final Case Report (FCR)
 - e. Student teams will collaborate with the Clinical Instructor to develop the FCR Summary for each client.
22. The CI will require that the Student Clinicians use the ICR and FCR document formats as provided by the instructor of the associated methods course. *Changes to the approved report heading and formatting guidelines by the student or Clinical Instructor are not permitted.*
23. The CI will guide the Student Clinician in the development of professional writing skills.
24. The CI is required to meet with his or her assigned Student Clinicians on a weekly basis for client discussion and clinician preparation. These consultations/conferences may be group conferences or individual conferences, depending on the needs of each Student Clinician. When a graduate clinician requires individual support from his or her CI, it should be made available/offered to him or her. Any additional needed meetings shall take place using Zoom for Healthcare or telephone conversations.
- a. In order to support students in obtaining the clinical competence required to acquire the independence to enter independent professional practice, Clinical instructors will

- schedule additional meetings (as necessary) and develop performance improvement plans (as needed).
- b. The methods class instructor and the department chair are available to provide additional support as needed.
25. The Clinical Instructor is required to begin meeting with their students beginning the first week of the semester to:
- a. Discuss and practice with the Zoom for Healthcare platform
 - b. Define the student roles each Clinical Instructor has established for the students, and to establish a rotating schedule of roles.
 - c. Share the FCR from Spring 2020, or other information provided to you in CANVAS, with your students via shared screen during a Zoom for Healthcare meeting as this will constitute the chart review this semester. The students will not be provided with a copy of this report or information, and they are not to take photographs of this information or take screen shots on their computers. They are to take notes as the information is reviewed collectively.
 - d. Begin supporting the planning of assessment procedures. Clinical Instructors are to consult with Methods Instructors on preferred and appropriate forms of assessment to utilize through telepractice services with our clients.
26. The CI is required to complete a midterm and a final student evaluation in CALIPSO for each assigned clinician.
- a. It is recommended that CI's collaborate with the other CI's assigned to their same clinic and the methods instructor associated with that clinic to determine best-practice interpretation of competency line items as they pertain to collaborative telepractice sessions.
27. The CI is required to meet and discuss the midterm and final student evaluations during a midterm and final conference with each assigned clinician. Both the midterm and the final student evaluations must be signed electronically in CALIPSO for the CI and the student before final submission. This is your evidence that you have reviewed the evaluations via a Zoom for Healthcare meeting with your students individually.
- a. During the teleconference meeting with your student, you will share the student evaluation in CALIPSO using Share Screen
28. If a graduate clinician is at risk for not meeting clinical competency expectations, Performance Improvement Plan(s) must be formulated as required.
- a. Performance Improvement Plans will follow the template(s) established by the department (below)

- b. Performance Improvement Plans must involve consultation with the Methods Instructor and be signed by the Methods Instructor prior to review with the student, signed by all parties, and be filed in the department Chair's office.
 - i. Please consult with the Department Chair prior to this process to receive further instructions for submitting a Performance Improvement Plan.
 - c. Performance Improvement Plans are considered a teaching tool, and include responsibilities for both the student clinician and the CI.
 - d. Multiple Performance Improvement Plans may be required over the course of the semester.
 - e. Student clinicians must be given the opportunity to demonstrate adequate progress on a Performance Improvement Plan up until the final day of the semester.
 - f. The CI will consider the progress made on all Performance Improvement Plans before determining the final clinical competency scores and posting the course grade.
29. When a student has failed a clinic, the clinical competencies for that clinic must be reviewed by the Department Chair prior to presenting the evaluation to the student.
30. The Clinical Instructor is requested to monitor the dress code required for all student clinicians.
31. Student clinicians are required to offer make-up sessions to the client if the clinician or the Clinical Instructor canceled therapy. These make-up sessions are held during the week following the last week of clinic. The Clinical Instructor is required to be present.
32. Student Clinicians are required to complete and submit the clinical clock hour's forms for CI approval in CALIPSO.
- a. Only direct client and/or family contact hours can be counted as clinical hours. **NOTE:** Report clock hours in actual time (43 minutes of therapy is 43 minutes of therapy; 12 minutes of assessment is 12 minutes of assessment; a 50 minute therapy session is not counted as 1 hour of treatment or assessment). **Rounding to the nearest quarter hour is not permissible.**
 - b. When conducting telepractice with two or more graduate student clinicians, each student is allowed to count all clinical clock hours equally during a telepractice session, regardless of the assigned clinical role for each student. If the session lasted 57 minutes, and there were four graduate student clinicians participating in some way during the session, then all four students would count 57 minutes of clinical clock hours. In other words, the hours are not divided by four in this case, they are counted equally. This applies to telepractice service delivery only.

33. The CI is required to provide a grade for the graduate clinicians under their supervision. Each CI is responsible for submitting the grades for each of their students directly into CMS by the university-mandated deadline. Detailed instructions regarding how to enter grades in CMS can be found online at <http://www.csus.edu/irt/servicedesk/support/mysacstate/Faculty-Staff-Tutorial.html>
34. If and when problems or concerns arise during the semester, you are requested to contact the Methods Instructor as soon as possible for support and direction.

Performance Improvement Plan - Template

Clinic Level

If a graduate clinician is at risk for not meeting clinical competency expectations, performance improvement plan(s) must be formulated. These will be written by the Clinical Instructor in consultation with the Student Clinician and the Methods Instructor.

California State University, Sacramento

Department of Speech-Language Pathology and Audiology

Clinic Title
Semester, Year

Performance Improvement Plan (PIP)

Student Name:

Clinical Instructor (CI):

Purpose of PIP: To support Student in the successful completion of

Outcome of PIP: The level of progress towards goals listed below will affect final competency scores, which will determine the final course grade. As stated in the clinic syllabus:

A passing grade for each clinic is a B- or higher. A passing grade is obtained by achieving a rating of 4.0 or better on the average combined score of the 4 general competency categories, provided that the student achieves; (a) an average rating of 4.0 or better for each of the 4 general competency categories and (b) a minimum score of 3.0 on all individual competency line items. **Therefore, any student receiving (a) a rating of 2.99 or less on any one (or more) specific line item or (b) a rating of 3.99 or less for a competency category will not pass the clinic, even if their average combined score of the 4 general competency categories is a B- or higher.**

Competency-Related Performance Improvement Goal:

Competencies: <u>All</u>
GOAL:
<p>2. By the end of the semester, student will require no more than minimum to moderate assistance, as outlined on the performance rating scale, in order to achieve a rating of 4.0 or better on the average combined score of the 4 general competency categories, an average rating of 4.0 or better for each of the 4 general competency categories, and a minimum score of 3.0 on all individual competency line items.</p>

Specific Competency-Related Performance Improvement Goal(s):

Competency:			
GOAL(S):			
Clinical Instructor will be available by email, phone, or in-person to answer all student clinician's questions and biweekly therapy sessions.			
Benchmarks	Student Clinician Obligation	Clinical Instructor Obligations	(E

I have read, understand, and will comply with the performance improvement plan as written above (Initiation of PIP):

Student Clinician Date

Clinical Instructor Date

Methods Instructor

Date

I have read and understand the progress notation notes regarding progress to goal achievement (End of PIP):

Student Clinician

Date

Clinical Instructor

Date

Methods Instructor

Date

Department Level

If there is more than one clinic requiring a performance improvement plan(s) in a semester or if a performance improvement plan is required following a previously failed clinic, then a department level performance improvement plan is required and will be written by the Department Chair in consultation with the CI and the Student Clinician.

California State University, Sacramento

Department of Communication Sciences and Disorders

XYZ Clinic/Semester

Department Level Performance Improvement Plan

Student Name: **XXX**

Semester and Year:

Current Clinics with performance improvement plans in place: **XXX**

Purpose of Department Level Performance Improvement Plan: To support the student clinician's successful completion of the **XXX** Clinic(s)

Outcome of PIP: Successful passage of clinics with active performance improvement plans.

Competency-Related Performance Improvement Goals:

1. Competency: (category) XXX

GOAL: 1. The student will XXX			
Clinical Instructor(s) will record (e.g. audio and visual) every scheduled therapy session and meet with Department Chair and Clinical Director to discuss progress towards meeting department level performance improvement goals			
Benchmarks	Student Clinician Obligation	Clinical Instructor Obligations	Progress Notation (Benchmark progress towards goal achievement)
1. By XXX	XXX	XXX	XXX
2. By XXX	XXX	XXX	XXX
3. By XXX	XXX	XXX	XXX

I have read, understand, and will comply with the performance improvement plan as written above (Initiation of PIP):

Student Clinician Date

Department Chair Date

Clinical Instructor(s) Date

I have read and understand the progress notation notes regarding progress to goal achievement (End of PIP):

Student Clinician Date

Department Chair Date

Clinical Instructor(s) Date

NOTE: This marks the end of modifications to accommodate supervision for our telepractice service delivery model related to policies and procedures.

GENERAL INFORMATION

Universal Precautions

- These precautions are hygienic measures used to prevent the spread of infectious diseases.

- Masks are required in the clinic at all times.
- Therapy rooms will be equipped with:
 - Latex gloves
 - Facial tissues
 - Antibacterial hand sanitizer
 - Disinfectant wipes
- When providing therapy to clients, Student Clinicians will follow these universal precautions:
 - Wash hands prior to beginning therapy.
 - Gloves will be worn when any therapy or evaluation procedure may create exposure to bodily substances. Gloves will be used one time and will be properly disposed of in a plastic bag lined garbage receptacle after use.
 - Disinfect all chairs, tables, and therapy items before and after use.
 - If there is an incident involving bodily fluids, use a disinfectant to clean up the area. If a client is bleeding or vomiting, notify the Clinical Instructor immediately.
 - Wash hands after each therapy session.
- All students are trained on Universal Precautions and Personal Protective Equipment (PPE) through a health module provided by the department.

Emergency Procedures

Campus Police: 8-6851 (Non-Emergency) **911** (Emergency)

Accidents or Injury

- All accidents and injuries, whether to staff, faculty, students, or visitors (clients and caregivers) must be reported to the department administration immediately.
- If necessary, 911 will be called.
- Per Campus Policies, a **Report of Incident or Accident** form must be completed by the injured and submitted to Environmental Health and Safety (EH7S) within five days of the injury, preferably within 24 hours. Forms are available from the HR Department Website: <http://www.csus.edu/aba/ABA-Files-Configs/documents/forms/riskMgmt/ReportAccidentIncidentForm.pdf>
- If the injured is a student, the student should be directed to the Student Health Center on campus (and assisted, if necessary). They will assess the degree of injury and complete an incident report form.

Non-Life Threatening Incidents (disturbances, etc.)

- If a non-injury incident occurs, such as someone who is unable to control their temper, and a threat is perceived, the Student Clinician should call the campus police at 8-6851.

If the dispatcher at that number feels that 911 should be contacted, he or she will do so. Incidents should be reported to the department administration immediately.

Suspected Child or Adult Abuse

- Speech-Language Pathologists are considered by the state of California to be “mandated reporters.” We are required by law to report suspected physical abuse or serious neglect.
- Students who suspect abuse should discuss the concern at the very first available opportunity with their Clinical Instructor. If the Clinical Instructor feels that the concern is valid, he or she must call Child Protective Services or Adult Protective Services immediately. The Clinical Instructor will need to follow-up by completing a written report on the incident.
- This is the link for Mandatory Reporting of Child Abuse and Neglect Executive Order 1083 Revised July 21, 2017 from the CSU Chancellor: <https://www.calstate.edu/eo/EO-1083-rev-7-21-17.html>
- Please contact the Office of Equal Opportunity, Human Resources, for questions regarding additional CSU reporting policies.

Fire

- Always be aware of the closest exit at any given time.
- The decision to evacuate the building will be made by administration. Do not attempt to evacuate clients unless directed to do so. When evacuation is ordered, clients, Student Clinicians, faculty, staff and all others should remove themselves from the building as quickly and as safely as possible. Several evacuation maps are located on the clinic walls.

Earthquake

- Stay indoors
- Get under a table or doorjamb
- After the earthquake, check for injuries and follow above procedures for any serious injuries.

INTERNSHIP PROCEDURES

First Semester

- Students should decide the number of internships that they plan to enroll in (2 or 3). Internship possibilities include itinerant public school (required), special day class public school, and medical or private clinic.

- Students who may want internships to be anywhere but the greater Sacramento metropolitan area, should inform the Clinic Director immediately so that contracts can be sought.

Third Semester

- Required documentation for all internships must be uploaded into CALIPSO prior to the internship packet being submitted to the Clinic Director. Internship packets are provided to each student during scheduled individual appointments with the Clinic Director at the end of their second semester of clinic.

INTERNSHIP DESCRIPTIONS

Internship: Itinerant LSHS Schools (CSAD 295I): This 9 week/45 day, full-time internship is completed in a local school district, and only after the graduate student has completed all coursework (with the exception of *CSAD 250*) and all clinics at MRLSH Center. This is almost always the first internship taken. Students must furnish their own transportation. This experience consists of the traditional, itinerant speech-language pathology position. It can include work at the elementary, junior high (middle school), or high school levels.

Internship: Hospitals/Clinics (CSAD 295M) (CSAD 295P): This is a nine (9) to eleven (11) week, full-time internship in a hospital or outpatient clinic. It is also initiated only after all coursework and MRLSH clinics have been completed. It is typically the last internship to be completed. Students must furnish their own transportation to and from their internship site. Students are exposed to adult, neurologically involved clients during this internship.

Internship: SDC-CH Class (CSAD 295D): This nine 9 week/45 day, full-time internship is also completed in a local school district and only after the itinerant internship (CSAD 295I) has been completed. If all three internships are taken, this one usually occurs between the two internships previously described. The student must furnish his/her own transportation to and from the internship site. Students will be placed in a classroom to work as a classroom teacher with communicatively handicapped children. The Special Day Class Authorization can be awarded to the graduate student upon graduation, provided that the clinician has fulfilled all of the requirements for the Speech-Language Pathology Services Credential and completed an internship consisting of 100 clinical contact hours in the Special Day Classroom.

INTERNSHIP POLICIES

Department Expectations

- A minimum of 8 internship units is required
- All students will enroll in CSAD 295I to complete an Itinerant Public School Internship

Onsite Supervisor/Master Clinician Expectations

- Student Interns must have an ASHA certified Speech-Language Pathology onsite Supervisor/Master Clinician/Master Teacher who possesses a current, permanent California License in Speech-Language Pathology.
- School placement Master Clinicians/Master Teachers must ALSO possess a current, clear California Speech-Language Pathology Services Credential or Clinical Rehabilitative Services Credential. The Special Day Class teacher must, at a minimum, possess the Speech-Language Pathology Services Credential or the Clinical Rehabilitative Services Credential with the Special Class Authorization.
- The onsite Supervisor/Master Clinician/Master Teacher must be on-site and available 100% of the time.

Master Clinician Selection, Site Selection and Contract Process

- Potential Master Clinicians are required to submit the following:
 - An intake form describing the site(s) served, including populations, age ranges, special programs, etc.
 - A brief resume
 - A copy of current ASHA CCC, CA Speech-Language Pathology License, and proof of the California Speech-Language Pathology Services Credential with or without Special Class Authorization (as appropriate.)
- The internship coordinator evaluates the submitted information, meets with the potential Master Clinician, and/or visits the site(s) (if appropriate), and consults with faculty as necessary in order to confirm placing the Master Clinicians/site(s) on the active list.
- Once a Master Clinician is placed on the active list, he or she will receive an email each semester asking if he or she is available to host an intern the following semester. The Internship Coordinator will then inform the Master Clinician if he or she has a student to place with the Master Clinician. The Master Clinician, students, and University Liaisons are then invited to a reception and training, where we provide the specific, required supervision training. A semester specific addendum to this handbook will be provided that includes the internship syllabus, and any required forms.
- It is required that a contract be established between the University and all school districts/hospitals/private practices serving as internship sites.
- Once a school district/hospital/private practice or the Department has initiated an internship placement request, the Clinic Director requests that the Sacramento State Procurement Department send a contract to the school district/hospital/private practice for approval, if not already in place.
- Once the University and the school district/hospital/private practice have approved and signed the contract, the approved school district/hospital/private practice can accept internship placements for the period specified in the contract.

Internship Placement

- **Qualifications**
 - Only classified graduate students in good standing may be considered.
 - Students must have completed, or will have completed before the internship, all coursework in the graduate program except CSAD 250.
 - Students must have completed, or will have completed before the internship, all clinics except the internships. There must be no outstanding grades of Incomplete.

- **Application**
 - Qualified students will submit a completed Internship Questionnaire and Contract to the Clinic Director to be considered for Fall, Spring, or Summer placements.
 - The student will indicate the semester and type(s) of internships requested and will submit documentation of all prerequisites (e.g., Certificate of Clearance, current PPD, etc.).

- **Placement Process**
 - Public School Internships-Itinerant and Special Day Class
 - Students will complete a fillable form related to their individual interests and reasonable geographic constraints related to the placement. Requests for specific sites are not guaranteed.
 - The Coordinator will survey responses from the public school community and make placements as available.
 - The Coordinator will announce Itinerant and Special Day Class placements and schedule a Public School Internship reception. Attendance for Student Interns at this reception is mandatory. A complete internship packet, including all dates, forms and clinical competency information will be reviewed during training for both clinical instructors and students on that evening.
 - Medical/Private Practice Internship
 - Students will complete a fillable form related to their individual interests and reasonable geographic constraints related to the placement.
 - The Coordinator will survey responses from the community and make placements as available. Requests for placements are not guaranteed. Some sites require a resume or interview to be considered for an internship.

- Additional placement procedures, such as interviews, will be managed with the individual student(s) when necessary.

- **Placement Overview**

- **Public School Itinerant and Special Day Class Placements**

- Internship assignments are for a minimum of nine weeks/45 days full time as dictated by the master clinician/master teacher's schedule. The student must spend 45 days onsite.
- Internship start and end dates are dictated by the school site schedule.
- Students will be concurrently enrolled in CSAD 250 and may not begin internships before the start of the academic semester without prior approval by the Public School Internship Coordinator. In no case may a student begin the internship more than one week prior to the beginning of the academic semester.
- Illnesses, absences, and school holidays do not count in the 45 day total and must be made up.
- Student Interns may not work onsite without a Master Clinician/Master Teacher on the premises.
- Students may not conduct IEP meetings or discuss public school student assessment results or performance at IEPs without the Master Clinician/Master Teacher in attendance.
- Student Clinicians may not serve as a substitute teacher or clinician during the internship, even if the student has a credential waiver or previous teaching credential.
- A minimum of 25% supervision of therapy and 25% supervision of diagnostic sessions is required.
- Students must obtain a minimum of 100 hours of direct client contact time, as required for each school internship to be completed.
- A University liaison, who is a full or part-time faculty member, will be assigned to each placement and conducts a minimum of one site visit following initial communication about the placement details.
- Any problems or concerns during the internship should be reported immediately to the University Liaison and the Public School Internship Coordinator. Additional site visits (as many as needed) are scheduled in cases where additional support or supervision is required in order for a student to have the opportunity to obtain the clinical competence required to acquire the independence to enter independent professional practice. The liaison will also support the master clinician in the writing and administration of any Performance Improvement Plans (PIP).

- Master Clinicians/Master Teachers will complete and submit a mid-term and final student evaluation in CALIPSO and assign the student grade.
- The student must complete and submit an evaluation of the Master Clinician/Master Teacher, University Liaison, and the internship site(s).
- Medical/Private Practice Placements
 - Medical/Private Practice internships will be for 9-12 weeks in length as determined by the onsite Clinical Supervisor and the Clinic Director.
 - The internship day will be determined by the onsite Clinical Supervisor's schedule.
 - Clinical Supervisors must be onsite whenever the student intern is onsite.
 - A minimum of 25% supervision of therapy and 25% supervision of diagnostic sessions is required.
 - The minimum number of direct client contact hours to be obtained in this internship is 50 with 100 preferred.
 - A University liaison, who is a full or part-time faculty member, will be assigned to each placement and conducts a minimum of one site visit following initial communication about the placement details.
 - Any problems or concerns during the internship should be reported immediately to the University Liaison and the Medical/Private Practice Internship Coordinator. Additional site visits (as many as needed) are scheduled in cases where additional support or supervision is required in order for a student to have the opportunity to obtain the clinical competence required to acquire the independence to enter independent professional practice. The liaison will also support the onsite Supervisor in the writing and administration of any Performance Improvement Plans (PIP).
 - Onsite Clinical Supervisors will complete and submit a mid-term and final student evaluation in CALIPSO and assign the student grade.
 - The student must complete and submit an evaluation of the onsite Clinical Supervisor, University Liaison, and the internship site(s).

Required Professional Behaviors for Interns

- As an intern in the schools or medical/private clinic settings, you represent both your University and the internship site as you interact with clients and their families and when working with professionals from other disciplines (classroom teacher, doctors, nurses, etc.). You are essentially treated as an associate while you are gaining experience in the internship setting. You are responsible for following all of the rules and obligations of the internship site. Please make sure

that you know what those rules and obligations are. Please conduct yourself as a professional Speech-Language Pathologist. This includes arriving and leaving the work site on time, timeliness in other work, a professional appearance, and for adhering to professional practices/ethics including maintaining confidentiality.

- When asked about desirable behaviors for graduate student interns, most program directors/Master Clinicians/supervisors agree with the following:
 - ***Creativity and Flexibility***—Both are important qualities for anyone involved in service delivery.
 - ***Good Communication***—Courtesy goes hand-in-hand with professionalism, as does sharing mutual respect with clients and professionals. Relationships are based on effective communication. Be sure to be a good listener and to be clear and concise in your messages.
 - ***Collaboration***—Recognize that there is more to being a professional than just offering speech/language/hearing services. The client is better served when we serve as his/her advocate, which includes interacting with physicians, classroom teachers, family members, other clinicians who have an interest in caring for the client, and any others.
 - ***Positive Attitude***—Start your day being happy with yourself; then you can be happy with others. Come to the workplace ready to see/treat clients and not just to “put in your time”.
 - ***Competency***—Be prepared to evaluate and treat clients. Ask your supervisor/Mentor Clinician for references and/or observe others performing tasks where you feel you need more information or skill to perform the job adequately.
 - ***Responsibility***—Arrive on time and wear your ID badge (if applicable). Exercise good judgment in terms of your personal appearance. Follow health, safety and sanitation practices. Adhere to professional practices, and maintain confidentiality.

Specific Internship Expectations

Itinerant Public School Placements

- Expectations for Itinerant Student Interns by Week as compiled by Itinerant Master Clinicians
- Ongoing Responsibilities: Attend student study team meetings; attend IEPs; attend district speech department meetings. Go to a workshop, observe other professionals testing.

Week 1: Observe/actively participate during sessions; learn school routines; review IEPs and student files; review (or begin to) assessment tools commonly used at this site.

Week 2: Begin conducting therapy with some groups with joint planning of therapy with the Master Clinician; continue reviewing assessment tools; continue observation/active participation; begin assessment (when appropriate); escort students to and from sessions as necessary; observe some students in their academic classrooms. Observe a psychologist testing a student.

Week 3: Assume responsibility for more groups; begin supervised planning; review district guidelines and report formats and program options; discuss assessment results and possible IEP objectives; begin collaborating with teachers as appropriate; identify one student to begin assessment on and follow this case through the IEP process.

Week 4: Assume responsibility for the majority of the groups; continue collaboration with teachers.

Week 5: Conduct all therapy; write all lesson plans; participate in an SST; have phone contact with parent(s).

Week 6: Assume responsibility for screenings and referrals.

Week 7: Schedule IEP, or complete the IEP begun earlier; be comfortable writing objectives.

Week 8: Be sure to have participated in one Full-Team IEP; 3-4 SST meetings, and one Speech-Only IEP.

Week 9: Student takes over completely; Master clinician should feel comfortable leaving the room; Plan a good-bye activity.

Special Day Class Placements

- Expectations for Special Day Class Student Interns by Week as compiled by SDC Master Teachers/Clinicians

Week 1: Observe, attend staff meetings; attend student study meeting if appropriate; familiarize yourself with classroom set-up and times; help individual students if possible; monitor independent work; toward the end of the week, begin working at stations as guided by Master Teacher/Clinician; assist with transition activities and “line behavior;” note the behavior management system that is in place; begin to get a general impression of the students rather than reading files too soon.

Week 2: Assume responsibility for some of the teaching (perhaps some stations, language groups, reading stories to the children, circle time, calendar, spelling test); observe reading groups and determine at what levels the children are functioning in different academic subjects; help “pick up or organize the room;” help document homework completion; begin planning assessment procedures if applicable; understand placement criteria and IEP process for special day classroom.

Week 3: Focus on the student files (special education files, cum files, etc.); begin coordinating with the assistant to plan and carry out steps for certain lessons; perhaps take over a reading, spelling, or language arts group; complete lessons planned by the Master Teacher/Clinician; continue to assess students if applicable; utilize behavior management techniques, begin thinking of a theme or unit you would like to teach to the students.

Week 4: Plan and carry out weekly lesson plans for a single subject OR carry out lessons in 2-3 subject groups planned with or by the Master Teacher/Clinician; continue to assess (be familiar with academic tests also); co-teach with the Master Teacher/Clinician; prepare homework.

Week 5: Plan and implement 2-3 subjects or groups; continue to monitor independent work; perhaps be responsible for planning for assistant and Master Teacher/Clinician; prepare homework.

Weeks 6 and 7: Have a thematic unit in place if appropriate; follow through with student IEP and assessment if appropriate; establish some contact with parents; perhaps assume complete responsibility for the classroom.

Weeks 8 and 9: Assume complete responsibility for the classroom; effectively utilize behavior modification techniques at the classroom and individual student levels; effectively communicate with the classroom assistant; delegate responsibility to the other adults in the classroom (in other words, be in charge!)

Medical/Private Practice Placements

- Provide the student with an orientation and cover the following: Arrival, lunch and departure times; Parking arrangements; Dress code; Introductions to the professional and support staff; Important telephone numbers; Department policies (voicemail, computer access, etc.); Safety considerations (including HIPAA regulations); Standard precautions; Location and organization of clinical charts; Instruments and materials used most often; Review ASI-IA requirements and note the student's need for hours; Review the final evaluation sheet together

Week 1: Discuss your expectations and your supervisory style; Set-up patient round and patient discussion times; Intern should observe therapy and evaluations in the first week; Intern should observe team conferences as available and appropriate in the first week; Intern should begin treating by the end of the first week; Intern should complete an oral exam on a dysphagia patient in the first week; Intern should write a treatment SOAP note in the first week

Week 2: Continue to observe therapy and evaluations; Plan and conduct treatment for patient #1, along with any daily documentation; Begin treating one or two more patients by the end of the week; Follow one of your patients through OT, PT, etc. in addition to speech; Arrange to meet with therapists of other disciplines to get an overview of their scope of practice; Plan therapy sessions for your new patient(s) for later this week or next week as appropriate; Assist with and/or conduct bedside dysphagia evaluations under direct supervision; Document therapy with a SOAP note

Week 3: Observe evaluations and therapy. Continue treating two or three patients; Plan treatment for all patients picked up in week #2; Prepare FIM or weekly summary for conference on patient #1 (weekly).

Report in conference on patient #1, as appropriate; Complete documentation on all patients picked up in week #1; Add one or two more patients to caseload, as appropriate; Complete a speech/language or cognitive evaluation as appropriate; Write a report on a patient after this evaluation with your supervisor; Observe PT, OT etc. for patients picked up in week #2, as appropriate.

Week 4: Treat up to four patients this week, planning treatment and documenting for 5 of them. Prepare weekly documentation on up to three patients and report on them in conference. Initiate speech/language or cognitive evaluation on new referrals. Write reports on any new patients that are

referred for speech therapy. Conduct dysphagia evaluations, including treatment recommendations and documentation.

Week 5: Continue to add patients gradually to your caseload as census permits; Complete daily and weekly documentation on all patients; Continue to do cognitive and language assessment on all new patients; Continue to conduct dysphagia evaluations on all new patients; Continue to write reports for new patients; Report on all patients treated, in conference; Take on one new patient from another supervisor and/or level of care; Set up planning time/"rounds" with second supervisor to review those patients.

Weeks 6-11: Gradually work up to treating patients for the time you are on site, at a rate with which you and your supervisor are comfortable; Observe videoflouroscopy (and/or FEES) as time and schedule permits; Complete all required documentation for patient treatment in either setting; Have at least one or two patients on your caseload from a secondary setting; Participate in community outings as schedule and caseload allows; Work with non-English speaking patients, as caseload allows.

APPENDIX I

2014 STANDARDS AND IMPLEMENTATION PROCEDURES FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY

Effective Date: September 1, 2014

Revised Date: March 1, 2016

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards>

The Standards for the Certificate of Clinical Competence in Speech-Language Pathology are shown in bold. The Council for Clinical Certification implementation procedures follow each standard.

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

Standard I: Degree

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

Implementation: The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation: If the graduate program of study is initiated and completed in a CAA-accredited program or in a program that held candidacy status for CAA accreditation, and if the program director or official designee verifies that all knowledge and skills required at the time of application have been met, approval of academic course work and practicum is automatic. Applicants eligible for automatic approval must submit an official graduate transcript or a letter from the registrar that verifies the date the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the National Office no later than 1 year from the date the application was received. Verification of the graduate degree is required of the applicant before the certificate is awarded.

Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant for certification must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic course work and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standard IV-A through IV-G and Standard V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.

Standard IV: Knowledge Outcomes

Standard IV-A

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

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Academic advisors are strongly encouraged to enroll students in courses in the biological, physical, and the social/behavioral sciences in content areas that will assist students in acquiring the basic principles

in social, cultural, cognitive, behavioral, physical, physiological, and anatomical areas useful to understanding the communication/linguistic sciences and disorders.

Standard IV-B

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

Standard IV-C

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

- articulation;
- fluency;
- voice and resonance, including respiration and phonation;
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing;
- hearing, including the impact on speech and language;
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology);
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning);
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities);
- augmentative and alternative communication modalities.

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and

comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

Standard V-B

The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation

- a. Conduct screening and prevention procedures (including prevention activities).
- b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
- c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
- d. Adapt evaluation procedures to meet client/patient needs.
- e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- f. Complete administrative and reporting functions necessary to support evaluation.
- g. Refer clients/patients for appropriate services.

2. Intervention

- a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
- c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- d. Measure and evaluate clients'/patients' performance and progress.
- e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- f. Complete administrative and reporting functions necessary to support intervention.
- g. Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- b. Collaborate with other professionals in case management.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

These experiences should allow students to:

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

Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment,

intervention, and/or counseling can be counted toward practicum. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Standard V-E

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. **The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.**

Standard V-F

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

Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

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

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

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

The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship. It is the Clinical Fellow's responsibility to identify a mentoring speech-language pathologist (SLP) who holds an active Certificate of Clinical Competence in Speech-Language

Pathology. Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It, therefore, is incumbent on the CF to verify the mentoring SLP's status periodically throughout the Clinical Fellowship experience. A family member or individual related in any way to the Clinical Fellow may not serve as a mentoring SLP.

Standard VII-A: Clinical Fellowship Experience

The Clinical Fellowship must have consisted of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current Scope of Practice in Speech-Language Pathology. The Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: No less than 80% of the Fellow's major responsibilities during the CF experience must have been in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience of less than 5 hours per week will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of the 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.

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

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

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

On rare occasions, the CFCC may allow the supervisory process to be conducted in other ways. However, a request for other supervisory mechanisms must be submitted in written form to the CFCC, and co-signed by the CF mentor, before the CF is initiated. The request must include the reason for the alternative supervision and a description of the supervision that would be provided. At a minimum, such a request must outline the type, length, and frequency of the supervision that would be provided.

A CF mentor intending to supervise a Clinical Fellow located in another state may be required to also hold licensure in that state; it is up to the CF mentor and the Clinical Fellow to make this determination before proceeding with a supervision arrangement.

Standard VII-C: Clinical Fellowship Outcomes

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

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

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

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

The CF mentor must submit the *Clinical Fellowship Report and Rating Form, which includes the Clinical Fellowship Skills Inventory (CFSI)*, as soon as the CF successfully completes the CF experience. This report must be signed by both the Clinical Fellow and mentoring SLP.

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

Implementation: Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours of professional development during every 3-year maintenance interval. Intervals are continuous and begin January 1 of the year

following award of initial certification or reinstatement of certification. A random audit of compliance will be conducted.

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

If renewal of certification is not accomplished within the 3-year period, certification will expire. Individuals wishing to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

APPENDIX II

ASHA Code of Ethics

Note: The following is taken directly from the ASHA Code of Ethics Document. The complete document can be found at <http://www.asha.org/Code-of-Ethics/>. All Student Clinicians are required to review this link in its entirety.

Reference: American Speech-Language-Hearing Association. (2016). *Code of ethics* [Ethics]. Available from www.asha.org/policy/. See more at: <http://www.asha.org/Code-of-Ethics/#sthash.heLaVqj0.dpuf>

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.

APPENDIX III

ASHA Scope of Practice for Speech-Language Pathology

Note: The following is taken directly from the ASHA Scope of Practice Document. The complete document and all references and resources can be found at <http://www.asha.org/policy/SP2007-00283/>. All Student Clinicians are required to review this link in its entirety.

Reference: American Speech-Language-Hearing Association. (2007). Scope of practice in speech-language pathology [Scope of Practice]. Available from www.asha.org/policy. © Copyright 2007 American Speech-Language-Hearing Association. All rights reserved. Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain. doi:10.1044/policy.SP2007-00283 - See more at: <http://www.asha.org/policy/SP2007-00283/#sthash.zyKaG8PM.dpuf>

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Kenn Apel (chair), Theresa E. Bartolotta, Adam A. Brickell, Lynne E. Hewitt, Ann W. Kummer, Luis F. Riquelme, Jennifer B. Watson, Carole Zangari, Brian B. Shulman (vice president for professional practices in speech-language pathology), Lemmietta McNeilly (ex officio), and Diane R. Paul (consultant). This document was approved by the ASHA Legislative Council on September 4, 2007 (LC 09-07).

Introduction

The Scope of Practice in Speech-Language Pathology includes a statement of purpose, a framework for research and clinical practice, qualifications of the speech-language pathologist, professional roles and activities, and practice settings. The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Given the diversity of the client population, ASHA policy requires that these activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimal outcomes for persons with communication and/or swallowing disorders or differences.

As part of the review process for updating the Scope of Practice in Speech-Language Pathology, the committee made changes to the previous scope of practice document that reflected recent advances in knowledge, understanding, and research in the discipline. These changes included acknowledging roles and responsibilities that were not mentioned in previous iterations of the Scope of Practice (e.g., funding issues, marketing of services, focus on emergency responsiveness, communication wellness). The revised document also was framed squarely on two guiding principles: evidence-based practice and cultural and linguistic diversity.

Statement of Purpose

The purpose of this document is to define the Scope of Practice in Speech- Language Pathology to

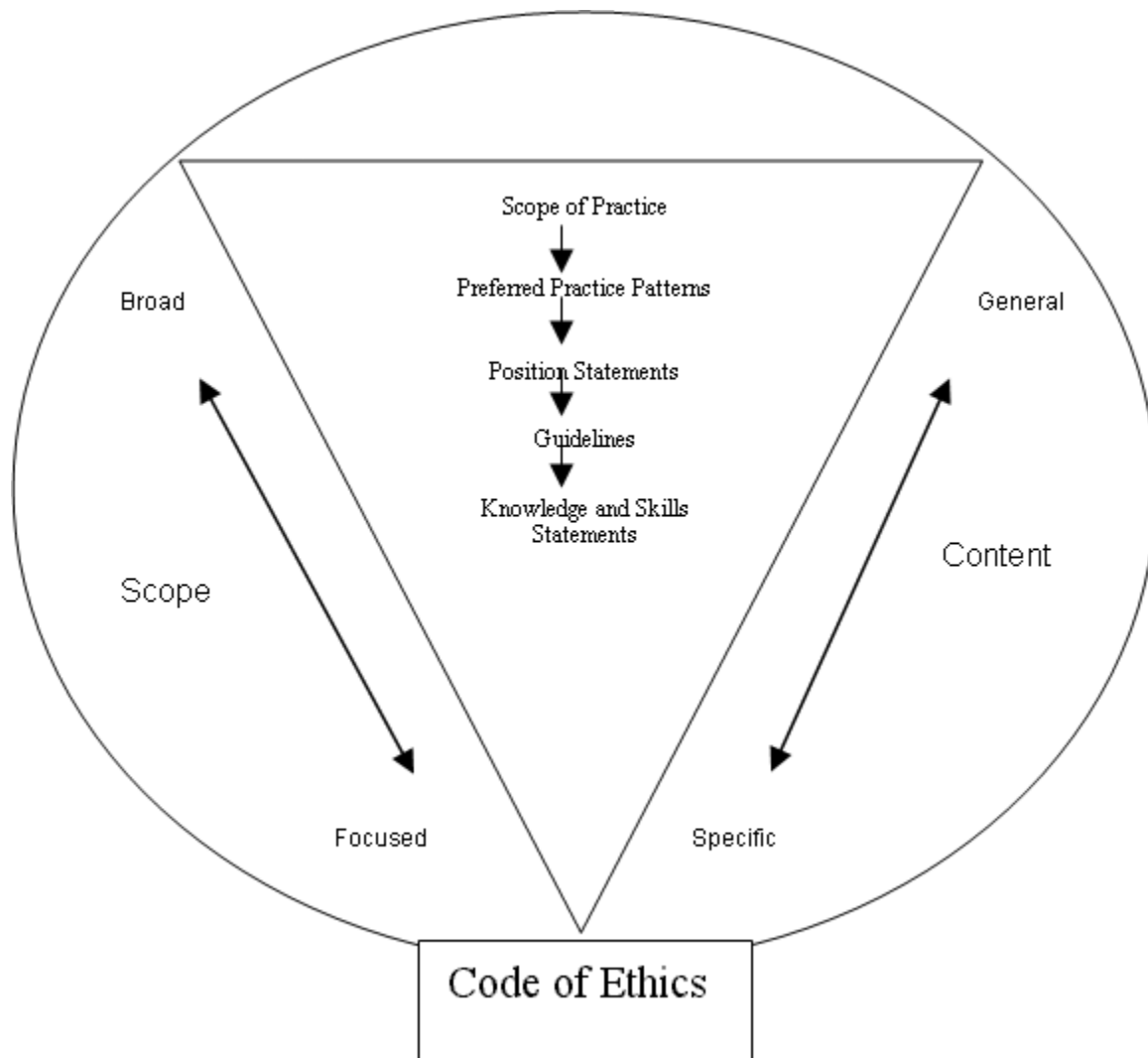
1. Delineate areas of professional practice for speech-language pathologists;
2. Inform others (e.g., health care providers, educators, other professionals, consumers, payers, regulators, members of the general public) about professional services offered by speech-language pathologists as qualified providers;
3. Support speech-language pathologists in the provision of high-quality, evidence-based services to individuals with concerns about communication or swallowing;
4. Support speech-language pathologists in the conduct of research;
5. Provide guidance for educational preparation and professional development of speech-language pathologists.

Scope of Practice in Speech-Language Pathology Scope of Practice

This document describes the breadth of professional practice offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. A speech-language pathologist typically does not practice in all areas of the field. As the ASHA Code of Ethics specifies, individuals may practice only in areas in which they are competent (i.e., individuals' scope of competency), based on their education, training, and experience.

In addition to this scope of practice document, other ASHA documents provide more specific guidance for practice areas. Figure 1 illustrates the relationship between the ASHA Code of Ethics, the Scope of Practice, and specific practice documents. As shown, the ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to the preservation of the highest standards of integrity and ethical conduct in the practice of speech-language pathology.

Figure 1. Conceptual Framework of ASHA Practice Documents - See more at:
<http://www.asha.org/policy/SP2007-00283/#sthash.zyKaG8PM.dpuf>



Speech-language pathology is a dynamic and continuously developing profession. As such, listing specific areas within this Scope of Practice does not exclude emerging areas of practice. Further, speech-language pathologists may provide additional professional services (e.g., interdisciplinary work in a health care setting, collaborative service delivery in schools, transdisciplinary practice in early intervention settings) that are necessary for the well-being of the individual(s) they are serving but are not addressed in this Scope of Practice. In such instances, it is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.

This scope of practice document does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

Framework for Research and Clinical Practice

The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life. As the population profile of the United States continues to become increasingly diverse (U.S. Census Bureau, 2005), speech-language pathologists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech-language pathologists are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing. For example, one aspect of providing culturally and linguistically appropriate services is to determine whether communication difficulties experienced by English language learners are the result of a communication disorder in the native language or a consequence of learning a new language.

Additionally, an important characteristic of the practice of speech-language pathology is that, to the extent possible, clinical decisions are based on best available evidence. ASHA has defined evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise and the individual's preferences and values into the process of clinical decision making (ASHA, 2005). A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services. The research base can be enhanced by increased interaction and communication with researchers across the United States and from other countries. As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., Lombardo, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders can be a means to strengthen research collaboration and improve clinical services.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the speech-language pathologist in the prevention, assessment, and habilitation/ rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

• Health Conditions

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

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

• Contextual Factors

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

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

The framework in speech-language pathology encompasses these health conditions and contextual factors. The health condition component of the ICF can be expressed on a continuum of functioning. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. Speech- language pathologists may influence contextual factors through education and advocacy efforts at local, state, and national levels. Relevant examples in speech- language pathology include a user of an augmentative communication device needing classroom support services for academic success, or the effects of premorbid literacy level on rehabilitation in an adult post brain injury. Speech- language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.

Qualifications

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

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with pre-service education, clinical practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.

As primary care providers for communication and swallowing disorders, speech- language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. However, individuals frequently benefit from services that include speech-language pathologist collaborations with other professionals

Professional Roles and Activities

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas:

- Speech sound production
 - articulation
 - apraxia of speech
 - dysarthria
 - ataxia
 - dyskinesia
- Resonance
 - hypernasality
 - hyponasality
 - cul-de-sac resonance
 - mixed resonance
- Voice
 - phonation quality
 - pitch
 - loudness
 - respiration
- Fluency
 - stuttering
 - cluttering
- Language (comprehension and expression)
 - phonology
 - morphology
 - syntax
 - semantics
 - pragmatics (language use, social aspects of communication)

- literacy (reading, writing, spelling)
- prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
- paralinguistic communication
- Cognition
 - attention
 - memory
 - sequencing
 - problem solving
 - executive functioning
- Feeding and Swallowing
 - oral, pharyngeal, laryngeal, esophageal
 - orofacial myology (including tongue thrust)
 - oral-motor functions

Potential etiologies of communication and swallowing disorders include:

- Neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- Developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention deficit disorder);
- Auditory problems (e.g., hearing loss or deafness);
- Oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral- motor dysfunction);
- Respiratory compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- Pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- Laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy);
- Neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis);
- Psychiatric disorder (e.g., psychosis, schizophrenia);
- Genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome).

The professional roles and activities in speech-language pathology include clinical/ educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.

Clinical Services

Speech-language pathologists provide clinical services that include the following:

- Prevention and pre-referral
- Screening
- Assessment/evaluation
- Consultation
- Diagnosis
- Treatment, intervention, management
- counseling
- Collaboration
- Documentation
- Referral

Examples of these clinical services include

1. Using data to guide clinical decision making and determine the effectiveness of services;
2. Making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;
3. Determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
4. Documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
5. Collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams);
6. Screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;
7. Providing intervention and support services for children and adults diagnosed with speech and language disorders;
8. Providing intervention and support services for children and adults diagnosed with auditory processing disorders;

9. Using instrumentation (e.g., videofluoroscopy, electromyography, nasoendoscopy, stroboscopy, endoscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;
10. Counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;
11. Facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;
12. Serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams);
13. Providing referrals and information to other professionals, agencies, and/or consumer organizations;
14. Developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules);
15. Providing services to individuals with hearing loss and their families/ caregivers (e.g., auditory training for children with cochlear implants and hearing aids; speech reading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage);
16. Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;
17. Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists; ASHA, 2004);
18. Providing services to modify or enhance communication performance (e.g., accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness).

Prevention and Advocacy

Speech-language pathologists engage in prevention and advocacy activities related to human communication and swallowing. Example activities include

1. Improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding);
2. Presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups;

3. Providing early identification and early intervention services for communication disorders;
4. Advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers;
5. Advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties;
6. Promoting and marketing professional services;
7. Advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing;
8. Advocating at the local, state, and national levels for funding for research;
9. Recruiting potential speech-language pathologists into the profession;
10. Participating actively in professional organizations to contribute to best practices in the profession.

Education, Administration, and Research

Speech-language pathologists also serve as educators, administrators, and researchers. Example activities for these roles include

1. Educating the public regarding communication and swallowing;
2. Educating and providing in-service training to families, caregivers, and other professionals;
3. Educating, supervising, and mentoring current and future speech-language pathologists;
4. Educating, supervising, and managing speech-language pathology assistants and other support personnel;
5. Fostering public awareness of communication and swallowing disorders and their treatment;
6. Serving as expert witnesses;
7. Administering and managing clinical and academic programs;
8. Developing policies, operational procedures, and professional standards;
9. Conducting basic and applied/translational research related to communication sciences and disorders, and swallowing.

Practice Settings

Speech-language pathologists provide services in a wide variety of settings, which may include but are not exclusive to

1. Public and private schools;
2. Early intervention settings, preschools, and day care centers;
3. Health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. Private practice settings;
5. Universities and university clinics;
6. Individuals' homes and community residences;
7. Supported and competitive employment settings;
8. Community, state, and federal agencies and institutions;
9. Correctional institutions;
10. Research facilities;
11. Corporate and industrial settings.