Clinic Manual
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EIU Speech-Language Hearing Clinic
Policies and Procedures for Clinical Practicum
2016

A.   **CLINICAL/CLIENT CONCERNS**

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

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

2.   **ATTENDANCE/DISPOSITION SHEETS**
a.   **Check** the client attendance/disposition sheet (in the binder at the Front Desk); verify with the client or guardian that all information including the name, address, etc. are correct on the form. **Do not use the address/phone numbers from previous reports.**
b.   **Verify** the client's attendance every day by writing in the date and initialing the attendance grid.
c.   When writing reports, letters, etc. regarding the client, refer to the attendance log for the most current address/phone information.
d.   At the end of the semester, have your clinical supervisor complete their sections, sign and date this form and **return it to the binder in the front office.**

3.   **CLINICAL ASSIGNMENTS**
a.   The first day of clinic is Tuesday, August 29. The last day is December 8.
b.   Assignments have been made but are subject to change, so check your mailbox, email, and the schedule **daily** to be sure you are aware of any changes.
c.   Your registration for CDS 4900, 5900 will be completed by the Clinic Director.
d.   Review the client(s)' files and make an appointment to see your supervisor this week.
e.   Remember to go to the first conference with your first therapy plan prepared.
f.   Unless otherwise noted on the clinic schedule, from 8:00 to 1:00 during the fall and spring, sessions are 50 minutes long. Beginning at 2:30, time slots are scheduled for 45 minutes (2:30-3:15; 3:25-4:10 and 4:20-5:05). Therapy rooms must be vacated promptly at the end of your session. There are only 10 minutes between sessions. Therapy sessions are expected to start on time. If necessary, vacate your therapy room prior to meeting with parents.
g.   Sessions are scheduled for 50 minutes in the summer unless otherwise noted on the clinic schedule.

4.   **REQUEST FOR SERVICES**
This is our release form. **It must be completed and signed the first session of each semester.** When you call the caregiver to confirm therapy days/times, inform them that they will need to complete this form on the first day of therapy. The forms are in the rack as you enter the front office (Rm 2105). Turn the completed form in to the office for filing. **Check the information on each newly signed form with the information on the disposition sheet.**

5.   **DIAGNOSTICS**

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

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

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

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

6. **COLLEGE SCREENINGS**

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

7. **CLINICAL CLOCK HOURS**

a. Clinical hours are calculated by actual minutes (50 minutes = 50 minutes; not an hour). You may round to the nearest 5 minutes (22 minutes = 20 minutes; 23 minutes = 25 minutes).

b. We expect you to accumulate 18 to 21 hours for clients in the Clinic that come 2 times per week.

c. If you feel that you will have difficulty accumulating the required number of hours, discuss the situation with your supervisor and then see the Clinic Director as necessary.

8. **CLINICIAN/CLIENT ABSENCES**

a. When a client calls and cancels, the Front Office will place a note in the clinician's mailbox. The clinician should initial the note and place it in the supervisor's mailbox so that the supervisor knows that the clinician is aware of the absence. The clinician is also responsible to let their shadow know that therapy has been cancelled.

b. If the clinician cancels, inform the supervisor and ask the Front Office to call the client and shadow.

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

d. The clinician schedules make-up sessions with <u>prior</u> approval of the supervisor. Please check the master schedule to be sure rooms are available for the make-up session. Your faculty supervisor or another faculty member must be in the building when make-up sessions are in progress.

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

g. Client Attendance: When Clinic sessions are canceled or clients arrive late, both student

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

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

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

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

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

9. **CHANGES IN SCHEDULED TIMES, ROOMS, CLINICIANS AND/OR SUPERVISORS** must be reported in writing to the Clinic GA and to the Technology GA, who will make the changes on the Master Schedule and the ISR video recording system. Please do not change the Master Schedule. The Clinic Director will notify you of changes via email.

10. **MAINTAIN A RECORD OF YOUR CLINICAL HOURS**
    a. It is the student's responsibility to maintain a record of the clinical hours provided. Your supervisor will also maintain a record for the purpose of assigning a grade.
    b. Keep a record of any speech and hearing screening hours and record them on your hours sheet at the end of the semester. The Clinic Director will sign for them.
    c. When recording your clinical hours, please write in the hours: minutes, do not use decimals. For example, if you completed two hours and 45 minutes of evaluation or therapy, record it as 2:45.
    d. The permanent record of your clinical hours is filed in the Front Office. At the end of the semester, obtain the clinical hours form from the Front Office. Record the hours for the semester, obtain supervisors' signatures, and turn the hours sheet in to the Clinic GA. **Retain a copy for your records.**
    e. Complete a new hours sheet for each semester, but only one per semester.

11. **INITIAL REPORT/THERAPY PLAN**

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

    b.   Initial Semester Reports are at the discretion of your supervisor, but are not required for continuing clients. Instead, Initial Therapy Plans outlining semester goals are to be written for continuing clients. **The Initial Therapy Plans are due by 4:00 on Thursday, Sept. 8. unless your supervisor tells you otherwise.** **Save these on PantherShare in your supervisor's folder under ITP. Email your supervisor that it has been placed in the folder.** *Put test forms in the box outside your supervisor's door.* Clients who are only seen once per week and clients at off-campus sites are exceptions. The due dates in these cases should be shortly after the **third** session. Check with your supervisor for exact dates.

    c.   Keep in mind that your first draft should represent your best effort.

    d.   **Final drafts of all Initial Therapy Plans are due by 4:00 p.m. on Thursday, September 15th, unless your supervisor tells you otherwise.** **Save these on PantherShare in your supervisor's folder. Email your supervisor that it has been revised.** Make sure all test forms are turned in to the Front Office for inclusion in the client's file. *The summary page of test forms must be completed in **black ink** to be scannable into the client's electronic file.*

12. **REPORT FORMATS/FORMS**

    a.   All report formats and forms are available on the student drive in the clinic folder. See the attached memo for formatting instructions and examples. All documents must be done in Word.

    b.   Refer to the attached Final Report template when writing your report. Check with your supervisor to see to what extent they want you to adhere to this format.

    c.   SOAP notes/therapy plans must be saved as .doc format and NOT .docx format in order for them to be uploaded to OnBase.

13. **CLIENT FILES**

Client files can be accessed using the On-Base Records System which is installed on your computers, as well as the computers in the clinicians' room. **Students should not access files from the front office unless an On-Base file is not available.** Refer to the attached instructions on how to access client files. It is important that all appropriate information is maintained in client files. Please review the file and be sure that letters are sent to teachers, parents, and referral agencies where appropriate. Consult with your supervisor concerning the appropriate correspondence. Students should not do any filing of client information. Turn in items to be filed to the office staff.

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

14. **CONFIDENTIALITY** concerning our clients is paramount!

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

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

the Clinical Director.

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

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

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

f. Disclosing confidential client and research participant Protected Health Information (PHI) is a federal offense. Client privacy measures taken on **social networking sites and other online media** should be the same as those taken in any public forum. Faculty, staff, and students should never publicly make comments about the treatment of a specific client, especially online. Even acknowledging the care of a client is an unacceptable disclosure of PHI. The Health Insurance Portability and Accountability Act (HIPAA) regulations apply to comments made on social and online media and violators are subject to the same federal prosecution as with other HIPAA violations. Discussions regarding specific clients, research subjects, and volunteers should be avoided, even if all identifying information is excluded. It is always possible that someone could recognize the individual to whom you are referring based upon the context. Under no circumstances should photos of patients or research subjects be displayed. Interactions with clients or caregivers within these sites are strongly discouraged. Do not give treatment advice using social media. Direct individuals with inquiries about services to an appropriate hospital or clinic website or phone number. **Negative comments on social networking sites** can jeopardize internship sites for you and future students and have a negative impact on potential employers. It can also adversely influence relations with peers and faculty.

15. **HEALTH AND SAFETY**

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

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

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

c. **Each clinician is responsible to disinfect all equipment and toys** used in therapy. Use the disinfectant located in the sanitation room. Spray the item to be cleaned with the disinfectant. Wipe clean. Rinse. Dry. Return the item to its original location in the Materials Center. Do not store wet items in the Materials Center. If you are unable to wash the item immediately after therapy, place in the bin in the sanitation room and return to clean the item as soon as possible.
Use the disinfectant wipes located in therapy room to wipe tables, desks, etc. after each therapy session. See Linda in the office, the Clinic Director or faculty member on master coverage for bigger cleanup jobs.

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

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

assist elderly clients to and from the room.

16. **IMMUNIZATIONS**

   a. As students enrolled in the EIU Communication and Sciences Disorders Program are entering a healthcare or educational profession, there are certain public health requirements to which our program expects students to adhere. All immunizations recommended by the Center for Disease Control (CDC) and the State of Illinois for adults must be up to date when a student begins the clinical portion of the CDS Program. People who are not correctly immunized pose a significant public health risk to their clients, co-workers and themselves. Seasonal flu shots are being required by many external clinical sites and will not accept student clinicians who have not had this immunization. Flu shots are available in the fall of each year and can be obtained through the EIU Student Health Service, the Illinois Department of Public Health, your personal physician's office, local pharmacies, and other flu shot clinics in the area. If immunizations and TB tests are not up to date, the CDS Department cannot guarantee that students will be accepted at medical and /or educational clinical sites. This could impact a student's timely progression through the program, prevent a student from participating in a variety of clinical experiences and ultimately prevent a student from graduating.

   In accordance with University policy and CDC recommendations, students enrolled in the Communication Disorders and Sciences Program as an undergraduate or graduate student are required to provide proof of immunization for tetanus, diphtheria and pertussis and proof of immunity to rubeola (red measles), mumps, rubella (German or three day measles), varicella (chickenpox) and Hepatitis B. Students must also include proof of freedom from active tuberculosis. It is recommended that students receive influenza vaccination. Students who do not meet these requirements will not be permitted to enroll in CDS 3900, 4900, 5900, 5910, 5920, 5970, 5980 and will not be able to complete the requirements for the degree. Any exceptions will have to be reviewed by the medical director at EIU for recommendations and approval.

   b. TB tests **must be completed and returned by Friday, Sept. 2nd to the Clinic GA.** If you don't expect to be able to meet this deadline, let the GA know ASAP. Clinicians requiring updated TB tests will be notified. *TB tests will be offered downstairs in the Career Center on Tuesday, August 23, Thursday, August 25, Tuesday, August 30, and Thursday, Sepembert 1ˢᵗ, from 8:00-12:00 and 1:00-4:30.* The cost is $15 per injection. Individuals requiring the 2-step test must be present on all four dates. Those needing a yearly retest need only be present on the final two dates. Those who have never had a TB test or if more than 1 year has passed since their last testing require the two-step. Those who have been tested in the past year only need the one step. Anyone who has previously test positive for TB must undergo a yearly TB symptoms screening scheduled with the EIU Health Service.

   b. Clinicians are required to receive the **Hepatitis B vaccination (HBV).** You may have previously received this from your doctor at home. If so, you can have your doctor scan and email us the results or fax to 217-581-7105. If you have not received the HBV, you can receive the vaccination at Health Services. This is a series of three injections and is available at the Student Health Service at a cost of approximately $60 per injection. **These are due by Friday, September 30ᵗʰ to the Clinic GA.**

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

18. **PARKING PERMITS** Be sure your clients or parents have current parking permits. Permit parking is available for speech and hearing clients in the parking lot adjacent to the Human Services Center. Parking for clients is also available in staff lots along Seventh Street, south of the clinic by the tennis courts, and the Fourth Street lot between Coleman Hall and Taylor Hall. This

parking is not for students.

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

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

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

22. **EVALUATIONS**
   Midterm and final clinic grades will be determined using the Practicum Evaluation Form. This form can be found on the student server in the clinic file under AssessPract. Read it to familiarize yourself with the items that will be used in calculating your grade. Note the Departmental Learning Objectives. The new ASHA formative assessment guidelines require that supervisors rate students on each of these objectives throughout their training.

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

   2. **NEGLIGENCE OF PROFESSIONAL RESPONSIBILITY**
      Negligence is considered very serious in its implication. Missing appointments with supervisors, unexcused absences for clinical sessions, and tardiness in paperwork are examples of negligence and may be considered grounds for dismissal from 3900/4900/5900/5910/5920. Dismissal from clinic may be appealed to the Clinic Director and the Department Chairperson.

   3. **CLINIC ATTIRE**
      a.   When conducting therapy, clinicians are expected to adhere to the following:
      - General Dress Guidelines
        o   Clothing should be clean and free of odor.
        o   No strong fragrances.
        o   No facial or tongue piercings, other than earrings.
        o   Tattoos should not be visible.
        o   Dress should be professional and appropriate to the client.
        o   No flip-flop shoes
        o   No denim pants

- Do not use cups, hats, etc., in therapy which have profanity or logos for alcoholic beverages, tobacco, etc.

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

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

4. **NETIQUETTE FOR ELECTRONIC COMMUNICATION**

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

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

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

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

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

5. **UNLICENSED PRACTICE**

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

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

C. **EMERGENCY EVACUATION PROCEDURES**

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

D. **MISCELLANEOUS**
1. **COPYING MACHINE** in the Front Office is for use of office staff and faculty. Students may not use the copy machine to reproduce therapy materials, class reports and projects or student-generated handouts. The printing/copying machine in the clinician's room requires use of your Panther Card. This machine will print in black & white and the color printer is now available for printing in color.

2. **TELEPHONE**
Ask Sandi or the Office GA to show you how to use the telephone for local and long distance calls to clients.

3. **MATERIALS CENTER (MC)**
   a. The Materials Center (Room 2309) has equipment, toys and materials available for student use.
   b. The MC will be open Monday-Thursday 5:00-9:00, Fridays from 7:30-4:30, and Sunday 5:00-9:00.
   c. The Clinic GA is in charge of the MC. If you notice we are running low on supplies or test forms in the Materials Center or if you have suggestions or complaints, please inform the Clinic GA.
   d. When no one is assigned to work the MC, clinicians are responsible for checking items in and out of the MC.
   e. Follow the check in/check out procedures which are posted in the MC. **Under no circumstances do you:**
      - Take something from the MC without checking it out, even if it is for only a few minutes.
      - Shelve an item without checking it back into the MC computer inventory system (Inform the GA if an item will not check into the system).

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

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

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

7. **CLINIC AFTER HOURS**

   Only students enrolled in the CDS Graduate Program may remain after hours but must enter the building before the outside doors are locked. The last person to leave is responsible for closing doors and turning out lights.

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

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

10. **STUDENT COMPLAINT PROCESS**
    A concern should initially be communicated to the supervisor/instructor. If that presents a problem for the person with the complaint, the concern should be addressed with the Clinic Director or Department Chair, as appropriate. Complaints not resolved with the Clinic Director

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

11. **FACILITIES**
    a.   Nothing gets taped to a wall, door or mailboxes. Post notices on the bulletin board. Notices need to be cleared with the Clinic Director or NSSLHA sponsor.
    b.   The lounge is off limits to students except for scheduled events such as class, meetings, etc.
    c.   The sensory room is not scheduled as part of the clinic schedule. It can be accessed as needed for clients. Equipment should not be taken to other rooms for use. Clients should be taken to this room as needed. Non-clients or unsupervised clients (without their clinicians) should not use the sensory room.
    d.   In the video room, for confidentiality purposes, observation is limited to relatives/guardians or other authorized persons (e.g. student observers). TVs should be turned off when no one is observing. Observers should not be tuning in other therapy rooms.
    e.   The Research Lab should be used as the sensory room. i.e. you should take your client to this room when the equipment is needed.
    f.   You may need to wear a watch in therapy.
    g.   You are expected to pick up after yourself. Cups, wrappers, etc. should be placed in the appropriate receptacle. If you remove furniture or equipment from your therapy room, replace it at the end of your session. Avoid cluttering the hallway. Do not place items directly across from each other in the hall. We have clients who need to walk near the wall for support. Replace electrical covers.
    h.   Accidents happen. If something is spilled on the carpet or if a client soils themselves, leave a note on the Sanitation room door describing what was spilled, etc. and the location. If a client has a toileting accident during a session, the clinician should notify the caregiver and the caregiver is responsible for changing the client. If the caregiver is not present, the therapy session is discontinued until a caregiver can address the issue.

12. **VIDEO VIEWING GUIDELINES**
    a.   Please turn off the monitor if no one is watching.
    b.   Do **NOT** change the channels on the TVs for any reason. It is the clinician's responsibility to notify parents that they are not to change the channels as well. If a parent needs to view a different room (e.g. the sensory room), they need to get up and move to the appropriate viewing station.
    c.   Please wear headphones when observing.
    d.   Use an adapter at the end of the splitter to receive sound in both ears.
    e.   Please talk softly. It is difficult for supervisors to hear subtle differences in speech even with headphones.
    f.   During busy times to alleviate congestion, it would be helpful if there were only one person per viewing station besides the supervisor.
    g.   If there are problems with the equipment, please inform one of the staff.

Department of Communication Disorders & Sciences
Speech-Language-Hearing Clinic
Diagnostic Procedures

The diagnostic schedule is posted in the Clinicians' Room. In addition to diagnostic evaluations in the clinic, students enrolled in CDS 5910 may also be assigned to participate in research testing and preschool screenings at area school districts. Each of you will be scheduled for 2-3 diagnostics during the fall or spring and 1 diagnostic in the summer. Those who complete less than 3 diagnostics may be scheduled for more than one in the summer. The attached syllabus outlines expectations related to this experience. **Review this information carefully. Your diagnostic grade will be based on your performance in the areas indicated from the first time you meet with the diagnostic supervisor.**

You should contact your diagnostic supervisor approximately 10 days in advance of the scheduled diagnostic and arrange a meeting at least 7 days prior to the evaluation. *You are also responsible for including observers when scheduling pre and post diagnostic meetings.*

Consider the following in planning and conducting your diagnostics:
1. Prior to the initial meeting with the supervisor, review all available information (available on OnBase) on the client and develop a preliminary diagnostic plan.
2. Following the initial meeting, finalize the protocol, study the assessment instruments, call the client/parents to review the case history information available, begin preliminary report writing (case history, background information), consider possible outcomes and recommendations.
3. Think about accommodations that may need to make for the observers during the assessment.
4. Consider the arrangement of the room (furniture, lighting, placement of materials).
5. Prior to the evaluation, practice administration of the assessments so that you are knowledgeable of the test administration rules and scoring procedures.
6. Demonstrate flexibility during the diagnostic to make adjustments if situations change (e.g. move from formal to informal assessment; bring in the parents if the child is unhappy).

Complete the report writing process within 10 days of the diagnostic evaluation unless otherwise specified by the diagnostic supervisor.

Note: A syllabus which includes expectations for graduate student performance is distributed to each student enrolled in diagnostic practicum. **Review the syllabus carefully.** Your performance is graded from the first time you meet with the diagnostic supervisor through completion of the report/letter writing process.

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

II. Course Objectives

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

III. Departmental Learning Objectives

As part of the ASHA standards, learning objectives were developed for all CDS courses and clinical practicum. Students will be evaluated in the following areas for CDS 4900 at the end of the semester. The following rating scale is used when supervisors evaluate student clinicians.

Rating Scale

     N/A   Not Applicable

1. Skill minimally emerging. Fails to meet expectations, and demonstrates total dependence upon supervisory intervention.
2. Able to meet expectations 0-25% of the time, demonstrating significant dependence upon supervisory intervention.
3. Skill present but requires further development and consistency; needs considerable supervisory monitoring and guidance. Able to meet expectations 25-50% of the time, demonstrating dependence upon supervisory intervention.
4. Able to meet expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention.
5. Skill well developed although some refining may be necessary; requires some supervisory monitoring and guidance. Able to meet expectations 75-100% of the time, demonstrating emerging independence.
6. Exceeds expectations up to 75% of the time, demonstrating modified independence.
7. Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. Consistently exceeds expectations, while demonstrating independence.
       5.75-7.00   A
       4.50-5.74   B
       3.25-4.49   C

Departmental Learning Objectives

- The student demonstrates knowledge and skills necessary for assessment of phonological/articulation disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of

phonological/articulation disorders.

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

Departmental Learning Objective Evaluation

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

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

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

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

IV. Course Assignments

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

V. Course Outline

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

VI. Attendance

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

VII. Grading Policy and Evaluation Procedures

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

5.75-7.00	A
4.50-5.74	B
3.25-4.50	C

VIII. Instructor Contact Information/Office Hours

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

IX. Students with disabilities

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

X. Student Success Center

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

XI. Evacuation Procedures

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

XII. Academic Integrity

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

XIII. Netiquette for Electronic Communication

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

XIV. Texts

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

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

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

II. Course Objectives

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

III. Departmental Learning Objectives

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

Rating Scale

    N/A   Not Applicable

1. Skill minimally emerging. Fails to meet expectations, and demonstrates total dependence upon supervisory intervention.
2. Able to meet expectations 0-25% of the time, demonstrating significant dependence upon supervisory intervention.
3. Skill present but requires further development and consistency; needs considerable supervisory monitoring and guidance. Able to meet expectations 25-50% of the time, demonstrating dependence upon supervisory intervention.
4. Able to meet expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention.
5. Skill well developed although some refining may be necessary; requires some supervisory monitoring and guidance. Able to meet expectations 75-100% of the time, demonstrating emerging independence.
6. Exceeds expectations up to 75% of the time, demonstrating modified independence.
7. Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. Consistently exceeds expectations, while demonstrating independence.
       5.75-7.00   A
       4.50-5.74   B
       3.25-4.49   C

Departmental Learning Objectives

- The student demonstrates knowledge and skills necessary for assessment of phonological/articulation disorders.
- The student demonstrates knowledge and skills related to the prevention and intervention of

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

Departmental Learning Objective Evaluation

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

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

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

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

IV. Course Assignments

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

V. Course Outline

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

VI. Attendance

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

VII. Grading Policy and Evaluation Procedures

Individual grades will be assigned based on each clinician's performance in the areas of professional/interpersonal skills, planning/management skills, diagnostic/writing skills, and therapy skills. Refer to the Practicum Formative Assessment Form for specific rating items. Grades will be assigned as

outlined in the rating scale: A (5.75-7.00), B (4.50-5.74), and C (3.25-4.49). Minimum competency is above a 3.9.

VIII. Instructor Contact Information/Office Hours

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

IX. Students with disabilities

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

X. Student Success Center

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

XI. Evacuation Procedures

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

XII. Academic Integrity

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

XII. Netiquette for Electronic Communication

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

XIII. Texts

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

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

CDS 5910
Diagnostic Practicum Syllabus-1 semester hour

See assigned clinical supervisor for contact information and office hours.

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

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

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

A. **Rating Scale:**
1. Skill minimally emerging. Fails to meet expectations, and demonstrates total dependence upon supervisory intervention.
2. Able to meet expectations 0-25% of the time, demonstrating significant dependence upon supervisory intervention.
3. Skill present but requires further development and consistency; needs considerable supervisory monitoring and guidance. Able to meet expectations 25-50% of the time, demonstrating dependence upon supervisory intervention.
4. Able to meet expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention.
5. Skill well developed although some refining may be necessary; requires some supervisory monitoring and guidance. Able to meet expectations 75-100% of the time, demonstrating emerging independence.
6. Exceeds expectations up to 75% of the time, demonstrating modified independence.
7. Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. Consistently exceeds expectations, while demonstrating independence.

B. **Grading Scale**
5.75-7.00	A
4.50-5.74	B
3.25-4.49	C

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

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

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

D. Assignments and Departmental Learning Objective Evaluation:

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

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

IV. Text:

Shipley, K.G. & McAfee, J.G. (2009) <u>Assessment in Speech-Language Pathology: A Resource Manual</u>. 4th Ed. San Diego, CA: Singular Publishing Group, Inc.

V. Course Outline

A. Planning/management skills:

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

B. Interpersonal skills:

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

C. Professional skills:

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

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

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

VI. Attendance:

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

VII. Information for Students with Disabilities:

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

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

IX. Evacuation Procedures:

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

X. Academic Integrity:

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

XI. Netiquette For Electronic Communication:

- Use formal modes of address unless you are absolutely certain that informality is acceptable to the receiver
- Use appropriate and professional language in your communications. Use correct spelling, capitalization, punctuation, grammar, and avoid using internet abbreviations (i.e. : brb, lol, etc)

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

XII. Evidence Based Practice:

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

CDS 5920
AUDIOLOGY CLINICAL PRACTICUM AND DIAGNOSTICS
CREDIT HOUR- 1
FALL 2016

This document outlines expectations of clinicians enrolled in CDS 5920.

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

Office Hours: Monday 12-2; Tuesday 10-11; Wednesday 9-10; or by appointment.

Purpose: Supervised diagnostic evaluations and/or rehabilitation with a variety of auditory disorders.

Course Objectives

- The student composes professionally written documents
- The student engages in professional oral communication and interaction
- The student evidences independent learning strategies, critical thinking, and problem solving skills
- The student can collect and interpret case history information
- The student can design, select, administer, and interpret formal and informal evaluation tools
- When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs
- The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals
- The student completes administrative tasks relevant to evaluation and intervention
- The student counsels clients, family members and relevant others regarding the communication disorder
- The student collaborates with client/relevant others/other professionals to design and implement intervention plan
- The student writes measurable intervention goals
- The student selects and utilizes case appropriate materials during intervention
- The student utilizes instructional techniques (modeling, cueing, feedback, strategies) during intervention
- The student measures client progress and generates appropriate therapy modifications
- The student interacts in a professional and ethical manner

Departmental Learning Objectives

As part of the new ASHA standards, learning objectives were developed for all CDS courses and clinical practicum. At the end of the semester students will be evaluated in the development and mastery of knowledge, content, and skills related to the field of audiology and speech-language pathology. In this course, twenty of the 53 Departmental Learning Objectives (DLOs) are rated for each CDS student:

Students who fail to master either the skill or content required for successful performance are rated AT or BELOW 3.0, on the following 7-point scale, and are expected to complete a Remediation Project during the following semester, at which point they may be re-rated by the instructor. The following rating scale is used when supervisors evaluate student clinicians.

	7-Point Rating Scale: Levels of Skill, Knowledge, Development and/or Independence Demonstrated by Clinician
1	✓ Skill minimally emerging. ✓ Fails to meet expectations, and demonstrates total dependence upon supervisory intervention.
2	✓ Meets expectations 0-25% of the time, demonstrating significant dependence upon supervisory intervention.
3	✓ Skill present but requires further development & consistency; needs considerable supervisory monitoring and guidance. Meets expectations 25-50% of the time, demonstrating dependence upon supervisory intervention.
4	✓ Meets expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention.
5	✓ Skill well-developed although some refining may be necessary; requires some supervisory monitoring and guidance. ✓ Meets expectations 75-100% of the time, demonstrating emerging independence.
6	✓ Exceeds expectations up to 75% of the time, demonstrating modified independence.
7	✓ Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. ✓ Consistently exceeds expectations, while demonstrating independence.

Students will be evaluated in the following areas for CDS 5920 at the end of the semester.

	Assignments for Which DLOs are Rated in CDS 5920
20	The student can describe characteristics and etiologies of normal and disordered hearing
21	The student demonstrates knowledge and skills necessary for assessment of hearing difficulties and their effect on communication
22	The student demonstrates knowledge and skills related to the prevention and intervention of hearing disorders and their effect on communication
37	The student composes professionally written documents.
38	The student engages in professional oral communication and interaction.
39	The student evidences independent learning strategies, critical thinking, and problem solving skills.
40	The student can collect and interpret case history information
41	The student can design, administer, and interpret formal and informal evaluation tools
42	When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs

43	The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals
44	The student completes administrative tasks relevant to evaluation and intervention
45	The student collaborates with client/relevant others/other professionals to design and implement intervention plan
46	The student writes measurable intervention goals.
47	The student selects and utilizes case appropriate materials during intervention.
48	The student utilizes instructional techniques (modeling, cueing, feedback, strategies) during intervention
49	The student measures client progress and generates appropriate therapy modifications
50	The student counsels clients, family members and relevant others regarding communication disorders.
51	The student interacts in a professional and ethical manner
52	The student is sensitive to cultural backgrounds when interacting with client and relevant others
53	The student demonstrates effective use of technology as appropriate.

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

1. Written documentation (e.g. therapy plans, initial treatment plans, reports)
2. Clinical conferences
3. Interaction and collaboration with client and others
4. Data collection and analysis
5. Evidence based practice
6. Self-analysis

** Weekly therapy plans posted to Panther Share will be due on Monday mornings by 8:00am. Progress notes/SOAPS are due on Friday mornings by 8:00 am. This will help you write up the progress for each client in a timely manner and give you time to reflect and think about some plans for the next week. I will initial the plan at the bottom after I've reviewed them or make comments and maybe email you if I have suggested changes.

** Weekly conferences will be scheduled at the beginning of the semester. Individual conferences will be held each week.

**Weekly self-evaluations will need to be completed. These self-evaluations are reflections on your own clinical skills for that week and help me in gaining insight into your own perceptions of your skills.

Course Outline

Week One (Aug. 30, Sept. 1)
Orientation to Clinic: Policies and Procedures, Code of Ethics & ethical conduct, Confidentiality, etc.

Discuss perceptions of the assigned clients, linguistic and/or cultural considerations, and the planned baselines, assessments, therapy targets.

Review syllabi, expectations, IEP's, and discuss roles, responsibilities, and anxieties. Meet the Matoon staff and become familiar with the rooms and organization of the school.

Week Two (Sept. 6, 8)
Discuss clinician impressions of the client, address supervisee's (SE) self-perceptions of strengths and weaknesses in test administration, baselining, and client management. Identify additional aspects of client performance needing assessment, discuss test findings and related interpretations, IEP goals.

Week Three (Sept. 13, 15)
Begin self-evaluations this week! Discuss client baseline data, IEP goals/benchmarks, prioritize goals, and collaborate with teachers and other classroom aides.

Week Four (Sept. 20, 22)
Discuss client objectives, methods used to begin targeting deficit areas, resources used in therapy thus far, and EBP research ideas.

Week Five (Sept. 27, 29)
Conference will focus on discussion of EBP for each client served. Discussion of treatment and what is working/not working, choose one aspect of therapy of concern, analyze treatment data, and address IEP benchmarks in regard to task focus. Background Section for final semester report due.

Week Six (Oct. 4, Oct. 6)
Discussion will continue to address treatment data and methods (cuing hierarchies, strategies) used to manage/treat clients.

Week Seven (Oct. 11, 13)
Midterm evaluation conveyed to student, discussion of issues raised by supervisee, analyze data regarding supervisee performance, select (jointly) professional goals.

Week Eight (Oct. 18, 20)
Review of progress reports and discussion of client progress. Final semester report goals and progress due.

Week Nine (Oct. 25, 27)
Discussion of individual client's goals and methods/teaching strategies, EBP, etc. Final semester report treatment strategies due.

Week Ten (Nov. 1, 3)
Discussion of individual client's goals and methods/teaching strategies, EBP, etc.   Final   semester report behavioral observations due.

Week Eleven (Nov. 8, 10)
We will review progress toward professional objectives, refine data collection procedures, discussion of supervisor feedback and brainstorming therapy data/methods. Final semester report clinical impressions due

Week Twelve (Nov. 15, 17)
Discuss client IEP's, update progress, complete client assessments, etc.   Final semester report recommendations due.

Week Thirteen (Nov. 22, 24)
Thanksgiving Break

Week Fourteen (Nov. 29, Dec. 1)
Final semester report is due. Reports will be reviewed in conferences. Continued discussion of progress toward professional objectives.

Week Fifteen (Dec. 6, 8)
Final semester supervisee evaluations will be reviewed. Thurs., Dec. 8th is the last therapy day and you can plan fun activities and group the clients, if appropriate, for this day. Activities should certainly include therapy targets but no data needs to be taken in this session.

Grading Scale and Evaluation Procedures

Individual grades will be assigned based on each clinician's performance in the areas of professional/interpersonal skills, planning/management skills, diagnostic/writing skills, and therapy skills. Refer to the Practicum Formative Assessment Form for specific rating items. Also, discussion of evidence to support treatment strategies, self-analysis of clinical skills, and review of the case in a conference will all be evaluated and added into the midterm and final evaluations.

Clinical Experience

Your audiology experience consists of two segments: 1) Providing aural (re)habilitation services to individuals with hearing impairments in the Mattoon school district and 2) Providing audiological diagnostic testing in the EIU Speech-Language-Hearing Clinic.

Attendance

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

Aural Habilitation/Rehabilitation Therapy

At your initial conference we will discuss transportation to practicum sites, how to write weekly therapy plans for your practicum clients, etc. A student or client will be assigned to you at our first meeting. You are responsible for reading your client's file and making notes as appropriate. A portion of your grade will be determined by your case preparation. You will present *a brief overview* of your client's case verbally at our second conference using your notes. Please have the following information available: <u>History</u>: All pertinent information including client's age, family, medical, school history, when the child was identified with the hearing loss, the type of loss, the severity of hearing loss, how long (or if) the child has worn amplification, etc.; <u>Diagnostic Information</u>: Review the most recent formal/informal audiological and speech-language testing conducted and what the testing implies; <u>Previous Therapy</u>: Including goals, progress, and methods used in therapy; <u>Behavioral Information</u>: Does the client have behavioral issues?; <u>Ideas for Initial Therapy Sessions</u>: Such as baselines you want to establish, how you plan on establishing baselines, possible tests you want to administer, etc. Some clients are from different school districts and the amount of information we have is minimal.

If you are seeing a student or client off campus, there is no need to call the parents and remind them of therapy times. You will also not need to complete disposition sheets.

In place of an Initial Therapy Plan, you will generate an intervention plan which focuses on long range goals and short term objectives. You will submit this by **August 29th** in Word Format.

You will be developing weekly therapy plans for your practicum clients each week. Weekly therapy plans for the *upcoming week* are due by the Monday *before* therapy by 8:00 am. Title the document with the date of therapy and the client's initials. I will make comments to the document.

After you have completed therapy, you will be writing a SOAP note at the bottom of your therapy plan. SOAP notes will be due the Friday *after* therapy by 8:00 am.

We will discuss final semester reports later in the semester.

Documentation

All progress notes are to be written using the SOAP format. The SOAP note format was introduced as a part of a system of organizing the medical record. The SOAP format for writing notes is not the only method used in clinics and hospitals; however, it is commonly used throughout the country and it would be rare for a clinician not to encounter the SOAP note format. SOAP is an acronym. Each of the letters in SOAP stands for the name of a section of the patient note. The following is an explanation of how to write each portion:

Subjective (S): (Use all past tense verbs)

An item belongs under subjective if the patient (or family member) tells the clinician the patient's history, lifestyle, home situation, emotions, attitudes, goals, complaints, response to treatment, or anything relevant to the patient's case or present condition. The word "appeared" instead of "was" should be used when appropriate. For example, "the patient appeared to be uninterested in the activity presented", as opposed to, "the patient was not interested in the activity presented". At times, quoting the patient verbatim is the most appropriate method of conveying subjective information. Some reasons for using direct quotes might be to illustrate confusion, denial, attitude toward therapy, or use of abusive language.

Objective (O): (Use all past tense verbs)

The objective part of the note is the section in which the results of tests and the clinician's objective observations of the patient are recorded. Objective data are the <u>measurable or observable</u> information. Include the level of cuing if required, or modifications that were necessary. If something cannot be stated in measurable terms, the word "appeared" instead of "was" should be used.

Assessment (A): (Use all past tense verbs)

The content will vary depending on the information being conveyed and usually contains a summary statement of the therapy. For example, "based on objective data, patient has improved in the area of receptive spatial concept knowledge by 30% since baseline assessment", or "patient continues to display difficulty with receptive understanding of spatial concepts".

Plan (P): (Use all future tense verbs)

The following information may be included in the plan section of the note: frequency per day or week patient will be seen; the treatment the patient will receive; the treatment progressions; plans for further assessment or reassessment; plans for discharge; referral to other services, etc.

SOAP notes are part of a permanent, legal document and black ink, not blue ink, should be used (this really doesn't apply to you since everything is typed on computer and printed, but if you do print information, use this rule). Do not use white-out on any therapy document. If you have a correction that needs to be made, draw a single line through the error and put your initials above the error.

Additional Information

- I expect clinicians to come to weekly meetings prepared to discuss past therapy performance, what went wrong or what worked well, review what they are planning to do during the next therapy session, independently seek out resources and evidence to support the future direction of therapy (evidence based practice research occurs all throughout the semester, not just at the beginning), and ask questions related to therapy. Weekly meetings require active, not passive, verbal interaction with the supervisor. My role as a graduate supervisor is to support, not direct. Bring your questions, perceptions, and ideas to this meeting.

- In regard to the number of hours needed for the semester, ASHA no longer mandates a minimum number of clock hours within audiology; however, it is the student's responsibility to keep track of hours daily (you will need to separate hours into the following categories: evaluation of child communication; evaluation of child auditory, evaluation of adult auditory; treatment child communication; EIU speech-language hearing screening hours will be signed off at the end of the semester).

- You will complete a self-evaluation after designated sessions. I will provide you with the format at the first meeting.

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

Audiology Diagnostics
I will give you a copy of a tentative schedule during your initial meeting. The scheduled client will also have a temporary yellow file folder on Sandi's desk with the client's name penciled on the folder. Please look at the diagnostic schedule on the Wednesday before your diagnostic. You will need to **call and remind** the client of their appointment date and time, make certain they have directions to the Clinic, and make certain they have a parking permit.

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

You will be required to attend a training session within the first two weeks of the semester. At that time, I will pass out a test procedures packet that will describe how to complete tests.

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

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

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

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

Violations will be reported to the Office of Student Standards.

Evidence Based Practice

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

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

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

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

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

ESSENTIAL FUNCTIONS FOR CLINICAL PRACTICUM
EASTERN ILLINOIS UNIVERSITY
COMMUNICATION DISORDERS AND SCIENCES
REVISED 1/25/08

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

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

PHYSICAL ABILITIES
- Participate in professional responsibilities/activities for up to four-hour blocks of time with one or two breaks
- Move independently to, from, and in work setting
- Provide for one's own personal hygiene
- Manipulate screening/diagnostic materials, including completion of screening/evaluation protocols
- Effectively implement necessary treatment/behavior plan appropriate for client, including use of materials/instrumentation and data collection
- Provide a safe environment for others in responding quickly to emergency situations such as including fire or choking, and in the application of universal precautions
- Visually monitor client responses and materials
- Make accurate judgments about linguistic and/or acoustic signals

BEHAVIORAL AND SOCIAL ATTRIBUTES

- Maintain emotional and mental health required for use of intellectual abilities, prompt completion of responsibilities, and development of appropriate relationships with clients and colleagues
- Maintain composure and emotional stability in demanding situations
- Adapt to changing environments and situations
- Communicate effectively with people in person, by phone, and in written form by considering the communication needs and cultural values of the listener
- Understand and respect authority
- Maintain appropriate professional behavior
- Participate in collaboration with other professionals
- Speak English intelligibly, including the ability to model English phonemes
- Comply with administrative, legal, and regulatory policies
- Demonstrate regular class attendance and meet responsibilities in a timely manner

COGNITIVE ABILITIES

- Demonstrate the mental capacity to learn and assimilate professional information, including the ability to comprehend professional literature and reports
- Solve clinical problems through critical analysis
- Seek relevant case information, synthesize, and apply concepts and information from various sources and disciplines
- Generate discipline-specific documents and clinical reports in English
- Analyze, synthesize, and interpret ideas and concepts in academic and diagnostic/treatment settings
- Maintain attention and concentration for sufficient time to complete clinical activities for up to four-hour blocks of time with one or two breaks

STUDENT COPY
Keep for Your Files

Procedures for Essential Functions

Dissemination:
- The List of Essential Functions for the CDS department will be included with the admission to the major form. The admission to the major form will include a signature line for students to sign that they have received the List of Essential Functions.
- Graduate students who are from universities other than EIU will be presented with the List of Essential Functions at graduate orientation in the fall. They will indicate receipt of the List of Essential Functions by signing a form.

Procedure when student does not meet an essential function:

- Instructor or clinical supervisor identifies student as not meeting an essential function.
- Instructor/clinical supervisor alerts student's advisor and department chair (if identified in academic setting) or clinic director (if identified as a part of clinical practicum).
- Conference will be held with instructor/clinical supervisor, department chair/clinic director, and student's advisor to review concern with student and determine recommended course of action.
- Documentation of the conference and recommended course of action will be placed in student's file.

EASTERN ILLINOIS UNIVERSITY

DEPARTMENT OF COMMUNICATIONS DISORDERS AND SCIENCES

CLINICAL HOURS RECORD *(revised 7/14)*

NAME: _____   GRAD _____   UG _____   SEMESTER/YEAR: _____

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

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

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

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

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

Evaluation a   reatment of Adults (15 yrs. +)

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

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

Audiology Evaluation and Treatment

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

Section II. Rules and Regulations

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

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY

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

ABOUT THIS DOCUMENT

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

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INTRODUCTION

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

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

As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee revised the previous scope of practice document to reflect recent advances in knowledge and research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities,

technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research and administration/leadership.

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

STATEMENT OF PURPOSE

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

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

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

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

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

share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals" (Bridges et al., 2011, para. 5).

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

DEFINITIONS OF SPEECH-LANGUAGE PATHOLOGIST AND SPEECH-LANGUAGE PATHOLOGY

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

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

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

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

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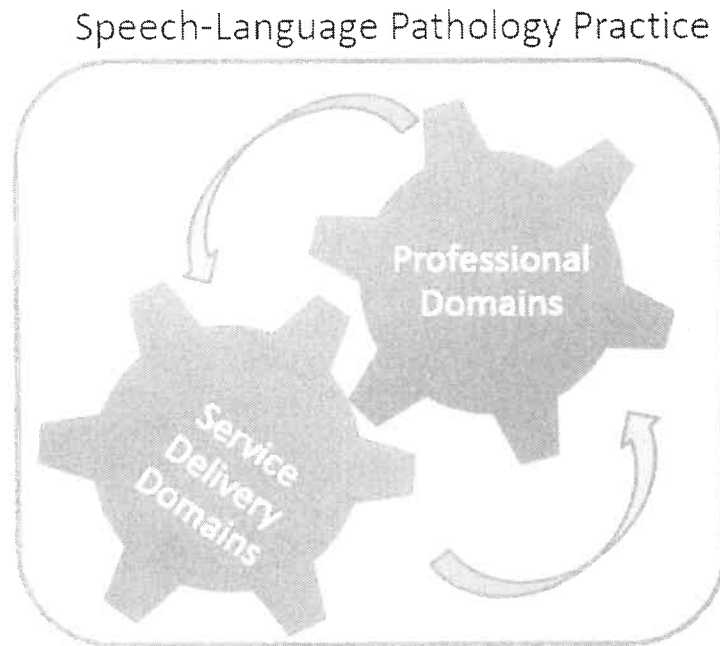
Figure 1. Schematic representation of speech-language pathology practice, including both service delivery and professional domains.

FRAMEWORK FOR SPEECH-LANGUAGE PATHOLOGY PRACTICE

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

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

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

Professional practice domains:

- advocacy and outreach
- supervision

- education
- administration/leadership
- research

Service delivery domains

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

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

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

HEALTH CONDITIONS

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

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

CONTEXTUAL FACTORS

Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role

of the communication partner in augmentative and alternative communication (AAC), the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.

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

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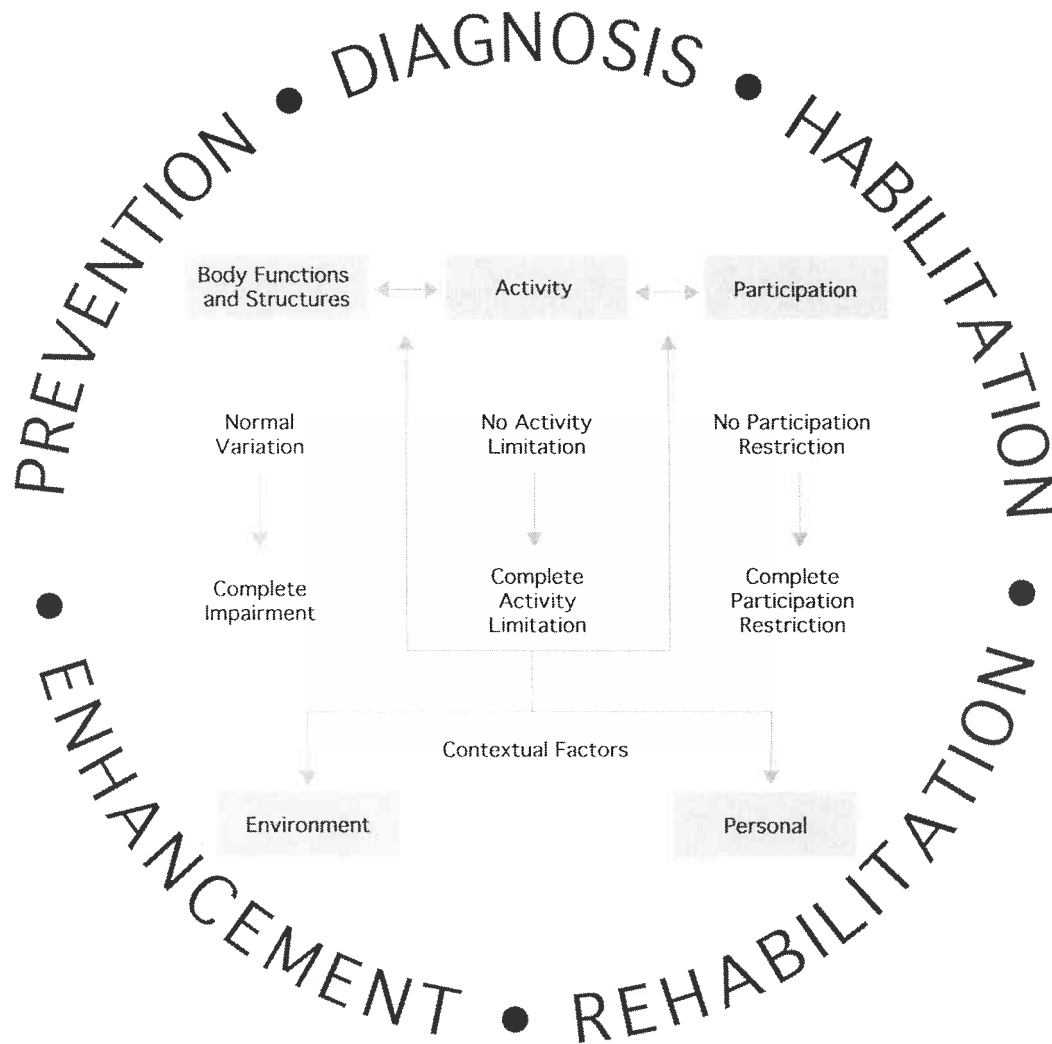
Figure 2. Interaction of the various components of the ICF model. This model applies to individuals or groups.

DOMAINS OF SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY

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

COLLABORATION

SLPs share responsibility with other professionals for creating a collaborative culture. Collaboration requires joint communication and shared decision making among all members of the team, including the individual and family, to accomplish improved service delivery and functional outcomes for the individuals served. When discussing specific roles of team members, professionals are ethically and

legally obligated to determine whether they have the knowledge and skills necessary to perform such services. Collaboration occurs across all speech-language pathology practice domains.

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

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

COUNSELING

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

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

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

PREVENTION AND WELLNESS

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

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

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

- **Language impairment:** Educate parents, teachers and other school-based professionals about the clinical markers of language impairment and the ways in which these impairments can impact a student's reading and writing skills to facilitate early referral for evaluation and assessment services.
- **Language-based literacy disorders:** Educate parents, school personnel, and health care providers about the SLP's role in addressing the semantic, syntactic, morphological, and phonological aspects of literacy disorders across the lifespan.
- **Feeding:** Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.
- **Stroke prevention:** Educate individuals about risk factors associated with stroke
- **Serve on teams:** Participate on multitiered systems of support (MTSS)/response to intervention (RTI) teams to help students successfully communicate within academic, classroom, and social settings.
- **Fluency:** Educate parents about risk factors associated with early stuttering.
- **Early childhood:** Encourage parents to participate in early screening and to collaborate with physicians, educators, child care providers, and others to recognize warning signs of developmental disorders during routine wellness checks and to promote healthy communication development practices.
- **Prenatal care:** Educate parents to decrease the incidence of speech, hearing, feeding and swallowing, and related disorders due to problems during pregnancy.
- **Genetic counseling:** Refer individuals to appropriate professionals and professional services if there is a concern or need for genetic counseling.
- **Environmental change:** Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).
- **Vocal hygiene:** Target prevention of voice disorders (e.g., encourage activities that minimize phonotrauma and the development of benign vocal fold pathology and that curb the use of smoking and smokeless tobacco products).
- **Hearing:** Educate individuals about risk factors associated with noise-induced hearing loss and preventive measures that may help to decrease the risk.
- **Concussion/traumatic brain injury awareness:** Educate parents of children involved in contact sports about the risk of concussion.

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

SCREENING

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

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

ASSESSMENT

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

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

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

TREATMENT

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

- design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;
- provide culturally and linguistically appropriate services;
- integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;
- utilize treatment data to guide decisions and determine effectiveness of services;
- integrate academic materials and goals into treatment;
- deliver the appropriate frequency and intensity of treatment utilizing best available practice;
- engage in treatment activities that are within the scope of the professional's competence;
- utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and
- collaborate with other professionals in the delivery of services.

MODALITIES, TECHNOLOGY, AND INSTRUMENTATION

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

- the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis—AAC devices make it possible for many individuals to successfully communicate within their environment and community;
- endoscopy, videofluoroscopy, fiber-optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;
- telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;
- ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and
- other modalities (e.g., American Sign Language), where appropriate.

POPULATION AND SYSTEMS

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

- use plain language to facilitate clear communication for improved health and educationally relevant outcomes;
- collaborate with other professionals about improving communication with individuals who have communication challenges;
- improve the experience of care by analyzing and improving communication environments;
- reduce the cost of care by designing and implementing case management strategies that focus on function and by helping individuals reach their goals through a combination of direct intervention, supervision of and collaboration with other service providers, and engagement of the individual and family in self-management strategies;
- serve in roles designed to meet the demands and expectations of a changing work environment;
- contribute to the management of specific populations by enhancing communication between professionals and individuals served;
- coach families and early intervention providers about strategies and supports for facilitating prelinguistic and linguistic communication skills of infants and toddlers; and
- support and collaborate with classroom teachers to implement strategies for supporting student access to the curriculum.

SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY AREAS

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

1. **Fluency**
   - Stuttering
   - Cluttering

2. **Speech Production**
   - Motor planning and execution
   - Articulation
   - Phonological

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

4. **Cognition**
   - Attention
   - Memory
   - Problem solving
   - Executive functioning

5. **Voice**
   - Phonation quality
   - Pitch
   - Loudness
   - Alaryngeal voice

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

7. **Feeding and Swallowing**
   - Oral phase
   - Pharyngeal phase
   - Esophageal phase
   - Atypical eating (e.g., food selectivity/refusal, negative physiologic response)

8. **Auditory Habilitation/Rehabilitation**
   - Speech, language, communication, and listening skills impacted by hearing loss, deafness
   - Auditory processing

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders);
- disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy);

- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction);
- respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome); and
- Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position).

This list of etiologies is not comprehensive.

Elective services include

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

This list of elective services is not comprehensive.

DOMAINS OF PROFESSIONAL PRACTICE

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

ADVOCACY AND OUTREACH

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

- Advise regulatory and legislative agencies about the continuum of care. Examples of service delivery options across the continuum of care include telehealth/telepractice, the use of technology, the use of support personnel, and practicing at the top of the license.
- Engage decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services and funding for communication and swallowing issues.

- Advocate at the local, state, and national levels for funding for services, education, and research.
- Participate in associations and organizations to advance the speech-language pathology profession.
- Promote and market professional services.
- Help to recruit and retain SLPs with diverse backgrounds and interests.
- Collaborate on advocacy objectives with other professionals/colleagues regarding mutual goals.
- Serve as expert witnesses, when appropriate.
- Educate consumers about communication disorders and speech-language pathology services.
- Advocate for fair and equitable services for all individuals, especially the most vulnerable.
- Inform state education agencies and local school districts about the various roles and responsibilities of school-based SLPs, including direct service, IEP development, Medicaid billing, planning and delivery of assessment and therapy, consultation with other team members, and attendance at required meetings.

SUPERVISION

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

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

EDUCATION

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

- serve as faculty at institutions of higher education, teaching courses at the undergraduate, graduate, and postgraduate levels;
- mentor students who are completing academic programs at all levels;

- provide academic training to students in related disciplines and students who are training to become speech-language pathology assistants; and
- provide continuing professional education to SLPs and to professionals in related disciplines.

RESEARCH

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

ADMINISTRATION AND LEADERSHIP

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

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AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CODE OF ETHICS

THIS VERSION OF THE ASHA CODE OF ETHICS WILL BECOME EFFECTIVE ON MARCH 1, 2016.

PREAMBLE

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

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

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

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

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

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

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

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

TERMINOLOGY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

nolo contendere – No contest.

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

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

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

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

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

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

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

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

PRINCIPLE OF ETHICS I

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

RULES OF ETHICS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

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

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

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

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

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

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

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

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

PRINCIPLE OF ETHICS III

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

RULES OF ETHICS

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

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

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

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

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

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

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

PRINCIPLE OF ETHICS IV

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

RULES OF ETHICS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical

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

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

Bloodborne Pathogens

Introduction

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

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

Bloodborne Diseases

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

HBV

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

If you become infected with HBV...

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

HIV

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

A person with HIV...

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

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

Workplace Transmission

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

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

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

Accidental Injury

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

Indirect Transmission

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

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

Universal Precautions

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

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

Work Practice Controls

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

Handwashing

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

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

Personal Hygiene

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

Personal Protective Equipment

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

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

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

Gloves

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

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

Glove Removal

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

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

General Houskeeping Rules

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

HBV Vaccination

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

Playing It Safe

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

Mandated Reporting

Who is DCFS?

- THE child welfare agency for the state of Illinois
- Guided by laws and acts

Abused and Neglected Child Reporting Act

- https://www.illinois.gov/dcfs/safekids/reporting/Pages/index.aspx

- Commonly referred to as ANCRA
- Created State Central Register (SCR/Hotline)
- Identifies mandated reporters
- Defines abuse and neglect
- Identifies WHO CAN REMOVE CHILDREN FROM THEIR HOME

Motto: When in doubt...

📞 CALL

EVEN THOUGH IT MAY BE HARD!
REPORTS ARE ANONYMOUS

Criteria to Report

- Alleged victim
- Alleged perpetrator
- Specific incident
- Harm or substantial risk of physical or sexual injury
- No stranger danger

Helpful Hints

- Inform supervisor and clinic director
- Information is good- but you are not expected to be an investigator
- Once you have called...
  - If you do not hear from the investigator- call
  - Write down approximate date and time of call
  - Ask name of person you spoke with

Fire and Emergency Evacuation Procedures

In Case of Fire:

o Activate fire alarm
- Located at each stairway entrance to first floor
- Or, call 911 from nearest phone and report fire at Human Services Building on EIU campus on south 7th Street

o Fire extinguishers are located in white boxes in the north main hallway near stairwell and in the east and west hallways

Exiting the building

o Persons in classroom and clinic rooms - exit stairway in the north main hallway and proceed straight out the doors to outside of the building

o Student clinicians – escort clients from building

o Persons in waiting room, seminar room, clinician's room, and offices – exit down the stairway at the south end of the building

Building Layout
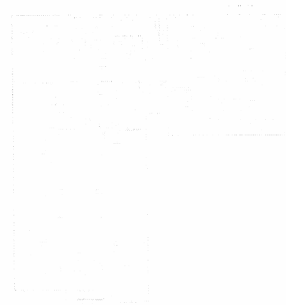
Exiting for Persons with Disabilities

o Exiting for persons with disabilities should be conducted by the Fire Department Ambulance Service

o Do not attempt to move persons with disabilities without prior training or medical equipment

o During a fire alarm, persons with disabilities should move to a stairway in the building for protection-Emergency Personnel from the Fire Dept. will respond to remove the person from the building. An intercom is located at the top of each stairway.

Emergency Assembly Point (EAP)

o The EAP is the band practice field across 7th Street to the east of the Human Services Building

o All evacuees should gather at EAP upon leaving the building

o Clinicians - help clients find family members or companions at EAP

o Alternative EAP is the quad (grassy area) on the west side of the Human Services Center toward Taylor Hall if the EAP is inaccessible

Severe Weather/Tornado Procedures

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

Medical Emergency

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

Dealing with Violent Behavior

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

Responding to Potential Crisis Situations

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

Shelter-In-Place

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

Shelter-In-Place

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

How to know when drill/emergency is over:

o Drill: You will be notified by the Building Coordinator

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

Emergency Response Phone Numbers

o Chemical Spills: call Work Control
- 581-7068

o Fire: call Charleston Fire Department
- 911

o Police
- 911

o Hospital: Sara Bush Lincoln Emergency Room
- 345-2525

HIPAA
Policies and Procedures

"Spirit of HIPAA"

No Use or Disclosure

- As a staff member or student clinician:
  You must not use or disclose protected health information except as our Privacy Policies and Procedures permit or require.

Our Activities

- As a Health Care Provider:
  - We may use and disclose protected health information, without the individual's permission, for our:
    - own treatment activities
    - own payment activities
    - own health care operations

Another Health Care Provider's Activities

- Clinic staff and student clinicians must verify that a person or entity is a health care provider or covered entity.

- **Form: Consent to Exchange

Authorization

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

Public Interest or Benefit Use and Disclosure

- We may use/disclose an individual's protected health information without the individual's permission if it is for:
  - Public health
  - Public interest
  - Public benefit
  - Law enforcement activities

Public Health and Safety Threats

- We may, consistent with applicable law and ethical standards, use or disclose the minimum necessary protected health information that we believe, in good faith (based on actual knowledge or credible representation of persons with apparent knowledge or authority), is needed:
  - To prevent or lessen serious and imminent health or safety threat to a person or the public.
  - For a law enforcement official to identify or apprehend an individual who appears from the circumstance to have escaped, or we reasonably believe may have caused serious physical harm to a victim.

Worker's Compensation

- We may disclose the minimum necessary protected health information authorized by and needed to comply with worker's compensation or similar programs.

Deaths

- We may disclose the minimum necessary protected health information to a coroner or medical examiner for identifying deceased persons.

Adult Abuse, Neglect, Domestic Violence

- We may disclose the minimum necessary protected health information about an individual, whom we reasonably believe is or has been the victim of adult abuse, neglect, or domestic violence, to a government authority.

Right to Inspect and Copy

- We will allow individuals to inspect and obtain a copy of their protected health information for as long as we maintain it in designated record sets.
- We may deny access to and copies of the following information, without providing an individual the opportunity for review of the denial:
  - Psychotherapy notes
  - Information compiled in reasonable anticipation of or use in civil, criminal, or administrative action or proceeding
  - Protected health information obtained in confidence from a source, if access is reasonably likely to reveal the source

Individual's Right to Amend

- We will comply with individual's requests to amend their protected health information.
- We may decline to amend if:
  - We did not create the information
  - Information is not part of covered entity's designated record set
  - Information is excepted from the right of access
  - Information is accurate and complete

Minors

- State law that requires disclosure of minor's protected health information to parent, guardian or person acting *in loco parentis* takes priority over the minor's request for confidential communications.

Workforce Training

- We will train all members of our workforce on these Privacy Policies and Procedures, as necessary and appropriate for them to carry out their functions.
- New hires will receive privacy training *before* the new hires may have access to or use of protected health information.

Workforce Sanctions

- Workforce members who violate our Privacy Policies and Procedures or other applicable federal or state privacy law will be subject to disciplinary action.

Law Enforcement

- We may disclose protected health information to a law enforcement official as required by law.
- We may disclose protected health information to a law enforcement official seeking information about an actual or suspected crime victim.

Child Abuse or Neglect

- We may disclose the minimum necessary protected health information to an appropriate government authority in connection with reports of child abuse or neglect.

Research

- We may disclose the minimum necessary protected health information for research if we receive proper documentation.
- No protected health information will be removed from our premises during the review,
- A group of 3 or more persons independent of the research project will review the protocol.

  – **IRB: Participant Consent

Workforce Use

- We must make reasonable efforts to limit access to and use of protected health information by our workforce members to the minimum necessary to perform their duties.

Data Privacy Protection

- We will implement appropriate administrative, technical, and physical safeguards to secure the privacy of protected health information against any intentional or unintentional use or disclosure in violation of these Privacy Policies and Procedures or the Privacy Rules.

Complaints

- Each complaint received by our contact offices or any other workforce member must be documented and referred immediately to our Privacy Official for investigation and resolution.

Section III. Clinic Documentation

- Report Writing
- Editing Reports
- Report Templates
- SOAP Note Resources
- ASHA NOMs

REPORT WRITING
INFORMATION

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

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

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

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

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

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

REPORT/LETTER GUIDELINES

To: CDS Clinicians

Re: Report/Letter Writing Guidelines

From: Front Office

Reports and letters should be completed using MicrosoftWord. Word is currently available for student use on all computers in the Clinic. **MicrosoftWorks is not acceptable at any time on any report/letter. SOAP notes/therapy plans must be saved as .doc and NOT .docx format in order for them to be uploaded to OnBase.**

Initial Semester Reports are not reprinted in the front office. However, final reports, letters, diagnostic reports/letters and audiologic reports/letters will be printed on letterhead in the front office.

SEE NEXT PAGE FOR
FORMATTING SPECIFICATIONS

FORMATTING SPECIFICATIONS FOR CLINIC REPORTS

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

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

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

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

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

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

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

7.   Inserting headers:
            Insert/Header/Blank – type the info – 3 lines
                  Jones, Jim
                  FSR (or Dx Eval) – p. (**do not enter the page number yourself**; go to
                        page number/current position/plain – 'enter')
                  Fall 2009 for the Final Semester Report (or <u>specific date</u> of an evaluation)
            Highlight the above and align it at the right of the page.
            Now go to Design and select 'different first page'—<u>**you must do this last.**</u>

8.   Save letters and reports as separate files; do not string them together as one document.
      SOAP notes/reports/therapy plans must all be saved as .doc and NOT .docx format in
      order for them to be uploaded to OnBase.

9.   <u>**Always**</u> save your information by the client's last name, just as you would in an actual
      filing cabinet drawer.
            Examples: Jones FSR   (final semester report)
                         Jones Dx Rpt   (dx report)
                         Jones Dx Par Ltr   (letter for dx report)
   Jones Sch Ltr   (letter for school or other outside agency)

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

FORMATTING SPECIFICATIONS
For Clinic Reports

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

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

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

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

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

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

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	Charleston, IL 61920		AAC/apraxia/etc.,etc.
Phone:	217-000-0000 (home)		
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7. Inserting headers:
    > Insert/Header/Blank – type the info – 3 lines
    > Jones, Jim
    > FSR (or Dx Eval) – p. (**do not enter the page number yourself**; go to
    >> page number/current position/plain – 'enter')
    >
    > Fall 2009 for the Final Semester Report (or <u>specific date</u> of an evaluation)
    > Highlight the above and align it at the right of the page.
    > **Now** go to Design and select 'different first page'—<u>**you must do this last.**</u>

8. Save letters and reports as separate files; do not string them together as one document.

9. <u>**Always**</u> save your information by the client's last name, just as you would in an actual
    filing cabinet drawer.
Examples:	Jones FSR	(final semester report)
	Jones Dx Rpt	(dx report)
	Jones Dx Par Ltr	(letter for dx report)
	Jones Sch Ltr	(letter for school or other outside agency)

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

→DON'T FORGET!

Saving Documents

Anything that needs printed in the front office (reports, letters, etc.) needs to be saved in the SandiPrint folder on PantherShare. When you are ready to print something, tell Sandi and she will send you a link to the folder. Please save all documents as follows:

- Final semester report:
  clientlastname.firstinital.FSR
  (example: beckert.FSR)
- Diagnostic report:
  clientlastname.firstinitial.DxRpt
  (example: beckert.DxRpt)
- Diagnostic Cover letter:
  clientlastaname.firstinitial.CoverLtr
  (example: beckert.CoverLtr)
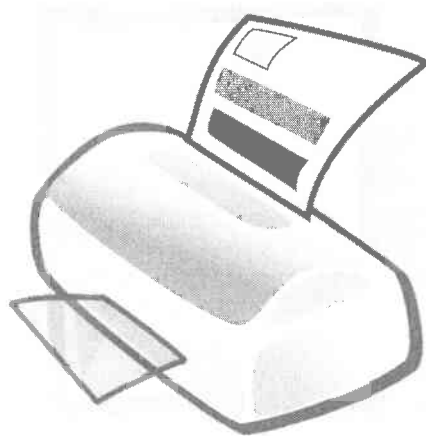
This handout, copied and modified from the above website, will teach you how to use Microsoft Word's Track Changes and Comments features in order to edit or comment on your own or someone else's draft.

Introduction

Microsoft Word has a feature that allows you to revise your papers or someone else's without changing the original document. Not only can you open up someone else's file, read it, and easily make changes and notes throughout the file, but you can also comment on your own drafts to let readers know what particular concerns you have, to guide them in their reading.

Microsoft Word has built-in tools to help you revise your own draft or comment on someone else's draft. These tools are called "Track Changes" and "Comments." They operate on the same principle; that is, they allow you to make changes or comments without changing the original document. The author of the document can review your changes and/or comments, then accept or reject them. Track Changes is used increasingly in composition courses to display a trail of revisions that you make to your own document. The instructor can then see how much you have revised the paper between drafts. This handout will discuss Track Changes and Comments independently of each other, though they are often used in concert.

Track Changes

There are several ways to initiate Track Changes. The easiest is to open a sample document and right click on the grey box labeled TRK at the bottom of the page.
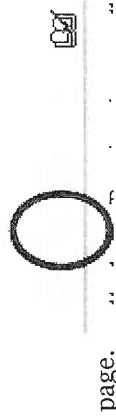
After right-clicking, choose Track Changes. You have now initiated the Track Changes feature. You'll see that a new toolbar, called the Reviewing toolbar, has appeared at the top of the document:

Note: If the Reviewing toolbar does not appear after right clicking on the grey box labeled TRK at the bottom of the page, you can enable the Reviewing toolbar by selecting VIEW, TOOLBARS, and select REVIEWING. Your reviewing toolbar may look different than the toolbar above, depending on which version of Microsoft Word you are using.

Example:

Everything written in black in this section is part of an original sample document. With Track Changes on, I am going to overwrite modifications to the original document. None of the original words will be permanently altered or deleted, but you will be able to see the changes. If there is a spelling mistake, like if I spelled mistake "misteak," I would change it to look like this: mistake. Note that the first "e" disappeared and the last "e" was added with a comment box on the right indicating what was changed. Also note that a vertical line appears to the left of the line with the change. The line alerts you to the change. The changes may appear blue, red, purple, or another color on your screen, depending on how your preferences are set.

Deleted: e

If I wanted to delete a word and add a new one, it would look like this: mistake

Deleted: misteak

If I wanted to rephrase a sentence, it would look like this: If you had written it this sentence would be phrased differently. You can still see the original sentence in the comment box on the right. The different colored underlined writing is my suggestion on how to change the sentence.

Deleted: T

Deleted: if you had written it

The reviewer should remember to turn off the Track Changes feature before returning the document to the original author! Turn off the feature by right clicking on the grey box labeled TRK at the bottom of the page or by clicking on the icon on the Reviewing toolbar.

Accepting or Rejecting Changes

If someone made changes to your essay, the print version looks just like the screen version, with the vertical lines on the left and the boxes on the right with the changed information. To get rid of the markup notes, you must first reject or accept the changes. To do this, look at the Reviewing toolbar:

Final Showing Markup ▾ Show ▾
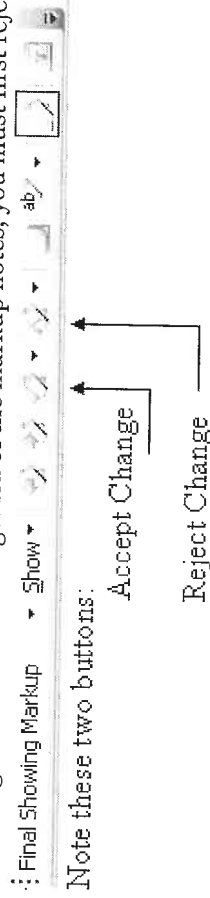
Note these two buttons:

Accept Change

Reject Change

The buttons to the left of the Accept Change button allow you to navigate to particular changes. If one of your peers made the changes to your document in Track Changes, click on the change and evaluate whether you agree with the suggestion or not. If you agree, then click Accept Change. If you do not agree,

click Reject Change. Choosing either option will remove the Track Changes formatting, and the change will be permanently incorporated into your draft or permanently removed.

Note: If you do not have the Reviewing toolbar enabled, simply right click on the change and evaluate whether you agree with the suggestion or not. If you agree, click on Accept Change (menu appears when you right click on the change). If you do not agree, click Reject Change.

Comments

The Comments feature functions much like Track Changes. The difference is that Comments is used to insert information without overwriting the original text. You can use Comments to ask the author questions or indicate an area that is unclear to you. To insert comments in a document, make sure the Reviewing toolbar is at the top of your document.

Select the text that you want to highlight with your mouse (it could be a word, a sentence, or a paragraph). Then, click the Comments button (the button that looks like a yellow sticky note). The selected text will become highlighted and a text box will open to the right of the document. If you use Comments a lot, you can use the shortcut for the Insert Comments command: ctrl+alt+m.

When you open a file that someone has commented on, you'll notice highlighting wherever a comment has been inserted. Like here, for instance. The comment linked to that text will appear in a text box to the right of the document, prefaced by the reviewer's name and the number of the comment.

Comment [WC1]: This is where I would add a comment.

Editing and Deleting Comments

You can edit a comment that has been made by simply clicking on the text box on the right and changing the text. You can also apply formatting (bold, italic, etc.) to the comments if you want.

If someone made comments on your draft, you can add a response to the original comments by selecting the highlighted text and clicking the Comments button on the toolbar. A new Comments box will appear, to which you can then add comments.

To delete a comment, click somewhere in the highlighted area or comment box. Then click the right mouse button to get a shortcut menu. You can then choose Delete Comment, and all traces of the comment will vanish.

If you want to learn more…

Check out Microsoft's help page on Track Changes: http://office.microsoft.com/en-us/assistance/HP052416341033.aspx

LETTER

(Begin on 6th line)

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

4-5 blank lines

Name
Street
City
      1 blank line
Dear:
      1 blank line
Paragraphs are not indented

      1 blank line between paragraphs

      1 blank line between paragraphs or last sentence of the letter
Sincerely.
      3 blank lines

Jill Jones, B.S.   Jesse James, Ph.D.
Graduate Clinician   Faculty Supervisor, CCC-SLP
      1 blank line
Enclosure

(Begin on 6th line)

CONFIDENTIAL (Tab key 8 times) **CONFIDENTIAL**

Diagnostic Evaluation Report
Final Semester Report

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

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

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

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

Initial Semester Report

Name: **Date:**
DOB: **Clinician:**
Age: **Supervisor:**
Parents:
Address: **Diagnosis:**

Phone:

Background Information

Information in this section may include:

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

Examination Information

For formal assessments administered, include exact name of test, test scores, and interpretative statements. Also include qualifying statements as appropriate. State findings of informal clinical observations and/ or baseline measures of communicative or swallowing abilities as appropriate.

Behavioral Observations

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

Clinical Impressions

May include:
       Statement of disorder
       Severity of disorder
       Statement of whether communication/swallowing function is within normal limits

Rcommendations

May include:
       Type of service needed
       Semester goals
       Referral for other consultations

Clinician Name   Supervisor Name & credentials
Student Clinician   Clinical Supervisor

CONFIDENTIAL   **CONFIDENTIAL**

Final Semester Report

Name: **Date:**
DOB: **Clinician:**
Age: **Supervisor:**
Parents:
Address: **Diagnosis:**

Phone:

Background Information

Information in this section may include:
> Referral source
> A statement of problem/complaint
> Relevant case history including developmental, medical, social, family, educational
>> histories
> Length and description of previous speech-language pathology services

Semester Goals and Progress

List goals and for each goal include:
> Objective data regarding the client's performance
> Description of therapy techniques or qualifying statements as appropriate.

Examination Information

May include:
> Information from the Initial Semester Report
> End of semester testing information

Behavioral Observations

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

Clinical Impressions

May include:
> Statement of disorder
> Severity of disorder
> Statement of whether communication/swallowing function is within normal limits

Recommendations

May include:
      Type of service needed
      Goals
      Referral for other consultations

Clinician Name   Supervisor Name & credentials
Student Clinician   Clinical Supervisor

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

Memo

Eastern Illinois University
Communication Disorders and Sciences
Human Services Bldg., 2nd Floor

Speech-Language-Hearing Clinic
600 Lincoln Ave.
Charleston, IL 61920

Phone: 217-581-2712
Fax: 217-581-7105

Initial Treatment Plan
Semester: Spring 2014

Clinician:

Client:

DOB:

Type of Service/Schedule:

Functional Outcome Goal(s):

1.

Short Term Goals:

NOMS Areas:
Level 2 or 3?

Treatment Rationale *and Evidence*:

Treatment Techniques/Strategies/Approaches:

Objectives:

1.

Methods:

1.

PROGRESS NOTES

Preparing Progress Notes
SOAP Notes

Fahy

Progress Reports

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

Purposes of Daily Progress Notes

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

SOAP acronym:

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

Very Important SOAP Concepts!!

• If you don't write it, it didn't happen.
  • These are LEGAL documents!!
  • These are STAND-ALONE documents!!

• Write a snap-shot of the client's performance that day.
  • Tell what they CAN do, and what they CAN'T do.
  • Give the big picture, and the supporting details.

• You can write about the same things in all 4 sections, but you will write in a different style.
  • Subjective v. objective
  • Evidence for X v. making the Dx of X

Style of Writing to Use in SOAPs:

▣ Use sentence fragments & abbreviations appropriate to your work environment
▣ Each of the 4 sections requires you to use a different "voice" of writing
  S :
    Undocumentable claims
  O :
    Documentable evidence; exactly what happened, how well, how poorly, with what help, or was it independently, with percentages or data, at what level of difficulty, in what context
  A :
    given the above evidence, what is your conclusion? Summary sentences; trends; comparison to previous performance
  P :
    Recommendations; bullet-pointed short list of what to do next

SUBJECTIVE (S:)

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

S: Examples

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

OBJECTIVE (O:)

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

O: Example, Child Language

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

O: Example, Adult Voice, Artic

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

O: Example, Child, Pragmatics

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

O: Example, Adult Stroke

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

ASSESSMENT (A:)

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

A: Example, Child ASD

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

A: Example, Child Lang; Artic

➤ A: Cont'd progress w/verbal reasoning / processing skills; emerging naming/categorization skills observed.

➤ A: Emerging ability to generalize /s/ to untrained words; stimulable for /sh/. Continues to require frequent confirmation from conversational partner given moderately impaired speech intelligibility.

A: Example, Adult Dysarthria

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

PLAN (P:)

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

P: Example

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

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

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

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

P: Example

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

Treatment Outcomes

Why Outcome Measures?

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

Why ASHA NOMS?

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

ASHA's National Outcomes Measurement System

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

The NOMS Functional Communication Measures (FCMs)

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

Pre-K Measures

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

Special Terms used in the FCMs for Pre-K

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

Frequency of Cueing

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

Intensity of Cueing

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

Case Scenario Pre-K – Articulation/Intelligibility

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

Case Scenario Pre-K - Pragmatics

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

Case Scenario Pre-K – Spoken Language Comprehension

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

Adult Measures

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

Special Terms used in the FCMs for Adult

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

Frequency of Cueing

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

Intensity of Cueing

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

Case Scenario Adult- Memory

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

Case Scenario Adult -Voice

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

K-12 Measures

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

Special Terms Used in the FCMs for K-12

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

Frequency

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

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

Support

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

Intensity of Support

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

Demand

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

4

Case Scenario K-12 – Spoken Language Production

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

Case Scenario K-12 – Speech Sound Production

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

Case Scenario K-12 - Fluency

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

Guidelines for Scoring FCMs

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

Section IV. Evaluation

- CDS 4900/5900 Practicum Assessment
- CDS 5910 Diagnostic Skill Assessment
- CDS 5920 Audiology Practicum Assessment

EASTERN ILLINOIS UNIVERSITY

COMMUNICATION DISORDERS & SCIENCES

PRACTICUM MIDTERM/FINAL ASSESSMENT (Revised 5/12)

Clinician:		Supervisor:	
Semester:	Course: 4900/5900	Practicum Site:	
Client(s):		Disorder(s):	

Rating Scale

#na	Not Applicable
1	Skill minimally emerging. Fails to meet expectations, and demonstrates total dependence upon supervisory intervention.
2	Able to meet expectations 0-25% of the time, demonstrating significant dependence upon supervisory intervention.
3	Skill present but requires further development and consistency; needs considerable supervisory monitoring and guidance. Able to meet expectations 25-50% of the time, demonstrating dependence upon supervisory intervention.
4	Able to meet expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention.
5	Skill well developed although some refining may be necessary; requires some supervisory monitoring and guidance. Able to meet expectations 75-100% of the time, demonstrating emerging independence.
6	Exceeds expectations up to 75% of the time, demonstrating modified independence.
7	Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. Consistently exceeds expectations, while demonstrating independence.

For **CLINIC**, A = 7.00-5.75; B = 5.74-4.50; C = 4.49-3.25

Minimum competency for **undergraduates** is above 3.0

Minimum competency for **graduates** is above 3.9

	PROFESSIONAL/INTERPERSONAL SKILLS (Ratings of <5 on any two of the items or <4 on any one item will automatically lower the grade one letter)	Midterm	Final
1	Actively participates in supervisory meetings		
2	Receptive to supervisor feedback		
3	Establishes appropriate relationship with family members and client(s)		
4	Demonstrates enthusiasm and interest		
5	Demonstrates initiative/independence		
6	Displays appropriate professional demeanor and confidence		
7	Uses professionally appropriate verbal and nonverbal communication skills		
8	Displays a professionally appropriate appearance		
9	Meets deadlines		
10	Understands and adheres to the ASHA Code of Ethics		
11	Maintains confidentiality		
12	Collaborates effectively with colleagues and other professionals		
13	Observes Clinic policies		
	TOTAL	0.00	0.00
	AVERAGE	#DIV/0!	#DIV/0!

CONTINUED

	PLANNING/MANAGEMENT SKILLS	Midterm	Final
1	Prepares for supervisory conferences		

		Midterm	Final
2	Familiarizes self with assessment and treatment materials		
3	Plans logical sequence of activities within the therapy session		
4	Develops appropriate long-term goals for client		
5	Develops appropriate short-term objectives for client		
6	Seeks and adapts relevant materials to support methods		
7	Offers alternative therapy ideas		
8	Considers cultural diversity in assessment and treatment		
9	Measures client progress		
10	Self-evaluates clinical performance		
11	Collect and interpret case history information		
	Subtotal	0.00	0.00
	Average	#DIV/0!	#DIV/0!

	ASSESSMENT SKILLS	**Midterm**	**Final**
1	Designs an appropriate assessment plan		
2	Plans logical assessment procedures		
3	Administers and scores tests accurately		
4	Interprets test results accurately		
5	Administers and analyzes informal assessment procedures		
6	Analyzes related aspects of behavior (e.g., developmental skills, physical skills, physical concomitants, interpersonal, fatigue)		
7	Integrates available information to form clinical impresstions		
8	Develops appropriate and thorough recommendations		
	Subtotal	0.00	0.00
	Average	#DIV/0!	#DIV/0!

	WRITING SKILLS	**Midterm**	**Final**
1	Writes functional long term outcomes		
2	Writes specific, measurable short-term objectives		
3	Writes descriptive methods related to specific objectives		
4	Documents relevant subjective observations		
5	Documents measurable objective data		
6	Documents trends in performance		
7	Documents specific plans based on client performance		
8	Presents content in a logically sequenced, organized manner		
9	Reflects supervisory feedback in reports and therapy plans		
10	Includes supporting details in reports		
11	Documents activities related to client care consistently and accurately (e.g., contacts with family, school, agency, physician, funding source, etc.)		
12	Uses professional terminology appropriately		
13	Uses appropriate grammar, syntax, format, and spelling		
	Subtotal	0.00	0.00
	Average	#DIV/0!	#DIV/0!

CONTINUED

	THERAPY SKILLS	**Midterm**	**Final**
1	Develops therapy plan based on applicable theory		

2	Uses appropriate stimulus materials for age and ability level of the client		
3	Provides clear, concise instructions in presenting materials and/or techniques		
4	Modifies own behavior according to the needs of the client(s)		
5	Collects reliable data		
6	Uses reinforcement and motivational techniques effectively		
7	Provides appropriate, useful feedback to client		
8	Modifies planned activities to meet the goals of the treatment session		
9	Uses instructional techniques effectively (e.g., modeling, guidance, prompting, cuing hierarchy, shaping, etc.)		
10	Facilitates client self-evaluation		
11	Maintains appropriate clinician client talking/response time		
12	Uses behavior management techniques effectively		
13	Uses time efficiently in the session to meet objectives		
14	Perceives verbal and non-verbal cues of the client		
15	Reviews goals and progress with client and significant others		
16	Measures client progress		
17	Meets each client's needs in a group		
	Subtotal	0.00	0.00
	Average	#DIV/0!	#DIV/0!
	TOTAL	0.00	0.00
	AVERAGE	#DIV/0!	#DIV/0!

Midterm: **Date:**   **Clinician & Faculty Initials**

Final Grade: **Date:**   **Clinician & Faculty Initials**

Comments:

FORMATIVE ASSESSMENT	Final
Rating Scale	
#na Not Applicable	

1	Skill minimally emerging. Fails to meet expectations, and demonstrates total dependence upon supervisory intervention.	
2	Able to meet expectations 0-25% of the time, demonstrating significant dependence upon supervisory intervention.	
3	Skill present but requires further development and consistency; needs considerable supervisory monitoring and guidance. Able to meet expectations 25-50% of the time, demonstrating dependence upon supervisory intervention.	
4	Able to meet expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention.	
5	Skill well developed although some refining may be necssary; requires some supervisory monitoring and guidance. Able to meet expectations 75-100% of the time, demonstrating emerging independence.	
6	Exceeds expectations up to 75% of the time, demonstrating modified independence.	
7	Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. Consistently exceeds expectations, while demonstrating independence.	

For **CLINIC,** A = 7.00-5.75; B = 5.74-4.50; C = 4.49-3.25

Minimum competency for **undergraduates** is at/above 3.0

Minimum competency for **graduates** is at/above 3.9

DISORDER SPECIFIC SKILLS- Rate at the time of final evaluation only.

Rate student clinicians' competency in the disorder specific skills that are relevant to this clinical assignment. Rate only items that apply; others should be left blank.

6	The student demonstrates knowledge and skills necessary for assessment of articulation/ phonological disorders	
7	The student demonstrates knowledge and skills related to the prevention and intervention of phonolgical/articulation disorders	
9	The student demonstrates knowledge and skills necessary for assessment of oral and written developmental language disorders	
10	The student demonstrates knowledge and skills related to the prevention and intervention of oral and written developmental language disorders	
12	The student demonstrates knowledge and skills necessary for assessment of fluency disorders	
13	The student demonstrates knowledge and skills related to the prevention and intervention of fluency disorders	
15	The student demonstrates knowledge and skills necessary for assessment of voice and resonance disorder	
16	The student demonstrates knowledge and skills related to the prevention and intervention of voice and resonance disorders	
18	The student demonstrates knowledge and skills necessary for assessment of oral and written acquired language disorders	
19	The student demonstrates knowledge and skills rleated to the prevention and intervention of acquired oral and written language skills	
24	The student demonstrates knowledge and skills necessary for assessment of swallowing disorders	
25	The student demonstrates knowledge and skills rleated to the prevention and intervention of swallowing disorders	
27	The student demonstrates knowledge and skills necessary for assessment of cognitive communication disorders	
28	The student demonstrates knowledge and skills related to the prevention and intervention of cognitive communication disorders	
30	The student demonstrates knowledge and skills necessary for assessment of social aspects of communication	
31	The student demonstrates knowledge and skills related to the prevention and intervention of social aspects that affect communication	
33	The student demonstrates knowledge and skills necessary for assessment of alternative and augmentative communication modalities	
34	The student demonstrates knowledge and skills related to intervention with alternatiave and augmentative communication modalities **(CONTINUED)**	

	GENERAL THERAPY SKILLS	Final
	These items will be calculated automatically from ratings given for the Practicum Final Assessment	
37	The student composes professionally written documents	#DIV/0!
38	The student engages in professional oral communication and interaction	#DIV/0!
39	The student evidences independent learning strategies, critical thinking, and problem solving skills	#DIV/0!

40	The student can collect and interpret case history information	#DIV/0!
41	The student can design, select, administer, and interpret formal and informal evaluation tools	#DIV/0!
42	When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs	#DIV/0!
43	The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals	#DIV/0!
44	The student completes administrative tasks relevant to evaluation and intervention	#DIV/0!
45	The student collborates with client/relevant others/other professionals to design and implement intervention plan	#DIV/0!
46	The student writes measurable intervention goals	#DIV/0!
47	The student selects and utilizes case appropriate materials during intervention	#DIV/0!
48	The student utilizes instructional techniques (modeling, cueing, feedback, strategies) during intervention	#DIV/0!
49	The student measures client progress and generates appropriate therapy modifications	#DIV/0!
50	The student counsels clients, family members and relevant others regarding the communication disorder	#DIV/0!
51	The student interacts in a profesional and ethical manner	#DIV/0!
52	The student is sensitive to cultural backgrounds when interacting with client and relevant others	#DIV/0!
53	The student demonstrates effective use of technology as appropriate	

EASTERN ILLINOIS UNIVERSITY
COMMUNICATION DISORDERS & SCIENCES
DIAGNOSTIC SKILL ASSESSMENT (Revised 4/12)

Clinician:

Semester: Course: 5910

Dx #1 Supervisor:	Disorder:	Date:
Dx #2 Supervisor:	Disorder:	Date:
Dx #3 Supervisor:	Disorder:	Date:
Dx #4 Supervisor:	Disorder:	Date:

Rating Scale

#na   Not Applicable

1   Skill minimally emerging. Fails to meet expectations, and demonstrates total dependence upon supervisory intervention.

2   Able to meet expectations 0-25% of the time, demonstrating significant dependence upon supervisory intervention.

3   Skill present but requires further development and consistency; needs considerable supervisory monitoring and guidance. Able to meet expectations 25-50% of the time, demonstrating dependence upon supervisory intervention.

4   Able to meet expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention.

5   Skill well developed although some refining may be necessary; requires some supervisory monitoring and guidance. Able to meet expectations 75-100% of the time, demonstrating emerging independence.

6   Exceeds expectations up to 75% of the time, demonstrating modified independence.

7   Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. Consistently exceeds expectations, while demonstrating independence.

For **CLINIC**, A = 5.75-7:00   B = 4.5-5.74   C = 3.25-4.49

Minimum competency for **undergraduates** is at/above 3.0

Minimum competency for **graduates** is at/above 3.9

PROFESSIONAL/INTERPERSONAL SKILLS (Ratings of <5 on any two items or <4 on any one item will automatically lower the grade one letter)

	Dx #1	Dx #2	Dx #3	Dx #4	Average
1 Actively participates in supervisory meetings					#DIV/0!
2 Receptive to supervisory feedback					#DIV/0!
3 Establishes appropriate relationship with family members and client(s)					#DIV/0!
4 Demonstrates enthusiasm and interest					#DIV/0!
5 Demonstrates initiative/independence					#DIV/0!
6 Uses appropriate verbal and non-verbal interaction with others					#DIV/0!
7 Displays appropriate professional demeanor and confidence					#DIV/0!
8 Displays a professionally appropriate appearance					#DIV/0!
9 Meets deadlines					#DIV/0!
10 Understands and adheres to the ASHA Code of Ethics					#DIV/0!
11 Maintains confidentiality					#DIV/0!
12 Collaborates effectively with colleagues and other professionals					#DIV/0!
13 Observes Clinic policies					#DIV/0!
Subtotal	0.00	0.00	0.00	0.00	
Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

CONTINUED

PLANNING/MANAGEMENT SKILLS	Dx #1	Dx #2	Dx #3	Dx #4	Average

#	Item	Dx #1	Dx #2	Dx #3	Dx #4	Average
1	Prepares for supervisory conferences					#DIV/0!
2	Reviews file to obtain pertinent information					#DIV/0!
3	Familiarizes self with assessment materials					#DIV/0!
4	Plans logical sequence of assessment and activities					#DIV/0!
5	Generates appropriate case history questions					#DIV/0!
6	Considers cultural diversity in assessment					#DIV/0!
7	Self-evaluates clinical performance					#DIV/0!
8	Communicates client performance to family members and others as needed					#DIV/0!
9	Selects appropriate diagnostic procedures					#DIV/0!
	Subtotal	0.00	0.00	0.00	0.00	
	Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

ASSESSMENT SKILLS

#	Item	Dx #1	Dx #2	Dx #3	Dx #4	Average
1	Designs appropriate assessment plan					#DIV/0!
2	Plans logical assessment procedures					#DIV/0!
3	Administers tests accurately					#DIV/0!
4	Scores tests accurately					#DIV/0!
5	Interprets test results accurately					#DIV/0!
6	Administers and analyzes informal assessments					#DIV/0!
7	Integrates available information to form an impression and diagnosis					#DIV/0!
8	Develops appropriate and thorough recommendations					#DIV/0!
9	Makes appropriate referrals					#DIV/0!
10	Communicates client performance to family members and others as needed					#DIV/0!
	Subtotal	0.00	0.00	0.00	0.00	
	Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

WRITING SKILLS

#	Item	Dx #1	Dx #2	Dx #3	Dx #4	Average
1	Integrates case history, phone interview and family report to complete comprehensive background information					#DIV/0!
2	Explains test procedures and rationales clearly and accurately					#DIV/0!
3	Reports test scores accurately					#DIV/0!
4	Uses critical thinking to accurately interpret test results					#DIV/0!
5	Documents informal assessment results					#DIV/0!
6	Substantiates conclusions usning qualitative and/or quantitative data					#DIV/0!
7	Observes and documents related aspects of behavior (e.g., developmental skills, physical concomitants, interpersonal, fatigue)					#DIV/0!
8	Presents written content in a logically sequenced, organized manner					#DIV/0!
9	Reflects supervisory feedback in report					#DIV/0!
10	Includes supporting details in reports					#DIV/0!
11	Uses professional terminology appropriately					#DIV/0!
12	Uses appropriate grammar, syntax, format, and spelling in plans and reports					#DIV/0!
	Subtotal		0.00	0.00	0.00	
	Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	TOTAL AVERAGE	0.00	0.00	0.00	0.00	#DIV/0!

FORMATIVE ASSESSMENT

Rating Scale

#na	Not Applicable
1	Skill minimally emerging. Fails to meet expectations, and demonstrates total dependence upon supervisory intervention.
2	Able to meet expectations 0-25% of the time, demonstrating significant dependence upon supervisory intervention.
3	Skill present but requires further development and consistency; needs considerable supervisory monitoring and guidance. Able to meet expectations 25-50% of the time, demonstrating dependence upon supervisory intervention.
4	Able to meet expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention.
5	Skill well developed although some refining may be necessary; requires some supervisory monitoring and guidance. Able to meet expectations 75-100% of the time, demonstrating emerging independence.
6	Exceeds expectations up to 75% of the time, demonstrating modified independence.
7	Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. Consistently exceeds

Minimum competency for **undergraduates** Is above 3.0

Minimum competency for **graduates** Is above 3.9

For **CLINIC**, A = 7.0-5.75; B = 5.75-45.; C = 4.49-3.25

DISORDER SPECIFIC SKILLS

Rate student clinician's competency in all of the disorder specific skills that are relevant to this diagnostic.

	Dx #1	Dx #2	Dx #3	Dx #4	Average
6	The student demonstrates knowledge and skills necessary for assessment of articulation/ phonological disorders				#DIV/0!
9	The student demonstrates knowledge and skills necessary for assessment of oral and written developmental language disorders				#DIV/0!
12	The student demonstrates knowledge and skills necessary for assessment of fluency disorders				#DIV/0!
15	The student demonstrates knowledge and skills necessary for assessment of voice and resonance disorders				#DIV/0!
18	The student demonstrates knowledge and skills necessary for assessment of oral and written acquired language disorders				#DIV/0!
24	The student demonstrates knowledge and skills necessary for assessment of swallowing disorders				#DIV/0!
27	The student demonstrates knowledge and skills necessary for assessment of cognitive communication disorders				#DIV/0!
30	The student demonstrates knowledge and skills necessary for assessment of social aspects of communication				#DIV/0!
33	The student demonstrates knowledge and skills necessary for assessment of alternative and augmentative communication modalities				#DIV/0!

CONTINUED

GENERAL THERAPY SKILLS

	Dx #1	Dx #2	Dx #3	Dx #4	Average
These items will be calculated automatically from ratings given for the Diagnostic Assessment					

#						
37	The student composes professionally written documents	0.00	0.00	0.00	0.00	#DIV/0!
38	The student engages in professional oral communication and interaction	#REF!	#REF!	#REF!	#REF!	#REF!
39	The student evidences independent learning strategies, critical thinking, and problem solving	0.00	0.00	0.00	0.00	#DIV/0!
40	The student can collect and interpret case history information	0.00	0.00	0.00	0.00	#DIV/0!
41	The student can design, select, administer, and interpret formal and informal evaluation tools	#REF!	#REF!	#REF!	#REF!	#REF!
42	When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs	#REF!	#REF!	#REF!	#REF!	#REF!
43	The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals	0.00	0.00	0.00	0.00	#DIV/0!
44	The student completes administrative tasks relevant to evaluation and intervention	#REF!	#REF!	#REF!	#REF!	#REF!
50	The student counsels clients, family members and relevant others regarding the communication disorder	0.00	0.00	0.00	0.00	#DIV/0!
53	The student demonstrates effective use of technology as appropriate	6.00	0.00	0.00	0.00	#DIV/0!

Comments:

EASTERN ILLINOIS UNIVERSITY

COMMUNICATION DISORDERS & SCIENCES

AUDIOLOGY PRACTICUM ASSESSMENT - (Revised 11/10)

Clinician:		Supervisor:	
Semester:	Course: CDS 5920		Practicum Sites:
Client(s):		Disorders:	

Rating Scale

#na	Not Applicable
1	Skills minimally emerging. Fails to meet expectations, and demonstates total dependence upon supervisory intervention.
2	Meets expectations 0-25% of the time, demonstrating significant dependence upon supervisory intervention.
3	Skill present but requires further development and consistency; needs considerable supervisory monitoring and guidance. Meets expectations 25-50% of the time, demonstrating dependence upon supervisory intervention.
4	Meets expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention.
5	Skill well developed although some refining may be necessary; requires some supervisory monitoring and guidance. Meets expectations 75-100% of the time, demonstrating emerging independence.
6	Exceeds expectations up to 75% of the time, demonstrating modified independence.
7	Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. Consistently exceeds expectations while demonstrating independence.

5.75 - 7.00	A
4.50 - 5.74	B
3.25 - 4.49	C

	PROFESSIONAL/INTERPERSONAL SKILLS (Ratings of <5 on any two of the items or <4 on any one item will automatically lower the grade one letter)	Midterm	Final
1	Actively participates in supervisory meetings		
2	Receptive to supervisor feedback		
3	Establishes appropriate relationship with family members/client/relevant others		
4	Demonstrates enthusiasm and interest		
5	Demonstrates initiative/independence		
6	Uses appropriate verbal and non-verbal interaction with others		
7	Displays appropriate professional demeanor and confidence		
8	Uses professionally appropriate communication skills		
9	Displays a professionally appropriate appearance		
10	Is punctual for appointments and, when necessary and appropriate, cancels/reschedules client sessions as well as supervisory conferences		
11	Understands and adheres to the ASHA Code of Ethics		
12	Maintains confidentiality		
13	Follows departmental guidelines regarding files, materials, and test checkout		
14	Observes Clinic policies		
	Subtotal	0.00	0.00
	Average	#DIV/0!	#DIV/0!

CONTINUED

	PLANNING/MANAGEMENT SKILLS	Midterm	Final
	Hearing Testing		
1	Familiarizes self with audiometric test procedures		
2	Reviews audiology diagnostic and obtains pertinent information		
3	Familiarizes self with audiology diagnostic equipment and materials		
4	Checks for weekly diagnostic appointments and prepares accordingly		
5	Self-evaluates clinical performance		
	Aural Rehabilitation		
1	Reviews audiology diagnostic and/or treatment files to obtain pertinent information		
2	Familiarizes self with treatment materials		
3	Develops appropriate long-term goals for client		
4	Establishes appropriate short-term objectives for client		
5	Review progress with client and/or others		
6	Prepares for supervisory conferences		
7	Offers alternative therapy ideas		
8	Arranges room to optimize client's learning & participation in sessions		
9	Measures client progress		
10	Plans logical sequence of assessment and activities within the therapy session		
11	Self-evaluates clinical performance		
	Subtotal	0.00	0.00
	Average	#DIV/0!	#DIV/0!
	DIAGNOSTIC/WRITING SKILLS	Midterm	Final
	Hearing testing		
1	Uses informal/formal testing procedures effectively		
2	Interprets test results accurately for audiology diagnostics		
3	Explains test procedures and rationales clearly and accurately for diagnostics		
4	Integrates available information to form an impression and diagnosis		
5	Develops appropriate and thorough recommendations for audiology diagnostics		
6	Presents content in a logically sequenced, organized manner		
7	Reflects supervisory feedback in reports and therapy plans		
8	Includes sufficient detail in reports		
9	Uses professional terminology in report writing		
10	Uses appropriate grammar, syntax, format, and spelling in plans and reports		
11	Communicates results accurately in lay terms		
12	Administers diagnostic audiometric tests accurately		
13	Explains potential impact of audiological test results on communication		
14	Uses reinforcement and motivational techniques effectively		
	Aural Rehabiltiation		
1	Uses informal/formal testing procedures effectively		
2	Observes and documents related aspects of behavior (e.g., developmental skills, physical skills, physical concomitants, interpersonal, fatigue)		
3	Develops appropriate and thorough recommendations for treatment		
4	Interprets test results accurately		
5	Presents content in a logically sequenced, organized manner		
6	Reflects supervisory feedback in reports and therapy plans		
8	Summarizes and evaluates progress using qualitative and/or quantitative data to substantiate judgments		
9	Uses professional terminology in report writing		
10	Uses appropriate grammar, syntax, format, and spelling in plans and reports		
	Subtotal		
	Average		

CONTINUED

	THERAPY SKILLS	Midterm	Final

		Midterm	Final
1	Develops therapy plan based on applicable theory		
2	Uses appropriate stimulus materials for age and ability level of the client		
3	Provides clear, concise instructions in presenting materials and/or techniques		
4	Modifies own behavior according to the needs of the client(s)		
5	Records and tracks client's daily progress accurately		
6	Uses reinforcement and motivational techniques effectively		
7	Provides appropriate feedback to client		
8	Modifies planned activities to meet the goals of the treatment session		
9	Makes goals clear to the client		
10	Uses instructional techniques effectively (e.g., modeling, guidance, prompting, cuing,		
11	Maintains appropriate clinician client talking/response time		
12	Uses behavior management techniques effectively		
13	Uses time efficiently in the session to meet objectives		
14	Perceives verbal and non-verbal cues of the client		
	Subtotal	0.00	0.00
	Average	#DIV/0!	#DIV/0!
	TOTAL	0.00	0.00
	AVERAGE	#DIV/0!	#DIV/0!

	ADDITIONAL SKILLS	**Midterm**	**Final**
1	Collaborates effectively with colleagues and other professionals		
2	Includes significant others as a part of therapy goals		
3	Makes appropriate referrals for audiology diagnostic and practicum experiences		
4	Facilitates client self-evaluation		
5	Meets each client's needs in a group		
6	Documents all activities related to client care consistently and accurately (e.g., contacts with		

Midterm Grade: **Date:**   **Clinician & Faculty Initials:**
Final Grade: **Date:**   **Clinician & Faculty Initials:**

FORMATIVE ASSESSMENT	Rating
Rating Scale	

#na	Not Applicable
1	Skills minimally emerging. Fails to meet expectations, and demonstates total dependence upon supervisory intervention.
2	Able to meet expectations 0-25% of the time, demonstrating dependence upon supervisory intervention.
3	Skill present but requires further development and consistency; needs considerable supervisory monitoring and guidance. Able to meet expectations 25-50% of the time, demonstrating dependence upon supervisory intervention.
4	Able to meet expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention.
5	Skill well developed although some refining may be necessary; requires some supervisory monitoring and guidance. Able to meet expectations 75-100% of the time, demonstrating emerging independence.
6	Exceeds expectations up to 75% of the time, demonstrating modified independence.
7	Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. Consistently exceeds expectations while demonstrating independence.

5.75 - 7.00	A
4.50 - 5.74	B
3.25 - 4.49	C

DISORDER SPECIFIC SKILLS

Rate student clinician's competency in the disorder specific skills that are relevant

20	The student can describe characteristics and etiologies of normal and disordered hearing	
21	The student demonstrates knowledge and skills necessary for assessment of hearing difficulties and	
22	The student demonstrates knowledge and skills related to the prevention and intervention of hearing	

GENERAL THERAPY SKILLS

37	The student composes professionally written documents	#REF!
38	The student engages in professional oral communication and interaction	#DIV/0!
39	The student evidences independent learning strategies, critical thinking, and problem solving skills	#DIV/0!
40	The student can collect and interpret case history information	#DIV/0!
41	The student can design, select, administer, and interpret formal and informal evaluation tools	#DIV/0!
42	When conducting an evaluation, the student demonstrates flexibility and makes appropriate	#DIV/0!
43	The student compiles evaluation information to generate appropriate diagnosis, recommendations, and	#DIV/0!
44	The student completes administrative tasks relevant to evaluation and intervention	#DIV/0!
45	The student collborates with client/relevant others/other professionals to design and implement	#DIV/0!
46	The student writes measurable intervention goals	#DIV/0!
49	The student measures client progress and generates appropriate therapy modifications	#DIV/0!
50	The student counsels clients, family members and relevant others regarding communication disorder	#DIV/0!
51	The student interacts in a profesional and ethical manner	#DIV/0!
53	The student demonstrates effective use of technology as appropriate	

Section V. Technology and Materials

- Material Center Procedures
- Clinic Software and Computer/Printer
- Technology Handout
- SharePoint Instructions
- OnBase Instructions

DEPARTMENT OF COMMUNICATION DISORDERS & SCIENCES

To: Clinicians
Re: Materials Center procedures

The Materials Center (MC) is located in Rm. 2309 contains equipment available for clinician use. A list of test and therapy materials is located in the MC.

Toys and games are located in the cabinets in the MC. These items do not need to be checked out but are to be returned to the same location immediately after your sessions end.

During the fall and spring, the MC will be open according to the following schedule:

Monday-Thursday	7:30 AM-9:00 PM
Friday	7:30 AM-4:30
Saturday	Closed
Sunday	5:00 PM-9:00 PM

Whenever possible, return materials the same day you check them out. Materials may be checked out overnight, **but only for one night**. Materials checked out overnight must be returned by 9:00 AM the next day unless other arrangements are made with the Clinic GA. Toys and other materials should not be removed from the MC until right before your session in case other clinicians need to use them prior to your session.

Tests and therapy materials can be reserved by signing up on the reserve list on the bulletin board of the MC. You should do this at least 24 hours in advance to ensure that the item you need will be available. The worker on duty in the MC is responsible for checking the reserve list prior to allowing the item to be checked out.

Every first semester clinician and all students in the junior sequence will be responsible for working one hour per week in the MC. Each worker is responsible for checking out items to other clinicians while on duty, and should keep the MC neat and organized. Check out procedures and other information will be located on the bulletin board in the MC. These procedures **must be read** during your first hour working in the MC.

MATERIALS CENTER CHECK OUT PROCEDURES

1. If the program is not already up on the screen, it is located on the desktop under **"Inventory Control"** and has an icon of a wasp next to it.
    a. When you open the program a log on pop-up will appear and ask for a password. There is no password, just select **"OK"**
2. On the main screen, select **"Inventory"** and then you can choose "check in" or "check out" from the bottom right of the screen.

Check Out:
1. Select the "check out" button from the task bar at the bottom of the screen.
2. Scan the clinician's barcode (using the yellow barcode scanner) located on the back of their clinician's badge. There is also a list of the faculty checkout numbers located on the board in case they forget to bring their panther card.
3. Move the cursor to **"Item Number"** and then scan the item barcode. If the scanner does not read the number, you can type it in. After the barcode is entered, hit the **"check out"** button in the right, lower corner. If they have more items to check out, their id number should still be up so you can just scan in the next item in.
4. After you have scanned in all of the clinician's items, **you must** select **"Commit"** to save the transactions. The commit button has to be pushed after each clinician has checked out otherwise the information will be lost.

Check In:
1. Select the "check in" button from the task bar at the bottom of the screen.
2. Scan the item that is being returned
3. Select the "check in" button in the lower right corner of the screen.
4. After all of the clinician's items are checked in, **you must select the "Commit" button** to finish the transaction, otherwise the transaction is not saved in the computer.

Finding an Item
      If you need to locate an item that is checked out, select the big "Reports" icon. Under the list that pops up, choose "Check Out By Customer Report" and scan through the lists of clinicians to see who has a certain item.

Note: If items will not scan into the computer using the yellow scanner, you can type the numbers in by hand.

OVERNIGHT CHECKOUT PROCEDURES

Items can be checked out overnight during any shift.
PLEASE CHECK THE RESERVE LIST FOR AN ITEM. If it is on the reserve list for that day or the following day, it CANNOT be checked out for overnight.

*Boardmaker, Boardmaker SD Pro, and any other computer programs may not be checked out over night.

OTHER ISSUES

1. Do not leave the room unattended for any reason. The computer in the MC should not be used to work on homework, check e-mail, etc.
2. When you go in for your shift, make sure all of the books on the shelves are pushed in and look tidy.
3. See the Front Office or Mr. Goldacker to lock/unlock the Materials Center if it is not already open when you start your shift.

***Please help to keep the Materials Center neat and organized. Straighten items on the shelf and remove any trash. Thank you!!!

Clinic Software

The clinical software below is installed in the computers located in therapy rooms. For some of the programs, the CD or disc is needed to run the program. CDs and disc are available for checkout from the MC. **CDs and discs are never to leave the building.**

Clinicians are responsible for learning how to operate the programs. Manuals as well as summary instructional handouts are available from the MC to learn to operate computer programs. If you have questions, see your clinical supervisor first. If you have technical difficulties, see the Technology GA.

The following is a list of all of the clinic software and a brief description of its therapy targets and the types of clients for who it is best suited.

Boardmaker:
This is a program for creating communication boards. It has options to create either color or black and white boards. This would be a great program for those clinicians with clients who use augmentative communication

Earobics:
This is an auditory skills and phonological awareness program for ages 4 to 8. Disc 2 provides more advanced activities for older children. Games target focusing on sound for extended periods of time, focusing on sound in the presence of background noise, auditory discrimination, remembering sounds and words in sequential order, blending sounds and syllables into words, segmenting words into sounds and syllables, sound-symbol correspondence and targets.

Speech Works:
This program is recommended for use by non-native speakers of English for accent reduction and for dialect control in native speakers. Includes diagnostic tests, probe quizzes, and report tools. Personal practice feature allows clinician to individualize programs to client's specific needs.

Speech Viewer:
This program is recommended for very basic child aural rehabilitation—sound presence and awareness. The following exercises are the only exercises which are recommended for use 1)Sound Presence 2)Voice Presence 3)Loudness Range 4)Pitch Range 5)Pitch and Loudness Patterning. The rest of the exercises give incorrect feedback.

Rosetta Stone:
Originally developed for ESL clients but language concepts may be used with child language and aphasic clients as well. Units cover semantics and from simple vocabulary to more advanced semantics. Syntax and auditory memory are also covered. The Rosetta Stone contains listening comprehension, reading comprehension, and writing exercises. It can also be used to compare speaking and intonation patterns with models provided by the computer.

Sesame Street Learning Series
There are two different programs. Elmo's Preschool Deluxe provides practice in letter, number, sound, shape, and color recognition. Get Set For Kindergarten provides activities for early reading and math concepts.

To: CDS clinicians and faculty
From: Tech GA
RE: Computer/Printer Issues

Computer Login

When first starting a computer in the lab, it will automatically login for you. Students can store files there and then open them later from the classroom, faculty office, or any other computer that is also hooked up to the server. If you are using a computer and cannot get to the student server, you should restart the computer by going to start-shut down-restart.

Internet Access

All of the computers in the Clinician's Room (2302) are connected to the Internet and server. Computers should be logged in. Reboot computers to automatically log in.

Printing

All of the computers print to the printer in Rm 2302 (Clinician's Room). In order to print from the computers you must be logged onto the server. If it is not printing or telling you that there are no printers installed then go through the procedure described above to restart the computer and login. All student printing will be done on the copier/printer in the clinician's room. You will need to have money on your panther card in order to print or copy as there is a fee of eight cents per page for black and white and a fee of 16 cents per page for color. You can put money on your card at the library, union, and most residence halls at the "Cash to Chip" machines. To print, you will go to the computer nearest the printer and select your print job after inserting your panther card. After you print, you need to click the log off button before it will release your card from the machine.

Saving Reports

Several students have had problems when saving their reports. When naming your report **DO NOT** put a period in the name, as this will make the computer save your report as read only and you will most likely have to retype your report. Putting spaces in the title can also cause problems. An example of a correct name would be Last Name First Initial Document type (e.g. MillerMFSR)

Reporting Problems

If the computer/printer you are using has a problem, the first thing you should do is restart the computer using the shut down method described previously. If a printer is not working, try turning it off, unplugging it, plugging it back in and then turning it back on. If the problem persists, please put a note in the technology GA's mailbox. Please do not simply leave the problem or leave a note on the computer. Often technicians must be called, which can take several days, therefore, the quicker the problem is noted and the phone call is made, the faster the problem will be fixed.

CDS Technology
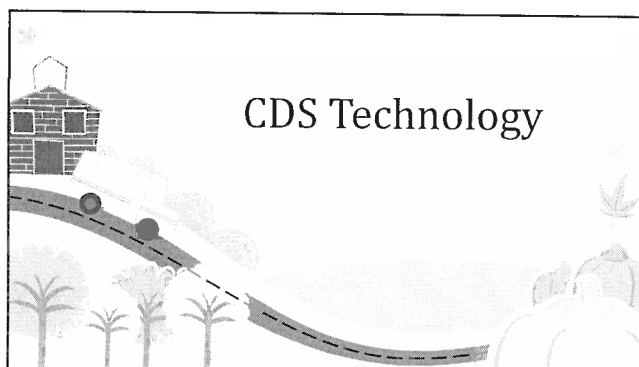
Please sign up for a time slot

You will be given:

- CDS wifi password
- Student drive
- ISR
- Onbase
- CDS network not compatible with Mac!!!
  - Other options:
    - Download Bootcamp for Mac (at the bookstore)
    - Only need windows upgrade home edition from Walmart $100/ installation fee $25
    - Mitch Coe 581-7234
    - Buy another low end PC

General Information about OnBase

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

How to Access OnBase

- MUST BE CONNECTED TO CDS INTERNET AND MUST BE IN THIS BUILDING!
- Logging in:
  - User name is your Panther email id
  - Enter password
    - Password is ciucds2015 for new students
    - Password is cdsonbase for previous CDS 4900 students
  - Click Login
- Directions for searching in OnBase are located on the "Student files" drive under "technology directions"
- IMPORTANT: Log off OnBase before closing internet
  - Internet Explorer: click door on upper right side of left column

ISR System (Video)

- The ISR system is used to view previous therapy session.
- All CDS students have access to ISR through INTERNET EXPLORER!
- MUST BE CONNECTED TO CDS INTERNET AND MUST BE IN THIS BUIDLING!
- Logging in:
  - User name
    - student
  - Password
    - Student
  - Click Login

ISR (cont'd)

- Directions for searching in ISR
  - Click "search"
  - In the "Criteria" box type in your clinicians last name
  - Select a day on the "Calendar"
    - You can also just select a day on the calendar to search for previous session
  - Select "search"
  - Click on your desired video

PantherShare/Sharepoint

- PantherShare is used to read your clinicians therapy plans and reports.
- Your supervisor will email you the link for the shared file
  - Save this link as a favorite for future use

CDS Student drive

- You will be mapped to the student files drive
- If it prompts you to log in, enter "eiu\pantherid" and your email password
- Example "eiu\memiller7"

- ISR (video system):
- Login: student
- Password: student
- **Onbase** (student files):
- Login: your email username (e.g., memiller7)
- Password: cncds2015 (unless you were on the system before, then it might be cdsonbase)
- **Panthershare** (current client/clinician files and soapnotes)
- Login: your entire email (e.g., memiller7@eiu.edu)
- Password: your email password
- **Student drive** (random clinic stuff, plus the powerpoint):
- Log in: eiu\your_email (e.g., eiu\memiller7)
- Password: your email password
- **must be on CDS network and authenticated (meaning you typed in your password and you can browse the internet!) to access ISR, Onbase, and student drive.

Other Technology Offered by the CDS Department

- Boardmaker
  - Generates communication boards
  - Great resource when you need picture cards for visual schedule
  - LOADED ON THE COMPUTERS IN THE CLINICIANS ROOMS
- SALT
  - Analyzes language samples
  - LOADED ON THE COMPUTERS IN THE CLINICIANS ROOMS
- Earobics
  - Contains auditory processing/phonological processing activities
- Spell Program
  - Analyzes spelling
- ALL THE CD-ROMs ARE LOCATED IN THE MATERIAL CENTER

If you have any questions please do not hesitate to ask!

Using PantherShare/Sharepoint

- Use this to upload and edit therapy plans and reports.
- Your supervisor will email you the link for the shared file.

Naomi Gurevich has shared 'Yeoman-Gurevich-clinic'

NG Naomi Gurevich <ngurevich@eiu.edu>
Wed 5/ 1 AM
Amy M Yeoman

MessageHeaderAnaly...

Bookmark the link to access your clinic documentation files

Go to Yeoman-Gurevich-clinic
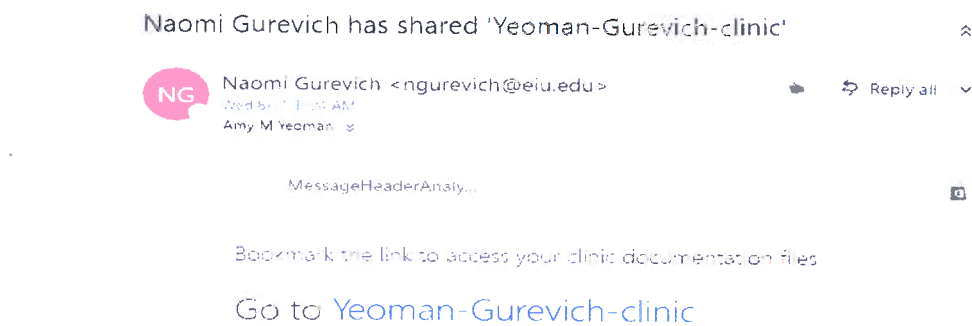
- Click on this link and type in your EIU net ID and password

Start Ameri

Authentication Required

https://panthershare.eiu.edu requires a username and password.

User Name: |

Password:

Log In   Cancel
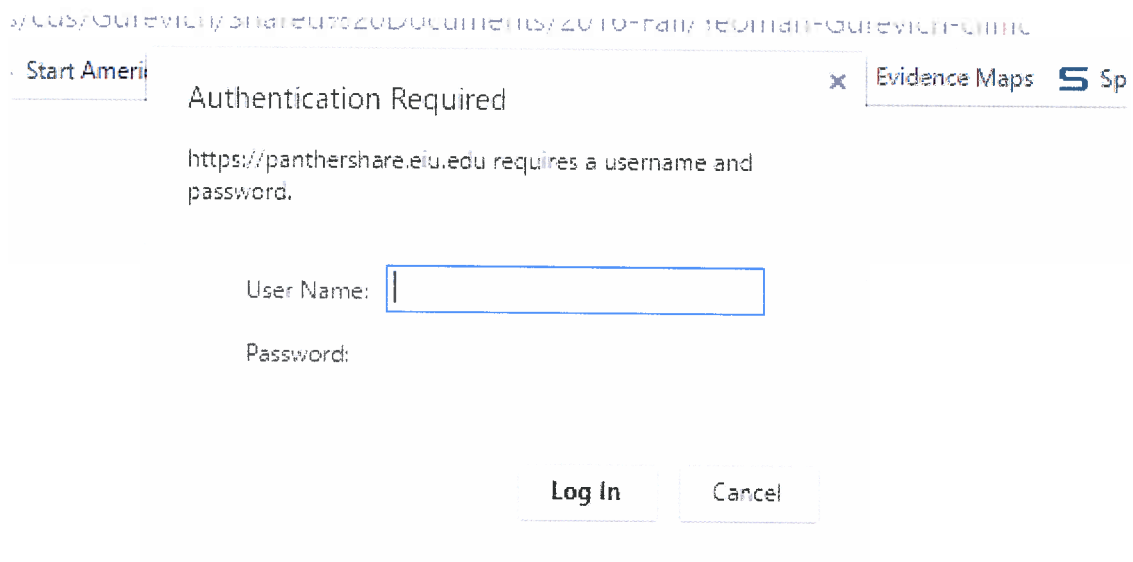
- Save this link as a favorite for future use so you do not have to keep going back to the email link.

- You can access PantherShare anywhere, not just on the EIU network.
- To Upload document, click add new document the New document tab in blue, or click on files-upload. You will then choose a Word document (Tx plan, FSR, ITP templates) from your computer and click ok.
- You can then edit the document by clicking on it and opening it in Word, all saves will then be done through Sharepoint.

- If you are unable to make edits, make sure you have downloaded the most recent version of Microsoft Office, which you can get for free through you EIU Panthermail.

- You can also try downloading a copy by clicking on the three dots, then make you edits, save the file as the same name as the old one, and either drag into PantherShare to replace or save and replace file.

How to Use OnBase (with Internet Explorer):

1. Double click on the OnBase icon on the desktop or go to internet explorer and Onbase will be in your favorites.
2. Type in your EIU net id (same as you use for D2L)
3. Type in the password (cdsonbase1) or if this does not work call 2175817802 to change.
4. Click Login

OnBase 15

User Name
Password

Login

Depending on modules licensed, this product may contain portions of:
Imaging technology © Snowbound Software, Inc.
Full Text Indexing technology © Autonomy

Version 15.0.1 84 - Copyright © 1992 - 2015 Hyland Software, Inc.

5. Look under document types to search for document you are looking for
6. Commonly searched for documents include:
   SLP PLAN PROG NOTES
   SLP INT TX PLAN
   SLP DX RPT
   FINAL REPORTS

OnBase

AMYEOMAN | Log out

Document

Document Retrieval

Document Type Groups
All

Document Types
REQUEST FOR SERV
SLP DX RPT
SLP INT TX PLAN
SLP TEST FORMS
THERAPY PLANS
TX PLAN PROG NOTES

From Date   To Date

Keywords | Text | Note

First Name   =

Last Name   =

Disorder   =

Disorder2   =

Disorder3   =

Disorder4   =

Full Text Search

7. After selecting a document type, a list of search terms will appear in the Keywords box.
8. Enter terms in the Keyword box. You can search by any of these search terms, but it is easiest to search by First Name and/or Last Name for a specific client. You can also search by disorder or by supervisor.
9. Click the Binoculars Icon to search.
10. Documents will appear in the top box. You can then click on the document and it will appear below for you to view or will open up in Microsoft word, depending on the type of document.

***When you are finished working in OnBase it is important to log off. Click on the door on the right side of the left column. It is now okay to exit the Internet Explorer browser.
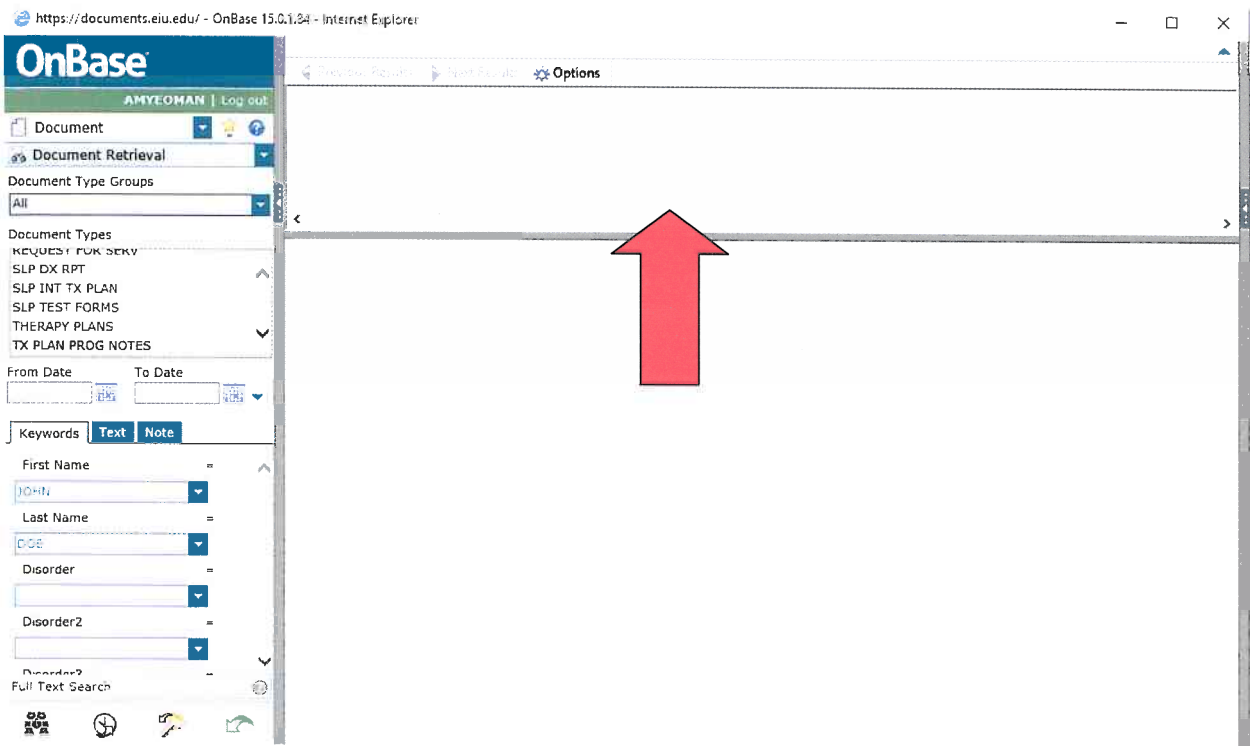
Alternate way to search

1. Click on Document Retrieval dropdown arrow then Custom Queries
2. Click CDS Client Query
3. Type in the client's name or the disorder for which you are looking.
4. Click the Binoculars Icon at the bottom of the page.
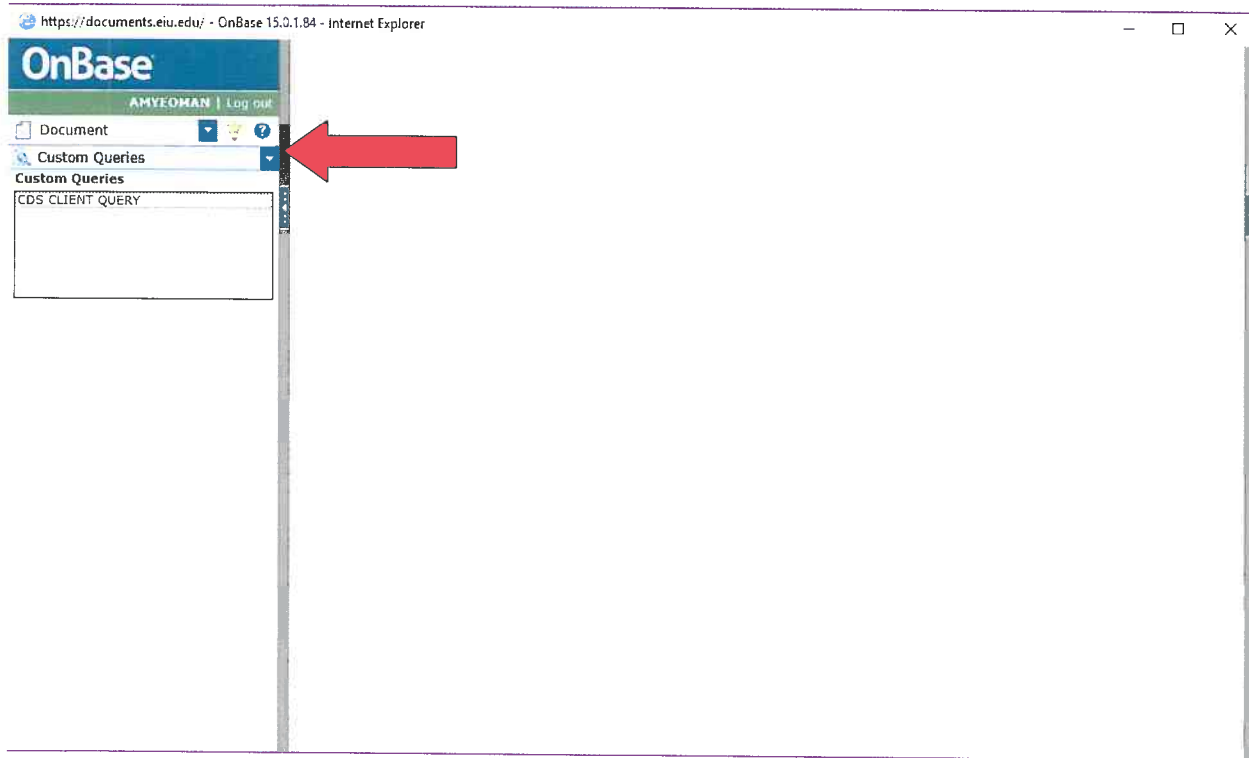
5. Two boxes will appear in the white window on the right. In the top box, select the document type that you wish to view.
6. Double click the document you wish to view. It will appear in the lower window or it will open in a separate Microsoft Word document depending on the type of document.

Section VI. Supervision

- Supervision Powerpoint
- Self-Evaluation Examples
- PACE Form

Supervision
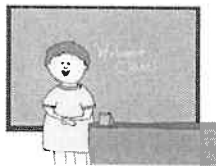
By PresenterMedia.com

Supervision Defined
(Anderson, 1988, p. 12)

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

Working Definition
(ASHA, 1985)

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

Clinical Teaching

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

Direct/Indirect

- Direct supervisory behaviors:
  - telling, giving opinions and suggestions, directing, criticizing, suggesting change, and evaluating.
  - Can be defense-inducing

- Indirect supervisory behaviors:
  - accepting, clarifying questions, praising behavior, asking for opinions and suggestions, involvement in problem solving, accepting ideas and discussing feelings.
  - Support-inducing

Continuum of Supervision

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

Continuum of Supervision
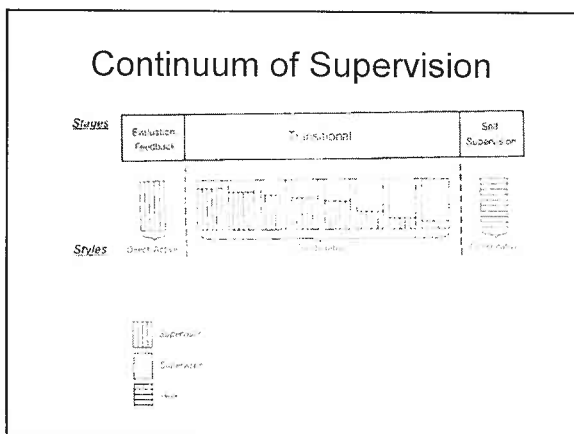
Stages of the Continuum

- Evaluation-Feedback
- Transitional
- Self-Supervision

Stages

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

Evaluation Feedback Stage
SUPERVISOR HAS A DOMINANT ROLE

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

SR uses Direct-*Active* Style

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

Transitional Stage
SUPERVISOR HAS A COLLABORATIVE ROLE

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

Self-Supervision Stage

SUPERVISOR HAS A CONSULTATIVE ROLE

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

Supervisees Responsible for Outcome of Conference!!

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

Supervisees Should be Prepared

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

Supervisee Professional Growth

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

Weekly Self-Evaluation
CDS 4900/5900

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

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

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

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

One question you want to discuss in our weekly meeting.

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

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

Self-Evaluation
CDS 4900/5900

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

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

2. What did your client do well today?

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

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

5. What did your client really struggle with today?

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

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

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

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

PACE Speech-Language Pathologist Self-Reflection Tool

This tool is designed to assist the speech-language pathologist (SLP) in determining areas of strengths and areas for which additional professional development is needed. At the beginning of the school year, the SLP should reflect on each skill and rate each: 3 = a strength, 2 = adequately developed, 1 = training needed. The results should be used to create a professional development plan for the year.

Name: _____

Date: _____

Current name of building(s) served: _____

Current number of students served with IEP: _____ 504 plan: _____ RTI plan: _____

Rate your skill level on each item listed below. Using the following rating scale:

1- I need more information and training to further develop this skill

2- This skill is developed appropriately/I have developed this skill appropriately.

3- This skill is a strength area for me.

NA- Not applicable

Performance Objective	Skill	1	2	3	N/A	Comments
Demonstrate knowledge and skills in speech-language pathology and related subject areas	Demonstrates knowledge of assessment and treatment in	☐	☐	☐	☐	
	• speech sound production	☐	☐	☐	☐	
	• semantics		☐	☐	☐	
	• syntax	☐	☐	☐	☐	
	• morphology	☐	☐	☐	☐	
	• pragmatics/social language	☐	☐	☐	☐	

Performance Objective	Skill	1	2	3	N/A	Comments
Provide culturally and educationally appropriate services that are effective, engage students, and reflect evidence-based practice	• voice	☐	☐	☐	☐	
	• fluency	☐	☐	☐	☐	
	• literacy	☐	☐	☐	☐	
	• feeding and swallowing	☐	☐	☐	☐	
	• hearing loss and deafness	☐	☐	☐	☐	
	• other medical or educational topics related to communication	☐	☐	☐	☐	
	Applies principles of evidence-based practice	☐	☐	☐	☐	
	Demonstrates cultural competence with colleagues, students, and families	☐	☐	☐	☐	
	Applies effective strategies to motivate and engage students in the learning process	☐	☐	☐	☐	
	Relates therapy to academic standards	☐	☐	☐	☐	
	Demonstrates a clear understanding of how to embed curricular goals, Common Core State Standards (CCSS), and materials into therapy sessions	☐	☐	☐	☐	
	Uses emerging evidence-based practice in treatment	☐	☐	☐	☐	
	Collects and analyzes and applies data effectively	☐	☐	☐	☐	

Performance Objective	Skill	1	2	3	N/A	Comments
Partner with the team to determine eligibility and recommend services that are compliant with state and federal regulations for children with IEPs	Advocates for appropriate materials, supports, and schedules necessary to provide Free Appropriate Public Education (FAPE)	☐	☐	☐	☐	
	Advocates for appropriate services for students	☐	☐	☐	☐	
	Understands and operates within the timelines mandated for assessment and IEP development	☐	☐	☐	☐	
	Prepares well for and appropriately participates in IEP meetings	☐	☐	☐	☐	
	Demonstrates an ability to deal with differing opinions within team meetings	☐	☐	☐	☐	
	Contributes expertise and data to educational team to make appropriate placement and program decisions	☐	☐	☐	☐	
	Uses a range of strategies to engage parents and other educational team members in assessment and IEP process	☐	☐	☐	☐	
	Understands and demonstrates ability to write relevant, measurable IEP goals tied to CCSS or state standards.	☐	☐	☐	☐	
	Assesses progress on IEP goals and shares with parents and educational staff	☐	☐	☐	☐	
	Understands and responds to Medicaid billing requirements	☐	☐	☐	☐	

Performance Objective	Skill	1	2	3	N/A	Comments
	Understands and responds to FERPA and HIPAA requirements	☐	☐	☐	☐	
Demonstrate ability to conduct appropriate comprehensive evaluations for students who may be experiencing a variety of communication disorders	Uses and interprets a variety of assessment tool appropriately for all areas of communication:	☐	☐	☐	☐	
	• classroom observations	☐	☐	☐	☐	
	• standardized assessments	☐	☐	☐	☐	
	• classroom-based assessments	☐	☐	☐	☐	
	• input from teachers, parents, and students	☐	☐	☐	☐	
	• case history	☐	☐	☐	☐	
	• other	☐	☐	☐	☐	
	Solicits relevant information from parents to include in assessment process	☐	☐	☐	☐	
	Solicits information from general education teachers and other relevant educational team members to include in assessment process	☐	☐	☐	☐	
	Understands and applies cultural competence to the assessment process	☐	☐	☐	☐	
Provide appropriate and dynamic service delivery methods consistent with the wide variety of	Understands and uses a variety of service delivery models (i.e., location, frequency, and amount of service)	☐	☐	☐	☐	
	Applies dynamic service delivery (i.e., uses a	☐	☐	☐	☐	

Performance Objective	Skill	1	2	3	N/A	Comments
individual student needs	range of service delivery options based on student needs, varying amount, location, and frequency of services)	☐	☐	☐	☐	
	Understands and uses methods, strategies, and activities that promote progress on IEP and academic goals	☐	☐	☐	☐	
	Understands how to make changes in a therapy session to assist the student to be successful	☐	☐	☐	☐	
	Appropriately records student data	☐	☐	☐	☐	
Demonstrate collaboration with classroom teachers and other professionals for students in both general and special education	Communicates on a regular basis with other educational team members for students with IEPS and 504 plans	☐	☐	☐	☐	
	Demonstrates the expertise and participates in the Response to Intervention (RTI) process	☐	☐	☐	☐	
	Demonstrates confidence and expertise to work in the classroom setting as appropriate	☐	☐	☐	☐	
	Provides screening to identify students at risk for communication disorders and collaborates with other educational professionals in the screening process	☐	☐	☐	☐	
	Participates in a professional learning community	☐	☐	☐	☐	
Collaborate with families and provide	Provides detailed progress reports to families that includes data to support the findings	☐	☐	☐	☐	

Performance Objective	Skill	1	2	3	N/A	Comments
opportunities for families to be involved in student speech/language program and service delivery	Solicits input from the families to include in evaluation and IEP reports, including family history	☐	☐	☐	☐	
	Provides families with information/materials to help them support student progress at home	☐	☐	☐	☐	
	Responds to parent initiated-communication within a reasonable time period	☐	☐	☐	☐	
Earn continuing education or professional development units sufficient to meet ASHA requirements for certification maintenance as well as state certification and licensing requirements	Participates in district professional development	☐	☐	☐	☐	
	Participates in state and national conferences and professional development programs	☐	☐	☐	☐	
	Participates in online professional development programs	☐	☐	☐	☐	
	Keeps current with emerging practices, policies, and procedures	☐	☐	☐	☐	
	Advocates for the opportunity to participate in relevant professional development programs	☐	☐	☐	☐	
Contribute to various building, district initiatives and community partners	Participates in RTI initiatives	☐	☐	☐	☐	
	Serves on various district committees	☐	☐	☐	☐	
	Participates in union or other teacher representative groups	☐	☐	☐	☐	
	Provides professional development training to staff and training to parents	☐	☐	☐	☐	

Performance Objective	Skill	1	2	3	N/A	Comments
	Supervises student interns, speech-language pathology assistants (SLPAs), and/or clinical fellows	☐	☐	☐	☐	
	Collaborates with universities to contribute to research, understand promising practices, and engage with students	☐	☐	☐	☐	
	Collaborates with relevant community partners (e.g., physicians, private therapy practitioners, vocational rehabilitation therapists, and social service agencies and private schools)	☐	☐	☐	☐	

Self-Reflection Notes: