

***Speech and Hearing  
Graduate Student Clinician  
Clinic Manual  
Communication Disorders  
West Texas A&M  
University  
Fall 2011***

**Clinic Binder should include the following tabs:**

**1. Clinic Manual**

**2. KASA**

**3. Important Copies**

**1. Malpractice Insurance**

**2. CPR certification**

**3. Scores of HIPPA, Hep B, etc.**

**4. TB skin test**

**5. Immunization records**

**6. Drivers License**

**7. Undergraduate Observation Hours**

**4. Monthly Clinical Hours**

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Fall 2011  
Speech and Hearing  
Graduate Clinic Manual  
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## GENERAL POLICIES REGARDING CLINICAL TRAINING

The department chair and coordinators of the department are to determine, manage, and direct procedures which will guarantee that graduates acquire the correct allocation of supervised clinical practicum hours as well as the clinical competencies mandatory for certification and licensure in Speech-Language Pathology. In addition, the department chair and coordinators are also responsible for determining and managing procedures that require students to obtain **25** hours of clinical observation before they enroll in clinical practicum. All students are educated of the affirmed procedures and assume the responsibility for documenting and retaining copies of all clinical observation and clinical practicum hours.

### A. Observation Requirements

*In keeping with ASHA certification guidelines, the West Texas A&M University Communication Disorders Program (WT-CDP) requires that 25 hours of clinical observation be obtained before students will be allowed to enroll in graduate clinical practicum coursework during which direct client contact hours may be earned. Observation hours will be obtained as part of course requirements for the following undergraduate courses: CD 2372, CD 3330, CD 3340, CD 3350, CD 3355, and CD 4386.*

Only observations of a Master's Level ASHA Certified Speech Language Pathologist or Audiologist will be accepted. Video observations are available through the WT-CDP

Students may also observe at external affiliated facilities. *All external observations must be pre-arranged and approved by the WT-CDP Clinic Director.*

Observation hours from other university programs will be accepted with the following required information:

### B. Undergraduate Clinical Practicum

1. Currently, the WT-CDP does not offer undergraduate clinical practicum.
2. *In keeping with ASHA certification guidelines, the West Texas A&M University Communication Disorders Program (WT-CDP) will accept no more than 50 hours of undergraduate clinical practicum from an ASHA accredited university. These hours must include the following required information:*
  - *Facility in which therapy hours were obtained*
  - *Type of disorder*
  - *Type of session – Therapy or Diagnostic*
  - *Age group of client*
  - *Signature of supervising SLP*

### C. Graduate Clinical Practicum

1. **Coursework:** Graduate students obtain clinical experiences through CD 6398, Application of Clinical Principles, and CD 6399, Advanced Application of Clinical Principles. CD 6398 is designed for internship (under the direct clinical instruction of WT-CDP clinical instructors) graduate students, while CD 6399 is designed for externship (under the direct clinical instruction of approved clinical instructors from current WT-CDP affiliated facilities) graduate students. All graduate students wanting to obtain clinical clock hours must be enrolled in CD 6398 or CD 6399. Both courses require instructor approval before enrolling. CD 6398 and 6399 courses include clinical practicum experience and formal class meetings.

2. **Practicum:** *There are 5 clinical levels of practicum: Novice, Beginning, Competent, Proficient and CF-Ready.* Graduate student clinicians start their first practicum semester at the Novice level. The student is evaluated at mid-term and at the end of the semester based on competencies and standards in accordance with ASHA certification guidelines (See page 66). Based on the student's performance and development of the clinical skills and competencies, a decision is made on the practicum level for the next semester by the current clinical instructor and the clinic director.

*Internship* graduate students (Novice, Beginning, and Competent) will obtain clock hours through the WT Speech and Hearing Clinic or through a satellite clinic *staffed by WT-CDP clinical instructors.* During CD 6398 practicum, clinical competencies related to ASHA *Knowledge and Skills Assessment standards* are being achieved.

Once a graduate student clinician reaches the level of Proficient, the Clinic Coordinator will *assign students to external clinic placements* where the student will obtain the remaining clock hours. *Remaining ASHA-KASA related clinical competencies* are completed in CD 6399.

Externships are done only at facilities, which have a current and valid Affiliation Agreement with WTAMU-CDP. Externship student clinicians (Proficient and CF-Ready) contract with the externship clinical instructor(s) to obtain a minimum of 50 clock hours during the semester. Externship clinical instructors agree to follow ASHA and WT-CDP Guidelines for Clinical Instruction; they must be ASHA certified and be licensed by the state (if applicable); and they should have a minimum of 2 years of experience, including the clinical fellowship year (CFY).

3. **Documentation:** All clinical clock hours completed by the student must be recorded by the student and signed by the supervising clinical instructor(s) daily, using the CLINICAL PRACTICUM DAILY LOG. Daily totals are transferred to the RECORD OF OVERALL CLINICAL PRACTICUM HOURS form (See pages 53 & 54) where the hours are categorized by the student and signed by the clinical instructor. At the end of each month the student should total the hours, make sure all hours are verified and initialed by the clinical instructor and obtain the instructor's signature along with state license number and ASHA number. Both completed and signed forms should be turned in to the clinic hour's box by the 5<sup>th</sup> day of the following month. Prior to turning in the hours, the student should make a copy of both forms for their records.

Hours are due by the 5<sup>th</sup> of each month accurate and complete. Hours turned in late or in error may be subject to rejection resulting in loss of hours.

Students will receive a monthly printout delineating their accumulated total of categorized practicum hours.

#### **D. Grading Policies:**

1. **Performance Evaluations:** Clinical instructors are expected to meet with student clinicians on a *regular basis* to provide feedback on clinical issues and review/revise documentation. Using the Performance Evaluation form, written *documentation and* feedback is given at midterm and again at the end of the semester.
2. **Clinic Review Meetings:** A Clinic Review meeting is held for each student before the completion of each semester. Along with the student, participants at this meeting can include the Clinic Director, Program Director and assigned clinical instructor(s). A self-evaluation process will be completed by each student acknowledging their areas of strength and formulating goals for

improvement. During the meeting additional strengths and goals for improvement may be added by all meeting participants. The *Performance Evaluation*, and the *Clinic Review* forms which are signed by both the student clinician and faculty present, will be placed in the student file.

### 3. **Grade Assignment:**

In keeping with ASHA-KASA standards, descriptions of required clinical competency achievements for graduate students in CD 6398 and 6399 change with each succeeding semester. Performance evaluations will be based on acquisition of new competency levels as well as maintenance of previous levels. Achievement of goal performance standards and completion of competency modules will be the basis of grading. Grade assignments are “Pass” or “Fail” which is determined by an average score of 3.0 on each section of the Performance Evaluation. A “Fail” in clinical practicum could result in postponement /termination of additional clinical practicum experiences.

A grade of "C" or below in academic courses is not an acceptable performance for a graduate student. Such performance can result in postponement of clinical practicum experiences. Under extenuating circumstances, a student may contract for a grade of "I" (incomplete) and continue in clinical practicum. This is assigned only in accordance with university policy and approval by the Program and Clinic Directors.

### 4. **Student Grievance Process:** A grievance can be brought as a result of an unauthorized or unjustified act or decision by a member of the faculty or staff or an administrative officer, which in any way adversely affects the status, rights, or privileges of a student. Examples of grievances include:

- Inconsistent application of announced requirements.
- Belated imposing of requirements not originally made clear.
- Assignment of grades based on criteria other than academic performance in the course.
  
- Grading criteria that do not provide dependable methods of evaluating student work or performance.
  
- Violation of student rights to an explanation of how course grades were determined.
- Registration and application problems.
- Complaints about discrimination and racism.
- Assistance with concerns that have not been resolved by other regular university procedures.

Except in unusual circumstances, only petitions filed within six months after completion of the course in which the alleged injustice occurred will be considered. Before making a formal written petition the student must exhaust all available avenues for informal resolution (i.e., following the WTAMU chain of Command prior to filing a petition) consult with instructor or supervisor first, followed by the Communication Disorders Department Head, then the Dean of the College of Nursing and Health Sciences, and finally the Provost/Vice-President of Academic Affairs about the specific complaint.

### 5. **Process for filing a complaint or grievance:**

Academic Related Issues: Discuss the concerns directly with the instructor of the course in which the concerns arose. If the complaint remains unresolved, the student may then request a meeting between the student, instructor, and department head to resolve the issue. If the complaint remains unresolved a similar process may be followed using the appropriate chain of command identified above. If student satisfaction is not achieved after following this procedure then the student is encouraged to follow the procedure outlined in Appendix II in the Code of Student Life (for students who challenge semester grades); or Appendix III in the Code of Student

Life for Complaints (for students who need assistance in determining how to proceed with a complaint); or Appendix IV in the Code of Student Life (for students whose grievances are not related to semester grades).

Clinically Related Issues: Discuss the concerns directly with the clinical supervisor of the practicum site in which the concerns arose. If the complaint remains unresolved, the student may then request a meeting between the student, clinical supervisor, and clinical coordinator to resolve the issue. If the complaint remains unresolved a similar process may be followed using the appropriate chain of command identified above. If student satisfaction is not achieved after following this procedure then the student is encouraged to follow the procedure outlined in Appendix II in the Code of Student Life (for students who challenge semester grades); or Appendix III in the Code of Student Life for Complaints (for students who need assistance in determining how to proceed with a complaint); or Appendix IV in the Code of Student Life (for students whose grievances are not related to semester grades).

Students may file a complaint with the Council on Academic Accreditation (CAA) by writing to:

Council on Academic Accreditation  
ASHA  
10801 Rockville Pike  
Rockville, Maryland 20852-3279

Or by calling: (301) 897-5700

*Relevant Section from New CDP Undergraduate and Graduate Student Handbook Relative to Complaint Process Specifically Addressing Clinical Externship Practicum complaints.*

## **6. Guidelines for handling conflict:**

Conflicts may arise of for a variety of reasons including differing expectations between supervisor/instructor and student, lack of communication, misunderstanding of procedure, etc. The following guidelines were authored by Mediate.com and serve and important steps for constructively mediating conflict:

**1. Ask yourself what it is you don't know yet.** Keep in mind that you don't know what story is foremost in other people's minds. Each individual has his or her own story about what is important and why. Insight into these different stories can make a great difference for how you and other people handle the conflict. Take on conflict situations with an intention to understand more about what is going on. Ask open-ended questions, questions that help you to understand the background of the conflict better. People's images of what is significant in specific situations are important reasons for their actions. These images can change, thereby changing the parties' attitudes and actions. Remember also to remain open to learning new things about yourself and how other people perceive you. Maybe other parties feel that you have contributed more to the problems than you are aware of.

**2. Make a distinction between the problem and the person.** Formulate the conflict issues as shared problems that you have to solve cooperatively. Abstain from blaming and voicing negative opinions about others. State clearly what you feel and want and invite your counterpart to help in finding solutions. Opinions and emotions

should be expressed in ways that facilitate the process of achieving satisfying outcomes. Keep in mind that there is always some kind of positive intention behind people's actions, even if unskillfully expressed.

**3. Be clear, straightforward and concrete in your communication.** State clearly what you have seen, heard and experienced that influenced your views in the matter at hand. Tell the other person what is important to you, why you find it important, what you feel and what you hope for. Express your own emotions and frustrated needs in clear and concrete words. Ask for the counterpart's fears and needs in a way that conveys that you care about them.

**4. Maintain the contact with your counterpart.** Breaking off the contact with the counterpart in a conflict often leads to a rapid conflict escalation. Do what you can to keep the communication going. Work to improve your relationship even if there are conflict issues that seem impossible to resolve. Offer to do something small that meets one of your counterpart's wishes and suggest small things your counterpart can do to meet your own needs and wishes. Even if marginal, such acts can strengthen the hope that it will be possible to change the nature of the relationship in a positive direction.

**5. Look for the needs and interests that lie behind concrete positions.** Bargaining about positions often leads to stalemates or unsatisfying solutions. Inquire into what needs and interests would be satisfied by certain concrete demands and explore if there are alternative and mutually acceptable ways of satisfying those needs and interests. Regard blaming, accusations and negative opinions as unskillful ways of expressing emotions. Show understanding for the feelings of the other party without letting yourself be provoked by their attacks. Inquire into what is really important and significant for yourself and keep those values and needs in mind during the course of the conflict.

**6. Make it easy for your counterpart to be constructive.** Avoid triggering the defensiveness of your counterpart by blaming, accusing, criticizing and diagnosing. Extend appreciation and respect for the counterpart where you can do so sincerely. Show your counterpart that you care about the issues and needs that are important to him or her. Take responsibility for your own contributions to the conflict events.

**7. Develop your ability to look at the conflict from the outside.** Review the conflict history in its entirety. Notice what kinds of actions influence the tensions of the conflict in positive and negative directions. Take care to develop your awareness of how you can influence the further course of events in the conflict in a constructive direction. Test your own image of what is going on by talking with impartial persons. Assume responsibility for what happens. Take on problems you see as early as possible, before they have a chance to develop into major conflict issues.

# **Clinical Practicum**

## CLINICAL PRACTICUM

### I. REQUIREMENTS NECESSARY TO BEGIN CLINICAL PRACTICUM EXPERIENCES

#### **REQUIRED**

**ASHA Observation Hours:** Copy of the form documenting completed 25 hours of clinical observation as required by ASHA. Please contact the clinic director as soon as possible if you have not completed your 25 hours of observation.

**CPR certification:** Training offered through WT at student services. Contact Charlie Lin @ 651-3287. Students can complete this training anytime during the summer. Please call and sign up. Students may also complete training at any other approved site. Just bring card to orientation so that a copy can be made. \*Good for 2 years\*

**HIPPA/Hepatitis C/Blood Borne training:** This training will be provided online through WT Class. Training will be available one week prior to first day of classes. Students will need to pass all tests before beginning clinic. \*Good for 1 year\*

**Liability Insurance:** Students will need to be a national NSSLHA member to get this insurance. Sign up with NSSLHA at [www.nsslha.org](http://www.nsslha.org). Then go to [www.proliability.com](http://www.proliability.com) and sign up for student liability insurance. Students will be asked to enter your NSSLHA number. \*Plans for 1 and 2 years\*

#### **Shots/Vaccinations:**

*Measles, Mumps and Rubella (MMR)* - A copy of immunizations record or letter from doctor stating this immunization has been given.

*TB test* – document stating TB test or chest x-ray is clear. Students can get this done at WT Student Health Services or from family doctor. \*Good for 1 year\*

*Hepatitis (series of 3 shots 1<sup>st</sup>, 2<sup>nd</sup> 2 months later, 3<sup>rd</sup> 6 months later)* - Students can get this done at WT Student Health Services or from family doctor.

**Criminal Background Check:** Students will sign a form at orientation that gives permission for the university to perform a criminal background check. *A copy of student's driver's license is needed.*

**Audiometer Registration Cards:** After being trained on using the audiometer in clinic orientation, students will complete a green card for the Texas State Department of Health that registers students and gives the authority to use the audiometer to perform hearing screenings in the State of Texas. \*Good for 5 years\*

**Student Internship Agreement Form:** This will be signed at clinic orientation. \*Good for 1 semester\*

**WT-DCD Codes for Professional Dress, Communication and Behavior:** Students will be given a copy of these codes at the beginning of each clinic semester.

**Confidentiality Agreement:** This will be reviewed at clinic orientation and students will sign a copy for clinic portfolio.

**KASA Packet:** This will be given out at clinic orientation and reviewed often during clinic practicum.

**Large 3-ring Binder:** Students will need a notebook to keep a copy of all documentation (all of those listed above) as well as clinic hours, evaluations, etc.

**Student Clinician Badge:** A student clinician badge must be obtained and worn during all clinical activities at all sites. To get the badge:

- Go to Buff Gold Card Office located in the JBK
- Present WT gold card and ask for a student badge for Communication Disorders
- The cost is currently \$3.

**Clinic Shirt:** All Novice, Beginning and Competent Graduate Student Clinicians are required to purchase a clinic shirt from the WTAMU Bookstore. Information about the shirt will be provided by the Clinic Director.

#### **RECOMMENDED**

**Personal Medical Insurance:** Many of our extern sites require that a student have their own medical insurance.

# Student Clinical Practicum Guide

1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> Semester Internship			4 <sup>th</sup> and 5 <sup>th</sup> Semester Externship
400 Hours of Practicum			
6398 - 01	6398 - 02	6398 - 02	6399 - 01
<p style="text-align: center;">Internship (WT Clinic, ASHLC, Canyon ISD, Guymon PS, Jan Werner) <b>Novice</b> *****</p> <p><b>Orientation</b> – All new graduate student clinicians are required to attend.</p> <p><b>Training</b> -CPR Training offered @ Student Medical Services (VHAC) 651-3287-<b>Renewal every 2 yrs</b> -Safety Training Video - HIPPA, Hepatitis C &amp; Blood borne online through WT Class / 80 or above passing score-<b>Renew every 1 yr</b></p> <p><b>Student Handouts</b> Clinic Manual Test and Materials list WT-CDP Codes for Professional: Dress, Communication &amp; Behavior</p> <p><b>Student must turn in</b> 25 Complete Observation Hours Hepatitis B Series 1,2,3 MMR TB TEST CPR Verification Driver License Liability Insurance <a href="http://www.proliability.com">www.proliability.com</a> – Student must be a member of the national chapter of NSSLHA to obtain insurance Criminal Background Check: Statement, Disclosure, Agreement &amp; Student Consent Student Schedule/Contact Information Student Internship Agreement Form</p> <p><b>Clinic Hours due every 5<sup>th</sup> of the month</b></p> <p><b>Audio Registration Cards</b> –</p> <ul style="list-style-type: none"> <li>✓ Must have completed &amp; turned in 25 hours of observation</li> <li>✓ Complete training on the operation and procedure for conducting a hearing screening</li> <li>✓</li> <li>✓ Fill out turn in Audiometer User Registration card.</li> </ul> <p><b>End of Semester Clinic Committee Review Meeting</b></p> <ul style="list-style-type: none"> <li>✓ Clinic Review Performance Appraisal Form</li> <li>✓ Novice Midterm/Final Clinical Performance Evaluation</li> <li>✓ Evaluation of Clinical Supervisor</li> </ul>	<p style="text-align: center;">Internship (WT Clinic, ASHLC, Canyon ISD, Guymon PS, Jan Werner) <b>Beginning</b> *****</p> <p><b>Orientation</b> – held at practicum site with clinical instructor.</p> <p><b>Training</b> -CPR Training offered @ Student Medical Services (VHAC) 651-3287-<b>Must be current</b> -Safety Training Video - HIPPA, Hepatitis C &amp; Blood borne borne online through WT Class / 80 or above passing score-<b>Renew every 1 yr</b></p> <p><b>Student Handouts</b> Student Schedule/Contact Information</p> <p><b>Student Must Turn in Current</b> Hepatitis B Series 1,2,3 MMR TB TEST – <b>Renew every year</b> CPR Verification - <b>Renew every 2 years</b> Liability Insurance – <b>Renew every year</b> <a href="http://www.proliability.com">www.proliability.com</a> - Student must be a member of the national chapter of NSSLHA to obtain insurance</p> <p><b>Clinic Hours due every 5<sup>th</sup> of the month</b></p> <p><b>End of Semester Clinic Committee Review Meeting</b></p> <ul style="list-style-type: none"> <li>✓ Clinic Review Performance Appraisal Form</li> <li>✓ Beginning - Midterm/Final Clinical Performance Evaluation</li> <li>✓ Evaluation of Clinical Supervisor</li> </ul>	<p style="text-align: center;">Internship (WT Clinic, ASHLC, Canyon ISD, Guymon PS, Jan Werner) <b>Competent</b> *****</p> <p><b>Orientation</b> – held at practicum site with clinical instructor.</p> <p><b>Training</b> -CPR Training offered @ Student Medical Services (VHAC) 651-3287 –<b>Must be current</b> -Safety Training Video - HIPPA, Hepatitis C &amp; Blood borne borne online through WT Class / 80 or above passing score-<b>Renew every 1 yr</b></p> <p><b>Student Handouts</b> Student Schedule/Contact Information</p> <p><b>Student Must Turn in Current</b> Hepatitis B Series 1,2,3 MMR TB TEST – <b>Renew every year</b> CPR Verification - <b>Renew every 2 years</b> Liability Insurance – <b>Renew every year</b> <a href="http://www.proliability.com">www.proliability.com</a> - Student must be a member of the national chapter of NSSLHA to obtain insurance</p> <p><b>Clinic Hours due every 5<sup>th</sup> of the month</b></p> <p><b>End of Semester Clinic Committee Review Meeting</b></p> <ul style="list-style-type: none"> <li>✓ Clinic Review Performance Appraisal Form</li> <li>✓ Beginning - Midterm/Final Clinical Performance Evaluation</li> <li>✓ Evaluation of Clinical Supervisor</li> </ul>	<p style="text-align: center;">Extern (obtain remainder of 400 hours) <b>Proficient &amp; CFY Ready</b> *****</p> <p><b>Orientation</b> – Proficient Level only</p> <p><b>Training</b> -CPR Training offered @ Student Medical Services (VHAC) 651-3287 –<b>Must be current</b> -Safety Training Video - HIPPA, Hepatitis C &amp; Blood borne borne online through WT Class / 80 or above passing score-<b>Renew every 1 yr</b></p> <p><b>Student Handout Forms</b> Student Schedule/Contact Information Externship Agreement forms Standard &amp; Implementation Pro. Supervisor Agreement Midterm/Final Evaluation</p> <p><b>Student Must Turn in Current</b> Copy of all supervisor 's ASHA Card Copy of all supervisor's State License Hepatitis B Series 1,2,3 MMR TB TEST – <b>Renew every year</b> CPR Verification - <b>Renew every 2 years</b> Liability Insurance – <b>Renew every year</b> <a href="http://www.proliability.com">www.proliability.com</a> - Student must be a member of the national chapter of NSSLHA to obtain insurance</p> <p><b>Clinic Hours due every 5<sup>th</sup> of the month</b></p> <p><b>End of Semester Clinic Committee Review Meeting</b></p> <ul style="list-style-type: none"> <li>✓ Clinic Review Performance Appraisal Form</li> <li>✓ Beginning - Midterm/Final Clinical Performance Evaluation</li> <li>✓ Evaluation of Clinical Supervisor</li> </ul>

## II. CLINICAL ACTIVITIES: BEHAVIOR AND COMMUNICATION GUIDELINES

Students should remember that their actions in the professional community are a direct reflection on the program. Please observe the following guidelines when representing the university, during all clinical activities associated with your observations and practicum experience

### Behavior

Observations:

1. Schedule all observations through the Clinic Director.
2. Email the SLP to be observed a day ahead to verify your appointment.
3. Arrive at you the observation site approximately 15 minutes prior to the scheduled observation.
4. Document and have observation logs signed before leaving the facility.
5. Write or e-mail a brief thank you to the professional you observed.
6. Make sure cell phone is off during the duration of the observation.
7. Be mindful of client confidentiality.

Internal Practicum:

1. Be on time and be available at the clinic from 8:00 to 5:00 on your assigned clinic days, unless otherwise indicated by your clinical instructor.
2. Wear WT name badge at all times while at practicum site.
3. Call or email the secretary or clinic supervisor in advance if you are sick and will not be able to keep clinic appointments. Do not come to clinic, if you have fever or if you have had significant vomiting/diarrhea or any other communicable infections (i.e. pink eye). Universal precautions mandate we not expose our clients to infection.
4. Hours are due by the 5<sup>th</sup> of every month.
5. Meet with supervisor to know when hours are meant to be signed.

External Practicum:

1. Arrive at and remain for the time scheduled by your clinical supervisor.
2. Wear WT name badge at all times while at practicum site.
3. Do not leave the facility without notifying your clinical supervisor.
4. Notify the designated person if you are sick or will not be able to be present for practicum. Do not go to your externship if you have fever or have had significant vomiting/diarrhea or any other communicable infections (i.e. pink eye).
5. Report to clinic coordinator once a week.
6. Hours are due by the 5<sup>th</sup> of every month.

### Communication

1. As per ASHA guidelines, we are to communicate using Standard English (verbal/written) in the observation/practicum setting.
2. **All patient/client information is confidential.** Students are expected to maintain confidentiality in both observation and practicum settings.

### III. CLINICAL ACTIVITIES DRESS CODE

To establish an atmosphere of professionalism students are expected to follow a dress code. The dress code is consistent with guidelines of many other professional practices and will help students recognize acceptable standards of professional appearance. Student clinicians/observers are expected to be neat, clean and dressed appropriately. The following guidelines may help them to better understand dress requirements in the healthcare/educational/clinical setting:

#### Dress Requirements

1. **All 6398 student clinicians** will wear maroon “clinic shirts” that have been approved by clinic director during all clinical activities.
  - a. Shirts can be worn un-tucked if there is a finished hem and shirt falls no longer than bottom of hip.
  - b. A white or black long sleeved shirt may be worn underneath clinic shirt.
  - c. Only a maroon zippered sweatshirt/hoodie or maroon sweater may be worn over clinic shirt.
  - d. Pants are addressed below.
2. **All 6399 student clinicians and student observers** please dress in casual business attire. This can include the following:
  - a. Slacks
  - b. Capri Pants
  - c. Conservative, sleeveless shirts for women
  - d. Sandals
  - e. Boots
  - f. Simple, tasteful jewelry
  - g. Collared knit shirts for men
3. If you wear spaghetti straps, have them covered with a jacket or sweater.
4. **Do not** wear jeans, shorts, short skirts, revealing necklines/waistlines, tank tops, or beach like flip flops.
5. **No** visible or large, conspicuous or distracting tattoos.
6. **No** athletic wear: sweat shirts, sweat pants, T-shirts, etc.
7. **No** un-natural hair color (pink, green, purple, etc.).
8. **No** tongue, eyebrow, lip, nose studs or rings.
9. Externship students will adhere to the dress code of the affiliated facility.

#### **IV. INTERNSHIP/FACULTY CLINIC INSTRUCTION**

Clinical instruction in the WTSHC and any satellites is conducted in accordance with guidelines set by the Council of Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). Each clinical instructor must hold a current Certificate of Clinical Competence (CCC) in the appropriate area of clinical instruction [speech-language pathology (SLP) or audiology (A)] and must hold a current license from the State of Texas State Board of Examiners for Speech-Language Pathology and Audiology.

Clinical instruction is tailored to each student's level of competence. As students progress through each semester of clinical practicum, they are expected to maintain skills that were previously acquired. Students should demonstrate growth through the clinical process. Beginning clinicians may receive more hands-on clinical instruction with demonstrations and/or specific instruction. As students progress, clinical instructors will put more emphasis upon students being able to self-evaluate. In this manner, students should be able to guide themselves as they progress through the program; and then be able to assess their own performance upon graduation.

As set forth by the CAA, clinical instructor observation time requirements are specific to the ability level of the student, but never less than 25%. The 25% clinical instruction time may be averaged over the semester with periodic check-ins. Clinical instructors are expected to provide both written and verbal feedback to student clinicians on an individual basis to discuss client progress, future treatment plans and clinician performance.

Clients assigned to clinical instructors are the responsibility of that clinical instructor until treatment is terminated, or they are transferred to another clinical instructor. Although student clinicians are directly involved, clinical instructors are ethically responsible for conferences with parents or family members of clients, and for conferring with other professionals involved with clients. The clinical instructor will make decisions regarding missed sessions in the event that the clinician or the client is unable to attend. It is up to the discretion of the clinical instructor as to whether the session will be rescheduled. Clinical instructors are ultimately responsible for record keeping related to their clients.

At the end of each semester, an "Evaluation of Clinical Instruction" form will be completed by each student clinician for each of his/her clinical instructors. In this manner, clinical instructors may receive feedback from students regarding the supervisory experience. The Clinic Director will distribute the forms to the student clinicians who will then return the completed forms at the clinic review meeting. Forms are given to the clinic secretary where the ratings and comments are collected from all evaluations and entered into one document which is later given to the clinical instructor.

When evaluating your clinical instructor, please keep in mind that this is a time for the student clinician to give constructive feedback on the clinical instruction provided by the clinical instructor during the semester. Please be professional in your feedback. The student name is not required and every effort is made to keep the feedback confidential while providing the instructor with information that will aid in supervisory growth.

## V. EXTERNSHIP CLINIC INSTRUCTION

Clinical instruction in the externship setting will be provided by speech-language pathologists who are employees of an affiliated facility, and who have the same credentialing and experience required for internship clinical instructors.

The student in an externship setting will follow the policies and procedures of the facility. The student will deliver services under the direction of the facility SLP, who maintains full responsibility for the planning and administration of services.

At the end of each semester, an "Evaluation of Clinical Instruction" form will be completed by each student clinician for each of his/her clinical instructors. In this manner, clinical instructors may receive feedback from students regarding the supervisory experience. The Clinic Director will distribute the forms to the student clinicians who will then return the completed forms at the clinic review meeting. Forms are given to the clinic secretary where the ratings and comments are collected from all evaluations and entered into one document which is later given to the clinical instructor.

When evaluating your clinical instructor, please keep in mind that this is a time for the student clinician to give constructive feedback on the clinical instruction provided by the clinical instructor during the semester. Please be professional in your feedback. The student name is not required and every effort is made to keep the feedback confidential while providing the instructor with information that will aid in supervisory growth.

## VI. Use of Equipment/Materials

Office equipment and supplies may be used as following:

1. Copier - The copier should only be used for departmental and clinical purposes. For personal copying, students should use the university bookstore or library. Materials for client use may be copied at no charge to the student, but must have prior approval of the clinical instructor.
2. Clinical Instrumentation – Under the instruction of the clinical instructor the acoustic instrumentation is available to provide technical information regarding individual clients. Such technical evaluation can include analysis of pitch, intensity and duration of a speech sample through use of the Computer Speech Lab (CSL). Videostroboscopy/FEES equipment is available for viewing the structure/function of the vocal folds. The Nasometer may be used for studies of velopharyngeal function. Student clinicians and their clinical instructors are encouraged to use this instrumentation for diagnostic and management procedures. As with all clinical equipment, **students must clean the equipment according to Infection Control Procedures.**

**FOOD AND DRINK ARE NOT PERMITTED NEAR EQUIPMENT.**

# **Knowledge and Skill Outcomes**

# ***Knowledge Outcomes***

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**Standard III-A** The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences mathematics, and the social/behavioral sciences.

**Standard III-B** The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

**Standard III-C** The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.

And

**Standard III-D** The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorder.

**Standard III-E** The applicant must demonstrate knowledge of standards of ethical conduct.

**Standard III-H** The applicant must demonstrate knowledge about certification, specialty recognition, licensure, and other relevant professional credentials.

# **SKILL OUTCOMES**

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**Standard IV-A** The applicant must complete a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Standard IV-G.

**Standard IV-B** The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.

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

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

**Standard IV-E** Clinical instruction must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of clinical instruction must be appropriate to the student's level of knowledge, experience, and competence. Clinical instruction must be sufficient to ensure the welfare of the client/patient.

**Standard IV-F** Clinical instruction must include experience with client/patient populations across the lifespan and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

**Standard IV-G** The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills and outcomes:

**Standard V-A** The applicant must meet the educational program's requirements for demonstrating satisfactory performance through periodic assessment of knowledge and skills.

**Standard V-B** The applicant must pass the national examination adopted by ASHA for purposes of certification in speech-language pathology.

**WTAMU**  
**Infection Control Guidelines**  
**and**  
**Health Procedures**

**West Texas A&M University**  
**Department of Communication Disorders**

**INFECTION CONTROL POLICIES AND PROCEDURES**

**INTRODUCTION**

**GENERAL POLICIES**

The Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC) have developed standards for minimizing the risk of exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other blood borne pathogens. There is increasing concern in the field of speech-language pathology related to possible occupational exposure to these contagious diseases. The American Speech-Language-Hearing Association (ASHA) has also been active in pursuing adequate infection control procedures and in providing the profession with educational materials regarding this subject. In order to comply with OSHA and CDC regulations, the program of Communication Disorders has mandated the following regulations.

**Standard Practice for All Procedures**

1. Clinicians must wash hands thoroughly with a disinfectant soap before and after each client contact.
2. Clinicians may use gloves in any client contact situation, if desired. Gloves must be worn when conducting an oral mechanism evaluation, a videostroboscopic examination or when in close contact with patients performing oral exercises.
3. Toys, materials and equipment exposed to blood, saliva, mucous, urine or vomit must be washed with disinfectant soap, if washable, or disinfected with designated spray. Each clinician should manage their own materials and ensure that they are properly disinfected for the next clinician. Equipment requiring cleaning should be cleaned immediately after use. If a clinician thinks it is likely that toys will be soiled by a particular client (e.g., a client who typically puts toys in the mouth), clinic materials that require machine washing should be avoided.
4. Any clinician with exuding lesions or weeping dermatitis should not have direct contact with any client until the problem is resolved. Clinicians should notify their clinical instructors immediately if such a condition exists.
5. In the event that a client bleeds, urinates, defecates or vomits while in therapy, initial efforts should be made to contain the problem by having the client remain in that room and isolating him/her from other clients. An accompanying family member should be called in to assist the client, if possible. Any soiled tables, chairs or equipment should be disinfected immediately. The facility housekeeping department should be notified for cleanup of any soiled carpeting or upholstered furniture. Clinicians who assist clients in such situations **MUST** wear gloves. The gloves or other soiled disposable materials, such as paper towels should be double-bagged.
6. If exposure to an infectious agent occurs after hours, seek medical attention immediately. Notify the Clinic Director within one hour of the incident if such an incident occurs.

**Diagnostic and Treatment Sessions**

1. Surfaces used (table tops, chairs) should be disinfected after each patient contact, using the following procedure:
  - a. Spray or wipe the surface with disinfectant cleanser.
  - b. Immediately wipe surface with paper towels that should then be discarded in plastic-lined wastebasket.
  - c. Lightly mist the surface and leave it moist.

- d. Notify a clinical instructor if cleaning materials are needed.
2. See previous section for instructions in proper cleaning of any soiled toys, materials or equipment.

### **Oral Mechanism Examinations/Oral Exercises**

1. If visual inspection of oral mechanism reveals a sore, non-intact skin or bleeding, consult a clinical instructor before proceeding with the oral examination.
2. Gloves must ALWAYS be worn during oral mechanism examinations.
3. Use individually wrapped sterile tongue depressors for the examination.
4. Do not permit children to place penlights or other test equipment in the mouth.
5. If assisting a client in performing oral exercises using a tongue depressor or manipulating the client's articulators, gloves should be worn. Use individually wrapped, sterile gauze pads for manipulating client's articulators.
6. All gloves, tongue depressors, paper cups, towels or other disposable materials should be discarded in a plastic-lined wastebasket after use.
7. While conducting oral examinations or exercises, take care not to contaminate other materials or equipment with used items, such as gloves or tongue depressors.

### **Cleaning of Equipment**

- a. **Reusable equipment**, such as penlights, tape recorders and microphones should be wiped with disinfectant after use.

# **Graduate Student Forms**

# Graduate Student Forms

- 1.) **Clinical Clock Hours and Forms**
- 2.) **Communication Disorders Program Disclosures**
- 2.) **Criminal Background Verification**
- 3.) **Student Consent**
- 4.) **Communication Disorder Program Confidentially Agreement**
- 6.) **Externship Coursework Verification**
- 7.) **Externship Placement Data Information Sheet**
- 8.) **Internship Agreement**
- 9.) **Externship Agreement**
- 10.) **Clinical Practicum Student Information**

# Clinical Clock Hours

**REMEMBER: ALL HOURS ARE DUE BY THE  
5<sup>TH</sup> OF EVERY MONTH**

Reporting of Clinical Hours needs to be consistent and systematic. Please use the following guidelines when determining clinical hours.

<b>Time</b>	<b>Report on Hours Form</b>
0-8 minutes	Nothing to report
9-22 minutes	.25
23-37 minutes	.50
37-52 minutes	.75
52-60 minutes	1.00
60 -68 minutes	1.00
69-91 minutes	1.25
Add minutes by the quarter hour based on guidelines listed above	

Student \_\_\_\_\_

**CLINIC PRACTICUM DAILY LOG**

PRESCHOOL / SCHOOLAGE / ADULT / GERIATRIC \_\_\_\_\_

Practicum Site \_\_\_\_\_

Semester \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Date	Client's Initial	Age Group P, S, A, G	Race W, B, H, I, A, O	Length of Session	Evaluation		Supervisor Initials	ASHA HOURS
					Treatment			
								<b>ARTIC</b> Evaluation _____ Treatment _____
								<b>FLUENCY</b> Evaluation _____ Treatment _____
								<b>VOICE</b> Evaluation _____ Treatment _____
								<b>LANGUAGE</b> Evaluation _____ Treatment _____
								<b>DYSPHAGIA</b> Evaluation _____ Treatment _____
								<b>COGNITIVE</b> Evaluation _____ Treatment _____
								<b>SOCIAL ASPECT</b> Evaluation _____ Treatment _____
								<b>MODALITIES</b> Evaluation _____ Treatment _____
								<b>HEARING</b> Evaluation _____ Treatment _____
								P = Preschool S = School Age A = Adult G = Geriatric
								W = White B = Black/African H = Hispanic I = American Indian Alaskan Native A = Asian/Pacific Other = Other

Supervisor's Signature \_\_\_\_\_

License # \_\_\_\_\_

ASHA CCC Account# \_\_\_\_\_







**West Texas A&M University**  
**Communication Disorders Program Disclosures**

Name: (Mr., Mrs., Miss, Ms.) \_\_\_\_\_  
Last Name First Name MI

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / Apartment No.

\_\_\_\_\_  
City State Zip Email Address

\_\_\_\_\_  
West Texas A&M University classification SLPA License (if any)

As a provider of Communication Disorders (CD) education and training, West Texas A&M University strives to ensure its students demonstrate adherence to the American Speech-Language Hearing Association (ASHA) Code of Ethics and federal and state law. A criminal history report showing a conviction, and/or deferred adjudication, may result in a student being dismissed from the West Texas A&M University Communication Disorders Program and/or a clinical practicum. West Texas A&M University requests a Communication Disorders Program applicant or enrolled student fully disclose any conviction, and/or deferred adjudication. If after enrollment in the Communication Program a student is convicted and/or subject to deferred adjudication, the student should inform the West Texas A&M University Communication Disorders Program, in writing, of the date and nature of the incident.

The facility with whom the student seeks placement in a clinical practicum may require the West Texas A&M University Communication Disorders Program to supply the facility with any information the student has disclosed to West Texas A&M University to obtain a criminal history background history report on a student seeking a clinical placement and to supply the facility with such report. To provide such information to a facility, West Texas A&M University requires a signed consent from the student to release any information collected by West Texas A&M University. A student's refusal or failure to consent to such a release may result in not being able to participate in a clinical practicum and/or complete the West Texas A&M University Communication Disorders Program

Pursuant to the ASHA Code of Ethics, West Texas A&M University and the facility may be required to report to the Texas Board of Speech Language Pathology and Audiology if the student discloses information indicative of, or engaged in behavior indicative of the student clinician: a) unnecessarily exposing a patient or person to risk of harm, b) engaging in unprofessional conduct, c) failing to adequately care for a patient and/or d) showing impairment or likely impairment due to chemical dependency (e.g., drinking, drugs).

By signing below, student agrees he/she has read and understands the above disclosures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## STUDENT CONSENT

Name: (Mr., Mrs., Miss, Ms.) \_\_\_\_\_  
Last Name First Name MI

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / Apartment No.

\_\_\_\_\_  
City State Zip Email Address

**By completing this “Student Consent” from, you are authoring West Texas A&M University to: 1) obtain a criminal history report on you, 2) disclose and release copies of such report to any facility with whom a clinical practicum is being sought, and 3) disclose and release any information and/or educational records, you provided to West Texas A&M University while enrolled as a student, to a facility with whom a clinical practicum is being sought.**

**Please read this document carefully before signing.**

I, \_\_\_\_\_, am a student at West Texas A&M University, participating in the Communication Disorders Program. I hereby give my voluntary consent for West Texas University employees to disclose to a facility, at which my placement for clinical practicum is being sought, my student information and education records, and for West Texas A&M University to discuss such records with the facilities employees and agents and/or the Texas Board of Examiners for Speech Language Pathology and Audiology.

**I understand that under the Family Educational Rights and Privacy Act of 1974 that without this release, West Texas A&M University may be prevented by law from releasing my student information or educational records. I understand that without such information being provided to the facility, I may be prevented from participating in a clinical practicum. Additionally, I understand that if I do not participate in a clinical practicum, I cannot complete educational requirements to be eligible for certification by ASHA.**

**I understand that I may revoke this consent at any time by providing West Texas A&M University with a written request; however, such revocation will have no effect to any records released after my signing this Consent and Release and before West Texas A&M University’s receipt of my revocation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**West Texas A&M University**  
**Communication Disorder Program Confidentially Agreement**

Name: (Mr., Mrs., Miss, Ms.) \_\_\_\_\_  
Last Name First Name MI

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / Apartment No.

\_\_\_\_\_  
City State Zip Email Address

**CONFIDENTIALITY AGREEMENT**

Student agrees and understands client and employee information is confidential. This information may be from any source and in any form. Student understands confidential information may include, but is not limited to, the examples of breach of confidentiality noted below, and the following types of information:

1. Patient/student/client and/or Family Member information such as Patient/student/client records, conversations with education, clinic personnel, health care providers and financial records.
2. Employee, Volunteer, Student, and Contractor information such as salaries, employment records, and disciplinary actions.
3. Business Operations Information such as financial records, business reports, memos, contracts, computer programs and software, and technology.
4. Third Party information such a vendor contracts, computer programs, and technology.
5. Operations, Improvements, Quality Assurance and Peer Review information such as reports, presentations, and survey results.
6. **Examples of breaches of confidentiality; what a student should not do**
  - A. Accessing information you do not need to accomplish your learning objective;
    - Unauthorized reading of a patient's/student's/client's account information
    - Unauthorized patient's/student's/client's medical chart
    - Accessing information about yourself, your children or family members, your friends or other students
  - B. Sharing copying or changing information without proper authorization:
    - Making unauthorized marks or comments on a patient's/student's/client's chart
    - Making unauthorized changes to an employee file
    - Discussing confidential information in a public area such as a waiting room or elevator
    - Unauthorized disclosure of patient's/student's/client's account information
    - Unauthorized disclosure of patient's medical/educational/clinical information and/or chart
  - C. Sharing of sign-on code and password, if student has been given computer access at the facility:

- Giving anyone your password, so he or she can log into your files
- Giving an unauthorized person the access codes for employee files of patient's/student's/client's account
- Using someone else's password to log into the facility computer system
- Unauthorized use of a login code to access employee files or patient's/student's/client's account
- Using someone else's computer after she/he has logged in, to access information for which you do not have authorization
- Allowing anyone to use your computer after logging for him/her to access information for which he/she does not have authorization

7. Student agrees to:

Only access confidential information if necessary to accomplish the learning objectives of the clinical program not release any information that may be confidential without verification that the release is authorized

Follow any and all licensed health care facility/educational system/clinic procedures for dealing with confidential information, including the destruction of such information

Keep computer access password a secret, and not use anyone else's computer access password, if applicable.

Notify clinical instructor of any known or suspected misuse of confidential information

Student agrees he/ she has read and understands this agreement, and agrees to comply with its terms. Student understands that failure to comply with this agreement may result in expulsion from Clinical Practicum, and/or civil and/or criminal penalties. Student understands he/she will adhere to all federal and state regulations and standards of AHSA, the Texas Board of Examiners for Speech Language Pathology and Audiology and the Joint Commission for Accreditation of Healthcare Organization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_

### CD 6398 – Student Internship Agreement

1. Interns are assigned to a Clinical Practicum caseload a minimum of 2 days a week unless modified by Clinic Director.
2. Interns at the WTSHC or site determined by Clinic Director must be available at clinic on their assigned clinical practicum day **for the duration of the scheduled clinic hours.**
3. Treatment Plans are due weekly (Friday 8:00 AM) or as assigned by your clinical instructor.
4. Initial Evaluation rough drafts are due to your clinical instructor the third day after the last evaluation session or as assigned by your clinical instructor.
5. SOAP notes are to be written by the end of each clinic day or as assigned by your clinical instructor. Check with your clinic instructor regarding submissions for approval requirements.
6. Progress Reports are due to your clinic instructor three days prior to clinic review day.
7. Discharge Summary rough drafts are due to your clinical instructor three days after the final session.
8. Corrected drafts of all reports are due to your clinical instructor the next day.
9. Rough drafts of all documentation may be e-mailed to your clinical instructor. For confidentiality, please refer to the clients only by initials when e-mailing. No initials in subject line.
10. Department/site dress code requirements must be followed.
11. Planned absences must be approved by the Clinic Director **prior to first day of clinic for the semester.**
12. You are expected to attend clinic on the days you are scheduled. If for any reason you are unable to attend clinic on your assigned days you must contact your clinic instructor as soon as you are aware of your inability to attend. A plan for making up the sessions missed should be discussed with your clinic instructor.
13. A grade of “P” or passing is required for all practicum experiences. Internship students not making a grade of “P” will not be allowed to proceed to the externship level until 3 internship semesters have been passed. All client documentation must be completed before semester grades can be posted.
14. Completed clinic practicum hours are due by the 5<sup>th</sup> of each month. Failure to turn in hours by the due date will result in a forfeit of those hours.
15. Interns should be aware that all taped sessions and documentation related to clinic practicum may be used by instructors for teaching purposes.

I have read and understand the general guidelines for CD 6398.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Clinic Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Semester

\_\_\_\_\_  
Date

\_\_\_\_\_  
Semester

## CD 6399 – Student Externship Agreement

1. WTAMU-CDP Externship practicum may only be done at the sites with which the WT-CDP has a formal affiliation agreement.
2. WTAMU-CDP students must register for CD 6399 practicum class every semester in which clinic hours are accrued.
3. CD 6399 online practicum class and externship are a full semester requirement.
4. Absences in general are not recommended and may result in an “incomplete” grade for the semester requiring an additional semester of clinical practicum.
5. Request for planned absences from an externship must be **submitted to the clinical director in writing prior to the beginning of your externship and approved by your extern clinical instructor.**
6. Department/site dress code requirements must be followed.
7. The “400 hours” of clinical practicum is a **minimum – not a maximum.**
8. A faxed copy of the midterm performance evaluation is due within 5 days of the semester midterm date \_\_\_\_\_.
9. Clinic Review meetings are held during finals week. Final performance evaluations from externship clinical instructors are due the day of your scheduled clinic review.
10. A grade of “P” or passing is required for all practicum experiences. Extern students not making a grade of “P” will be required to repeat that externship semester.
11. Completed clinic practicum hours are due by the 5<sup>th</sup> of each month or first working day following the 5<sup>th</sup>. Failure to run in hours by the due date will result in a forfeit of those hours.
12. Required training and documentation must be current prior to starting externship semester.
13. Supervisor/Clinical Instructor agreements are due back to the Clinic Director signed and dated no later than 2 weeks from date received.

I have read, understand and agree to follow the general guidelines for CD 6399.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Clinic Coordinator

\_\_\_\_\_  
Date Semester

\_\_\_\_\_  
Date Semester

WTAMU-CDP

\_\_\_\_\_  
Student Name

Hm. Ph# \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Street # City, State Zip

Cell Ph# \_\_\_\_\_  
Area Code

\_\_\_\_\_  
E-mail address

Wk. Ph # \_\_\_\_\_  
Area Code

\*\*\*\*\*

Date Graduate Program entered: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Schedule: (indicate scheduled class times; any outside work employee schedule; and note times assigned for clinic practicum)

	MON.	TUES.	WED.	THURS.	FRI.
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
NOON					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

**West Texas A&M University Communication Disorders Program**

WTAMU Box 60757 Canyon, TX 79016

806-651-5100

**Externship Placement  
Student Information Sheet**

Please complete the following form. It will be included in the information packet going out to your externship clinical instructor.

**Personal Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home ph. #: \_\_\_\_\_ Cell ph #: \_\_\_\_\_

E-mail address \_\_\_\_\_

Place of employment: \_\_\_\_\_

Work ph.#: \_\_\_\_\_ Work schedule: \_\_\_\_\_

Class schedule (days of the week/time, on-line classes, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact(s):

\_\_\_\_\_  
\_\_\_\_\_

Please note any personal commitments that could potentially require you to ask for release time from your practicum.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

For WTAMU-CDP office use only:

The following information is on file in our office

TB test date: \_\_\_\_\_ Hepatitis B status: \_\_\_\_\_ Liability Insurance \_\_\_\_\_

CPR date: \_\_\_\_\_ CBC completed: \_\_\_\_\_

**Student Biographic Information**

Educational background: \_\_\_\_\_

Graduate coursework hours completed: \_\_\_\_\_

Clinic practicum hours completed: \_\_\_\_\_

Previous externship placement sites and clinical instructors name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas of special clinical interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from you externship experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **Professional Resources**

# **ASHA Code of Ethics**



## **Code of Ethics**

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### **Preamble**

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

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### **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.

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## Rules of Ethics

1. Individuals shall provide all services competently.
2. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
3. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
4. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their clinical instruction, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
5. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
6. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
7. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
8. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
9. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
10. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
11. Individuals shall not provide clinical services solely by correspondence.
12. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
13. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
14. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
15. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
16. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
17. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
18. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

## **Principle of Ethics II**

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

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### **Rules of Ethics**

1. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
2. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
3. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
4. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
5. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

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## **Principle of Ethics III**

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

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### **Rules of Ethics**

1. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
  2. Individuals shall not participate in professional activities that constitute a conflict of interest.
  3. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
  4. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
  5. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
  6. Individuals' statements to the public shall provide accurate 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.
  7. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.
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## Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

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### Rules of Ethics

1. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
2. Individuals shall prohibit anyone under their clinical instruction from engaging in any practice that violates the Code of Ethics.
3. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
4. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
5. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
6. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
7. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
8. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
9. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
10. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
11. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
12. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
13. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
14. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics

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**Index terms:** ethics

**Reference this material as:** American Speech-Language-Hearing Association. (2010). *Code of Ethics* [Ethics]. Available from [www.asha.org/policy](http://www.asha.org/policy).

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# **ASHA SCOPE OF PRACTICE**

## **Scope of Practice in Speech-Language Pathology**

*Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology*

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# 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 Kenn Apel (chair), Theresa E. Bartolotta, Adam A. Brickell, Lynne E. Hewitt, Ann W. Kummer, Luis F. Riquelme, Jennifer B. Watson, Carole Zangari, Brian B. Shulman (vice president for professional practices in speech-language pathology), Lemmieta McNeilly (ex officio), and Diane R. Paul (consultant). This document was approved by the ASHA Legislative Council on September 4, 2007 (LC 09-07).

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## **Introduction**

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

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

## Statement of Purpose

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

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

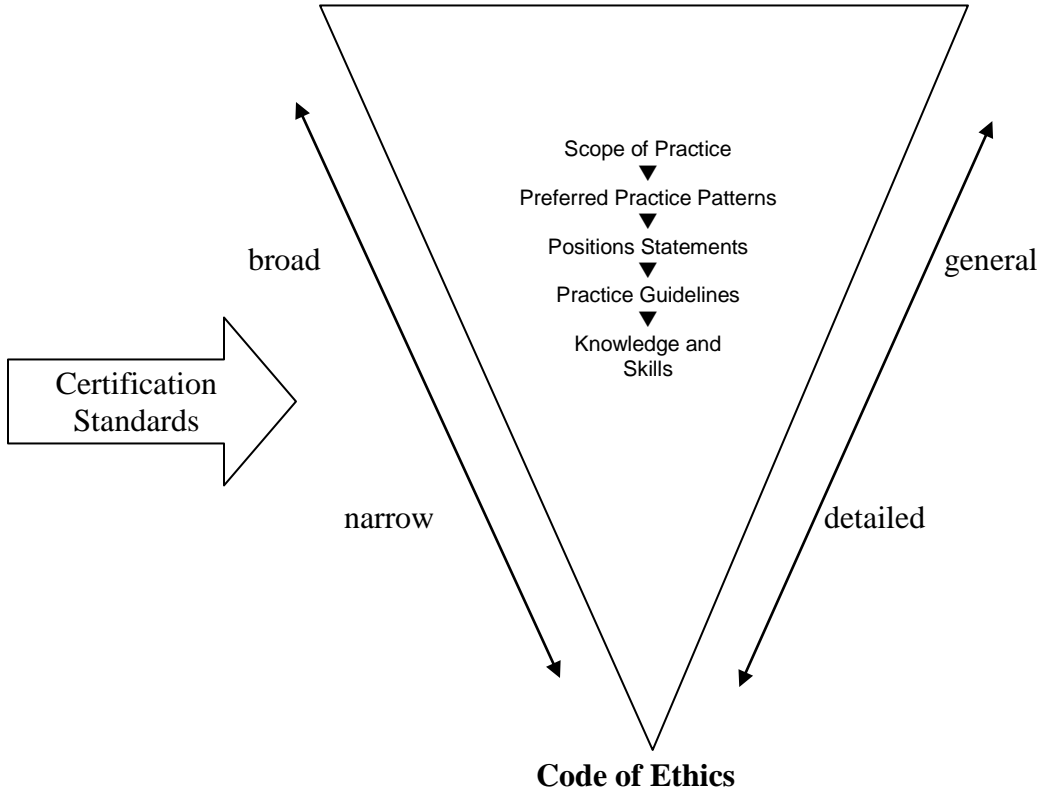
This document describes the breadth of professional practice offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers.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

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

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

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

**Figure 1.** Conceptual Framework of ASHA Standards and Policy Statements



## Framework for Research and Clinical Practice

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

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

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

- Health Conditions
  - Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
  - Activity and Participation: Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.
- Contextual Factors
  - Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.
  - Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age,

gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person's background or culture that influences his or her reaction to a communication or swallowing disorder.

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

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## Qualifications

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

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

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

## Professional Roles and Activities

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

- speech sound production
  - articulation
  - apraxia of speech
  - dysarthria
  - ataxia
  - dyskinesia
- resonance
  - hypernasality
  - hyponasality
  - cul-de-sac resonance
  - mixed resonance
- voice
  - phonation quality
  - pitch
  - loudness
  - respiration
- fluency
  - stuttering
  - cluttering
- language (comprehension and expression)
  - phonology
  - morphology
  - syntax
  - semantics
  - pragmatics (language use, social aspects of communication)
  - literacy (reading, writing, spelling)
  - prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
  - paralinguistic communication
- cognition
  - attention
  - memory
  - sequencing
  - problem solving
  - executive functioning
- feeding and swallowing
  - oral, pharyngeal, laryngeal, esophageal
  - orofacial myology (including tongue thrust)
  - oral-motor functions

Potential etiologies of communication and swallowing disorders include

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

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

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### **Clinical Services**

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

- prevention and pre-referral
- screening
- assessment/evaluation
- consultation
- diagnosis
- treatment, intervention, management
- counseling
- collaboration
- documentation
- referral

Examples of these clinical services include

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

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

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### **Prevention and Advocacy**

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

1. improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding);
2. presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups;
3. providing early identification and early intervention services for communication disorders;
4. advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers;
5. advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties;
6. promoting and marketing professional services;
7. advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing;
8. advocating at the local, state, and national levels for funding for research;
9. recruiting potential speech-language pathologists into the profession;

10. participating actively in professional organizations to contribute to best practices in the profession.

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### **Education, Administration, and Research**

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

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

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### **Practice Settings**

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

1. public and private schools;
2. early intervention settings, preschools, and day care centers;
3. health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. private practice settings;
5. universities and university clinics;
6. individuals' homes and community residences;
7. supported and competitive employment settings;
8. community, state, and federal agencies and institutions;
9. correctional institutions;
10. research facilities;
11. corporate and industrial settings.

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## Resources

### *ASHA Cardinal Documents*

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## Figures and Tables

**[Figure 1](#)**. Conceptual Framework of ASHA Practice Documents

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**Index terms:** scope of practice

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## *Professional Resources*

### **-American Speech, Language, and Hearing Association (ASHA):**

The American Speech-Language-Hearing Association is the professional, scientific, and credentialing association for 145,000 members and affiliates who are speech-language pathologists, audiologists, and speech, language, and hearing scientists in the United States and internationally.

Vision: Making effective communication, a human right, accessible and achievable for all.

Mission: Empowering and supporting speech-language pathologists, audiologists, and speech, language, and hearing scientists by:

- Advocating on behalf of persons with communication and related disorders
- Advancing communication science
- Promoting effective human communication

<http://www.asha.org>

### **-The Texas Speech, Language, and Hearing Association (TSHA):**

The Texas Speech-Language-Hearing Association (TSHA) is a professional membership organization that is the recognized resource in Texas for:

- speech-language pathologists (SLPs)
- audiologists
- the citizens of Texas with speech or hearing disorders (consumers)
- students of speech-language pathology and audiology

Speech-language pathologists and audiologists are highly educated professionals who provide critical, life-changing help for hundreds of thousands of Texans of all ages and from all walks of life.

<http://www.Txsha.org>

### **-Panhandle Regional Speech & Hearing Association (PRSHA):**

Since 1972, PRSHA has been an active network for professionals and students involved in the areas of speech, audiology and special education for the Amarillo, Texas area.

<http://www.prsha.com>

### **-National Student Speech, Language, and Hearing Association (NSSLHA):**

The National Student Speech Language Hearing Association is a pre-professional membership association for students interested in the study of communication sciences and disorders.

National membership is available to undergraduate, graduate, or doctoral students enrolled full- or part-time in a communication sciences program or related major.

<http://www.nsslha.org>

# **Midterm/Final Performance Evaluation**

West Texas A&M University Communication Disorders  
**MIDTERM/FINAL CLINIC PRACTICUM PERFORMANCE EVALUATION**

***Instructions to Clinical Instructors***

- I. Familiarize yourself with your graduate student's semester goal levels (highlighted):
- A. At the completion of the first semester of graduate practicum, students are **expected to reach** the level of:
- NOVICE**: Student is able to demonstrate a basic understanding of the expected competency with maximum guidance from Clinical Instructor. *Clinical Behavior Competencies are present with minimal guidance and reminders from the Clinical Instructor.*
- B. At the completion of the second semester graduate practicum, students are **expected to reach** the level of:
- BEGINNING**: Student is beginning to develop an understanding of the expected competency. However, student will need frequent guidance from the Clinical Instructor; may exhibit inconsistent competency. *Clinical Behavior Competencies are present with minimal guidance and no reminders from the Clinical Instructor.*
- C. At the completion of the third semester, graduate practicum students are **expected to reach** the level of:
- COMPETENT**: Student now verbalizes an understanding of the competency; will need some instruction/direction from the Clinical Instructor; after instruction will demonstrate competency on a fairly consistent basis. *Clinical Behavior Competencies are present with no guidance from the Clinical Instructor.*
- D. At the completion of the fourth semester of graduate practicum, students (now considered "clinicians") in their first externship are **expected to reach** the level of:
- PROFICIENT**: The clinician usually demonstrates independence in the competency; needs occasional guidance from the Clinical Instructor; requires only infrequent monitoring. *Clinical Behavior Competencies are present with no guidance from the Clinical Instructor*
- E. At the completion of the fifth and typically, final semester of graduate practicum, students (now considered "clinicians") in their second externship are **expected to reach** the level of:
- CF READY**: The clinician now demonstrates independence; problem solves well, and needs only collaborative consulting and mentoring. *Clinical Behavior Competencies are present with no guidance from the Clinical Instructor.*
- II. For each learning outcome and clinical behavior competencies, indicate midterm/end of semester rating
- 4 = competent    3 = Present    2 = Emerging    1 = Absent    N/A = not applicable    N/O = no opportunity**
- Competent** – has had opportunity to show competency in skill    **Present** – skill is present but more opportunity needed to demonstrate competency    **Emerging** – skill has just being learned by the student    **Absent** – skill is not present even with guidance from clinical instructor    **N/A** – not applicable to the site or semester    **N/O** – no opportunity to demonstrate skill.
- III. Please include additional comments on performance – strengths and areas for improvement in the space provided.

**MIDTERM/FINAL CLINIC PRACTICUM PERFORMANCE EVALUATION**

**NOVICE LEVEL**

Student: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_ Sem/Yr.: \_\_\_\_\_

**The semester grade for clinic practicum will be determined by the evaluation of the student’s expected level of performance goal:**

**NOVICE: Student is able to demonstrate a basic understanding of the expected competency with maximum guidance from Clinical Instructor. *Clinic Behavior Competencies are present with minimal guidance and reminders from the Clinical Instructor.***

**\*\*Rating Key:** 4 = Competent 3 = Present 2 = Emerging 1 = Absent N/A = not applicable N/O = no opportunity

**An average of 3.0 in each section on the final performance evaluation is necessary to receive a “pass” in clinic.**

<b>Learning Outcomes</b>		
<b>Evaluation Skills</b>	<b>M</b>	<b>F</b>
1. Conducts screening and prevention procedures		
2. Collects case history info. & integrates info from clients, relevant others and professionals.		
3. Selects & administers appropriate evaluation procedures.		
4. Adapts evaluation procedures to meet client needs.		
5. Interprets, integrates, & synthesizes all info to develop diagnosis & make appropriate intervention recommendations.		
6. Completes administrative & reporting functions necessary to support evaluation.		
7. Refers clients for appropriate services		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		
<b>Intervention Skills</b>	<b>M</b>	<b>F</b>
1. Develops setting appropriate intervention plans with measurable & achievable goals		
2. Implements intervention plans, involving client & relevant others in the intervention process.		
3. Selects or develops & uses appropriate materials & instrumentation for prevention & intervention		
4. Measures & evaluates client’s performance & progress		
5. Modifies intervention plans, strategies, materials, or instruments as appropriate to meet client needs		
6. Completes administrative & reporting functions necessary to support intervention		
7. Identifies and refers clients for appropriate services		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		

## Clinical Skills

Interaction and Personal Qualities	M	F
1. Communicates effectively, recognizing the needs, values, preferred mode of communication, & cultural/linguistic background of the client and relevant others		
2. Collaborates with other professionals in case management		
3. Provides counseling regarding communication & swallowing disorders to clients & relevant others		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		

### CLINICAL BEHAVIORAL COMPETENCIES

*Student is expected to adhere to the ASHA Code of Conduct and Code of Ethics at all times. The behaviors listed below are expected to be exhibited consistently by all clinic practicum students at all times.*

Professionalism	M	F	
1. Maintains professional appearance & conduct			
2. Maintains professional relationship w/ Clinical Instructor & co-clinicians			
3. Maintains confidentiality			
Dependability	M	F	
1. Is on time for all client session; when necessary, follows guidelines for cancellations & rescheduling			
2. Follows department guidelines regarding files, materials, and test checkout			
3. Submits documentation to Clinical Instructor on time			
4. Maintains appropriate physical environment in treatment area			
5. Follows infection control procedures during/after each session			
Initiative	M	F	
1. Brings appropriate forms/materials to Clinical Instructor meetings and therapy/diagnostic sessions			
2. Maintains clinical hour forms correctly and asks for Clinical Instructor's signature in timely manner.			
3. Provides self-evaluation of sessions to Clinical Instructor(s)			
4. Asks questions and seeks input from Clinical Instructor(s)			
5. Implements Clinical Instructor's suggestions			
<b>Average Score</b>			
<b>Midterm comments</b>			
<b>Final comments</b>			
Midterm	Date	Final	Date
Student's Signature		Student's Signature	
Clinical Instructor's Signature:		Clinical Instructor's Signature:	
Clinical Instructor's Signature:		Clinical Instructor's Signature:	

**MIDTERM/FINAL CLINIC PRACTICUM PERFORMANCE EVALUATION**

**BEGINNING LEVEL**

Student: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_ Sem/Yr.: \_\_\_\_\_

**The semester grade for clinic practicum will be determined by the evaluation of the student's expected level of performance goal:**

**BEGINNING: Student is beginning to develop an understanding of the expected competency. However, student will need frequent guidance from the Clinical Instructor; may exhibit inconsistent competency. *Clinical Behavior Competencies are present with minimal guidance and no reminders from the Clinical Instructor.***

**\*\*Rating Key: 4 = Competent 3 = Present 2 = Emerging 1 = Absent N/A = not applicable N/O = no opportunity**

**An average of 3.0 in each section on the final performance evaluation is necessary to receive a "pass" in clinic.**

<b>Learning Outcomes</b>		
<b>Evaluation Skills</b>	<b>M</b>	<b>F</b>
1. Conducts screening and prevention procedures		
2. Collects case history info. & integrates info from clients, relevant others and professionals.		
3. Selects & administers appropriate evaluation procedures.		
4. Adapts evaluation procedures to meet client needs.		
5. Interprets, integrates, & synthesizes all info to develop diagnosis & make appropriate intervention recommendations.		
6. Completes administrative & reporting functions necessary to support evaluation.		
7. Refers clients for appropriate services		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		
<b>Intervention Skills</b>	<b>M</b>	<b>F</b>
1. Develops setting appropriate intervention plans with measurable & achievable goals		
2. Implements intervention plans, involving client & relevant others in the intervention process.		
3. Selects or develops & uses appropriate materials & instrumentation for prevention & intervention		
4. Measures & evaluates client's performance & progress		
5. Modifies intervention plans, strategies, materials, or instruments as appropriate to meet client needs		
6. Completes administrative & reporting functions necessary to support intervention		
7. Identifies and refers clients for appropriate services		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		

## Clinical Skills

Interaction and Personal Qualities	M	F
1. Communicates effectively, recognizing the needs, values, preferred mode of communication, & cultural/linguistic background of the client and relevant others		
2. Collaborates with other professionals in case management		
3. Provides counseling regarding communication & swallowing disorders to clients & relevant others		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		

## CLINICAL BEHAVIORAL COMPETENCIES

*Student is expected to adhere to the ASHA Code of Conduct and Code of Ethics at all times. The behaviors listed below are expected to be exhibited consistently by all clinic practicum students at all times.*

Professionalism	M	F	
1. Maintains professional appearance & conduct			
2. Maintains professional relationship w/ Clinical Instructor & co-clinicians			
3. Maintains confidentiality			
Dependability	M	F	
1. Is on time for all client session; when necessary, follows guidelines for cancellations & rescheduling			
2. Follows department guidelines regarding files, materials, and test checkout			
3. Submits documentation to Clinical Instructor on time			
4. Maintains appropriate physical environment in treatment area			
5. Follows infection control procedures during/after each session			
Initiative	M	F	
1. Brings appropriate forms/materials to Clinical Instructor meetings and therapy/diagnostic sessions			
2. Maintains clinical hour forms correctly and asks for Clinical Instructor's signature in timely manner.			
3. Provides self-evaluation of sessions to Clinical Instructor(s)			
4. Asks questions and seeks input from Clinical Instructor(s)			
5. Implements Clinical Instructor's suggestions			
<b>Average Score</b>			
<b>Midterm comments</b>			
<b>Final comments</b>			
Midterm	Date	Final	Date
Student's Signature		Student's Signature	
Clinical Instructor's Signature:		Clinical Instructor's Signature:	
Clinical Instructor's Signature:		Clinical Instructor's Signature:	

**MIDTERM/FINAL CLINIC PRACTICUM PERFORMANCE EVALUATION**

**COMPETENT LEVEL**

Student: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_ Sem/Yr.: \_\_\_\_\_

**The semester grade for clinic practicum will be determined by the evaluation of the student's expected level of performance goal:**

**COMPETENT:** Student now verbalizes an understanding of the competency; will need some instruction/direction from the Clinical Instructor; after instruction will demonstrate competency on a fairly consistent basis. *Clinical Behavior Competencies are present with no guidance from the Clinical Instructor.*

**\*\*Rating Key:** 4 = Competent 3 = Present 2 = Emerging 1 = Absent N/A = not applicable N/O = no opportunity

**An average of 3.0 in each section on the final performance evaluation is necessary to receive a "pass" in clinic.**

<b>Learning Outcomes</b>		
<b>Evaluation Skills</b>	<b>M</b>	<b>F</b>
1. Conducts screening and prevention procedures		
2. Collects case history info. & integrates info from clients, relevant others and professionals.		
3. Selects & administers appropriate evaluation procedures.		
4. Adapts evaluation procedures to meet client needs.		
5. Interprets, integrates, & synthesizes all info to develop diagnosis & make appropriate intervention recommendations.		
6. Completes administrative & reporting functions necessary to support evaluation.		
7. Refers clients for appropriate services		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		
<b>Intervention Skills</b>	<b>M</b>	<b>F</b>
1. Develops setting appropriate intervention plans with measurable & achievable goals		
2. Implements intervention plans, involving client & relevant others in the intervention process.		
3. Selects or develops & uses appropriate materials & instrumentation for prevention & intervention		
4. Measures & evaluates client's performance & progress		
5. Modifies intervention plans, strategies, materials, or instruments as appropriate to meet client needs		
6. Completes administrative & reporting functions necessary to support intervention		
7. Identifies and refers clients for appropriate services		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		

## Clinical Skills

Interaction and Personal Qualities	M	F
1. Communicates effectively, recognizing the needs, values, preferred mode of communication, & cultural/linguistic background of the client and relevant others		
2. Collaborates with other professionals in case management		
3. Provides counseling regarding communication & swallowing disorders to clients & relevant others		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		

### CLINICAL BEHAVIORAL COMPETENCIES

*Student is expected to adhere to the ASHA Code of Conduct and Code of Ethics at all times. The behaviors listed below are expected to be exhibited consistently by all clinic practicum students at all times.*

Professionalism	M	F	
1. Maintains professional appearance & conduct			
2. Maintains professional relationship w/ Clinical Instructor & co-clinicians			
3. Maintains confidentiality			
Dependability	M	F	
1. Is on time for all client session; when necessary, follows guidelines for cancellations & rescheduling			
2. Follows department guidelines regarding files, materials, and test checkout			
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<b>Average Score</b>			
<b>Midterm comments</b>			
<b>Final comments</b>			
Midterm	Date	Final	Date
Student's Signature		Student's Signature	
Clinical Instructor's Signature:		Clinical Instructor's Signature:	
Clinical Instructor's Signature:		Clinical Instructor's Signature:	

**MIDTERM/FINAL CLINIC PRACTICUM PERFORMANCE EVALUATION**

**PROFICIENT LEVEL**

Student: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_ Sem/Yr.: \_\_\_\_\_

**The semester grade for clinic practicum will be determined by the evaluation of the student’s expected level of performance goal:**

**PROFICIENT: The clinician usually demonstrates independence in the competency; needs occasional guidance from the Clinical Instructor; requires only infrequent monitoring. *Clinical Behavior Competencies are present with no guidance from the Clinical Instructor***

**\*\*Rating Key: 4 = Competent 3 = Present 2 = Emerging 1 = Absent N/A = not applicable N/O = no opportunity**

**An average of 3.0 in each section on the final performance evaluation is necessary to receive a “pass” in clinic.**

<b>Learning Outcomes</b>		
<b>Evaluation Skills</b>	<b>M</b>	<b>F</b>
1. Conducts screening and prevention procedures		
2. Collects case history info. & integrates info from clients, relevant others and professionals.		
3. Selects & administers appropriate evaluation procedures.		
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5. Interprets, integrates, & synthesizes all info to develop diagnosis & make appropriate intervention recommendations.		
6. Completes administrative & reporting functions necessary to support evaluation.		
7. Refers clients for appropriate services		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		
<b>Intervention Skills</b>	<b>M</b>	<b>F</b>
1. Develops setting appropriate intervention plans with measurable & achievable goals		
2. Implements intervention plans, involving client & relevant others in the intervention process.		
3. Selects or develops & uses appropriate materials & instrumentation for prevention & intervention		
4. Measures & evaluates client’s performance & progress		
5. Modifies intervention plans, strategies, materials, or instruments as appropriate to meet client needs		
6. Completes administrative & reporting functions necessary to support intervention		
7. Identifies and refers clients for appropriate services		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		

## Clinical Skills

<b>Interaction and Personal Qualities</b>	<b>M</b>	<b>F</b>
1. Communicates effectively, recognizing the needs, values, preferred mode of communication, & cultural/linguistic background of the client and relevant others		
2. Collaborates with other professionals in case management		
3. Provides counseling regarding communication & swallowing disorders to clients & relevant others		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		

### CLINICAL BEHAVIORAL COMPETENCIES

*Student is expected to adhere to the ASHA Code of Conduct and Code of Ethics at all times. The behaviors listed below are expected to be exhibited consistently by all clinic practicum students at all times.*

<b>Professionalism</b>	<b>M</b>	<b>F</b>
1. Maintains professional appearance & conduct		
2. Maintains professional relationship w/ Clinical Instructor & co-clinicians		
3. Maintains confidentiality		
<b>Dependability</b>	<b>M</b>	<b>F</b>
1. Is on time for all client session; when necessary, follows guidelines for cancellations & rescheduling		
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1. Brings appropriate forms/materials to Clinical Instructor meetings and therapy/diagnostic sessions		
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<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		
<b>Midterm</b>	<b>Date</b>	<b>Final</b>
Student's Signature		Student's Signature
Clinical Instructor's Signature:		Clinical Instructor's Signature:
Clinical Instructor's Signature:		Clinical Instructor's Signature:

**MIDTERM/FINAL CLINIC PRACTICUM PERFORMANCE EVALUATION**

**CF READY LEVEL**

Student: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_ Sem/Yr.: \_\_\_\_\_

**The semester grade for clinic practicum will be determined by the evaluation of the student’s expected level of performance goal:**

**CF READY: The clinician now demonstrates independence; problem solves well, and needs only collaborative consulting and mentoring. *Clinical Behavior Competencies are present with no guidance from the Clinical Instructor.***

**\*\*Rating Key:** 4 = Competent 3 = Present 2 = Emerging 1 = Absent N/A = not applicable N/O = no opportunity

**An average of 3.0 in each section on the final performance evaluation is necessary to receive a “pass” in clinic.**

<b>Learning Outcomes</b>		
<b>Evaluation Skills</b>	<b>M</b>	<b>F</b>
1. Conducts screening and prevention procedures		
2. Collects case history info. & integrates info from clients, relevant others and professionals.		
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<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		
<b>Intervention Skills</b>	<b>M</b>	<b>F</b>
1. Develops setting appropriate intervention plans with measurable & achievable goals		
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3. Selects or develops & uses appropriate materials & instrumentation for prevention & intervention		
4. Measures & evaluates client’s performance & progress		
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7. Identifies and refers clients for appropriate services		
<b>Average Score</b>		
<b>Midterm comments</b>		
<b>Final comments</b>		

## Clinical Skills

<b>Interaction and Personal Qualities</b>	<b>M</b>	<b>F</b>
1. Communicates effectively, recognizing the needs, values, preferred mode of communication, & cultural/linguistic background of the client and relevant others		
2. Collaborates with other professionals in case management		
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<b>Average Score</b>		
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### CLINICAL BEHAVIORAL COMPETENCIES

*Student is expected to adhere to the ASHA Code of Conduct and Code of Ethics at all times. The behaviors listed below are expected to be exhibited consistently by all clinic practicum students at all times.*

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<b>Average Score</b>		
<b>Midterm comments</b>		
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<b>Midterm</b>	<b>Date</b>	<b>Final</b>
Student's Signature		Student's Signature
Clinical Instructor's Signature:		Clinical Instructor's Signature:
Clinical Instructor's Signature:		Clinical Instructor's Signature:

**Evaluation of Clinical Instruction  
West Texas A&M University  
Communication Disorders Program**

Clinical Instructor's Name: \_\_\_\_\_

Semester: \_\_\_\_\_

<b>Scoring</b>	Strongly Agree	Agree	Term		Year
			Disagree	Strongly Disagree	N/A
1. Clearly identifies expectations and establishes a supportive/cooperative relationship.					
2. Guides student in process of learning clinical documentation techniques.					
3. Helps student identify personal goals for their practicum experience.					
4. Provides suggestions to the student on formulating a client specific assessment plan, including selection of appropriate assessment tools.					
5. Guides the student in using result of client to formulate diagnostic impressions & treatment recommendations.					
6. Guides the student in developing long-term and short-term goals based on evaluation results.					
7. Encourages creativity in development of client specific treatment activities.					
8. Suggests methods for evaluating client responses and measuring progress.					
9. Assists student in developing appropriate education techniques to use in counseling of clients and families.					
10. Models professional & ethical conduct.					
11. Demonstrates importance of professional growth.					

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area of Strength: \_\_\_\_\_

Area to Improve: \_\_\_\_\_

# West Texas A&M University-Communication Disorders Program

## **CLINICAL REVIEW PERFORMANCE APPRAISAL**

STUDENT:	DATE:	SEMESTER: FALL, SPRING, SUMMER YEAR:
Practicum Level: ___ intern semester # 1 / 2 / 3 ___ extern semester # 1 / 2 / 3 (circle one)		
<b>Placement</b>	<b>Clinical Instructors</b>	
<b>Caseload Description</b>		
<b>Total number of clients:</b> <input type="checkbox"/>	Preschool ( 0 - 4 ) <input type="checkbox"/>	School age ( 5 - 17 ) <input type="checkbox"/>
	Adult ( 18 - 64 ) <input type="checkbox"/>	Geriatric ( 65 + up ) <input type="checkbox"/>
<b>Culture/Language Diversity:</b> <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other _____		
<b>Knowledge and Skills Areas Addressed:</b> ___Artic ___Fluency ___Voice ___Language ___Dysphagia ___Hearing ___Communication Modalities (includes AAC and manual communication) ___Cognitive Aspects ___Social Aspects		

Areas of strength	Goals for Improvement
<b>Evaluation Skills:</b>	
<b>Intervention Skills:</b>	
<b>Interactions and Personal Qualities:</b>	
<b>Professional Behavior:</b>	

# Program Review Meeting

Semester: \_\_\_\_\_  
Student: \_\_\_\_\_

Status: \_\_\_\_\_ Full time \_\_\_\_\_ Part time

## Fall Semester

- \_\_\_\_\_ CD 6320 Language Disorders In Children: Birth To 5
- \_\_\_\_\_ CD 6330 Aphasia & Related Disorders
- \_\_\_\_\_ CD 6315 Research Methods in CD
- \_\_\_\_\_ CD 6370 Assess.of Artic & Phono Dis

## Spring Semester

\_\_\_\_\_ *CD 6305 Neuromotor Speech Disorders*  
\_\_\_\_\_ *CD 6355 Swallowing Disorders*

- \_\_\_\_\_ CD 6310 Voice Disorders
- \_\_\_\_\_ CD 6388 Applied Clinical Research

## Summer Semester I

- \_\_\_\_\_ CD 6325 Augmentative Communication

## Summer Semester II

- \_\_\_\_\_ CD 6392 Special Topics

## Fall Semester

- \_\_\_\_\_ CD 6335 Fluency Disorders
- \_\_\_\_\_ CD 6375 Language Assessment School Age

## Other ASHA required subjects:

\_\_\_\_\_  
\_\_\_\_\_

## Clinical Practicum

- \_\_\_\_\_ CD 6398 Application of Clinic Principles: \_\_\_\_\_ -01/ \_\_\_\_\_ -02/ \_\_\_\_\_ -03
- \_\_\_\_\_ CD 6399 Advanced Application of clinic Principles: \_\_\_\_\_ -01/ \_\_\_\_\_ -02

**Practicum Hours completed:** \_\_\_\_\_ Observation (25 max.) \_\_\_\_\_ Undergraduate practicum (50 max.) \_\_\_\_\_ graduate (325 min.)

## Review meeting recommendation:

- Continue with clinical practicum at the level of:
  - Novice*
  - Beginning*
  - Competent*
  - Proficient*
  - CF Ready*
- Postpone clinical practicum

## Comments and Discussion

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information was reviewed together by the following persons:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Supervisor/Faculty

\_\_\_\_\_  
Supervisor/Faculty

\_\_\_\_\_  
Supervisor/Faculty

# **Material Checkout Procedures**

### Clinic Materials Checkout Policy

At the WTAMU Speech and Hearing Clinic our clinic materials (tests, therapy materials, resources, etc.) are all bar-coded. Please adhere to the following guidelines:

- ❖ Only *graduate* students are allowed to check out materials. If you are an undergraduate, the materials must be checked out through a faculty member under that faculty member's name.
- ❖ After you have chosen your material, you must check out the materials through one of the following people:
  - Graduate Assistant
  - Clinical Secretary
  - Clinical Instructor
  - Faculty Member
  - Program Secretary
- ❖ You **MAY NOT** use the computer check out system yourself.
- ❖ Materials may only be checked out for 2 days at a time. Supervisor approval is required for any longer periods of time.
- ❖ Prior approval from the Clinic Director is required for students in CD 6399 to check out materials for use in external practicum sites.
- ❖ You **MAY NOT** checkout test materials for an undetermined amount of time.
- ❖ Please remember that there are other students who may need to use the materials to work with their clients.
- ❖ It is the student's responsibility for the care and return of all materials.
- ❖ All materials must be checked in before clinic reviews. The student will be given an "incomplete" grade until all materials have been returned or replaced.

**For your reference, at the beginning of each semester an updated copy of the clinic materials list will be uploaded onto WT Class in the CD 6398 and 6399 Clinical Practicum Courses.**

## **Useful Resources for Students**

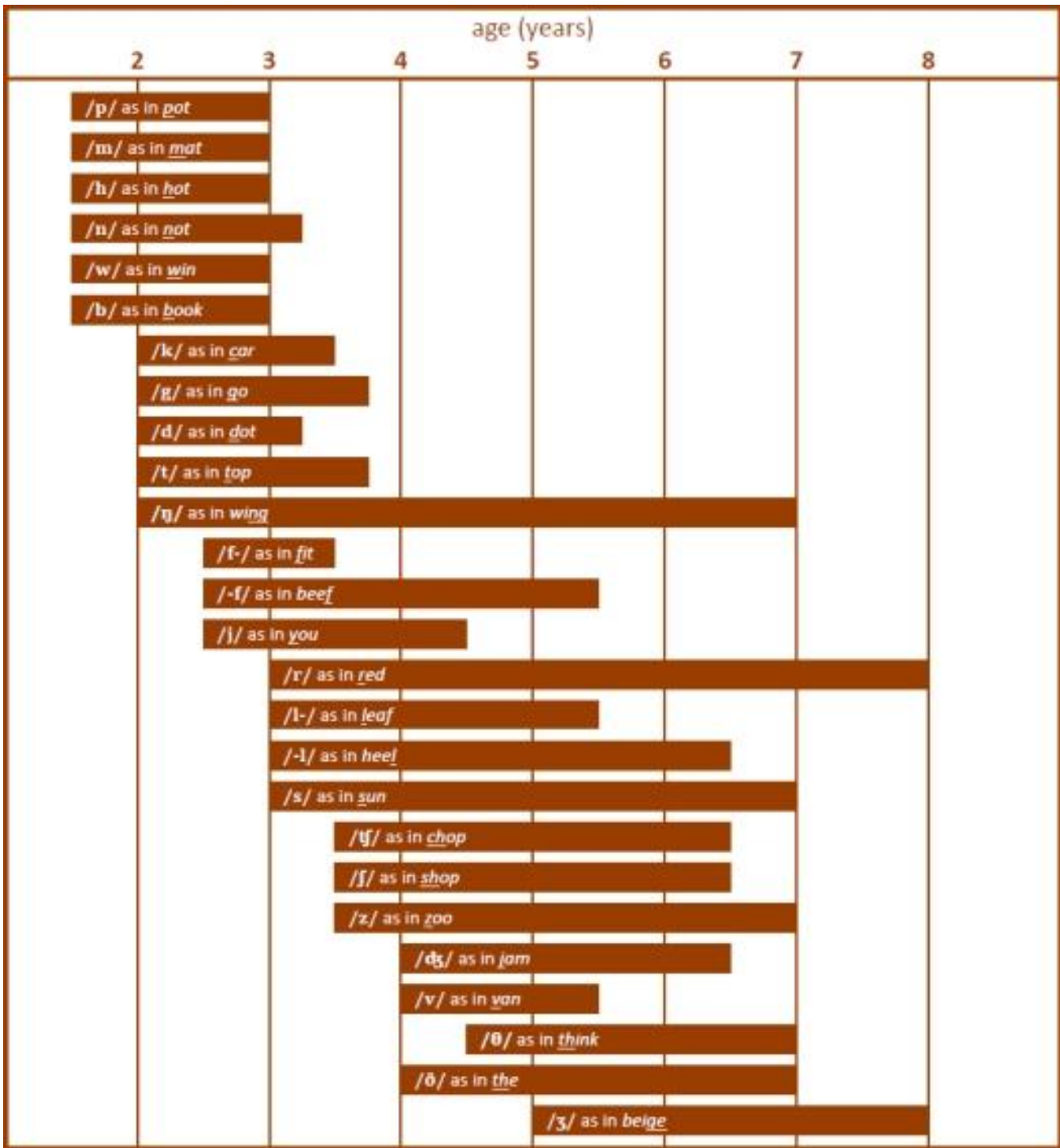
# 15 Building Blocks for Clinical Success

1. Keep SOAP notes and Objectives concise and client-oriented. Do not include what you think or feel.
2. Vary Action words on objectives and lesson plans. Use words such as-- produce, request, respond, develop, recognize, name, identify, etc.
3. Do not scribble if an error occurs. Make 1 line through the error and initial.
4. Include data from beginning to end of treatment to show gains over time. Use %'s and describe therapy based behaviors, not just he/she like activity and had fun. Explain how speech and language changed throughout therapy.
5. Use 3-4 activities per 30 minutes for younger children and 2-3 activities for older children and adults per 60 minutes.
6. Daily: Introduce the activities before you start. "Today we are going to..." Review when finished: What did we do today? What are we going to work on improving? What did we learn?
7. Use confidentiality and don't post personal information in visible places.
8. ALWAYS check spelling and edit your work.
9. The game/activity is not the end, but, one method to help achieve a goal.
10. Less is more! Reduce redundancy, unnecessary words, and jargon to create diagnostic reports, lessons, home practice, and progress reports.
11. EDUCATE, EDUCATE, EDUCATE!! Parents, caregivers, and patients have no clue what is going on unless you educate them on what and why you doing therapy.
12. Remember: Parents and caregivers are not familiar with our professions terminology, always make sure you use educate/explain in terms they can understand when communicating to them.
13. If you are not making progress... Move to a new goal! Do not persevere on goals that are not being approached.
14. Ask questions. It will only make you a better clinician.
15. Remember to always show sincere passion in your work. It shows others that you want to be there and want to be treating your clients. If you are sluggish and bored...your clients will be too!

# 100 ways to say “VERY GOOD”

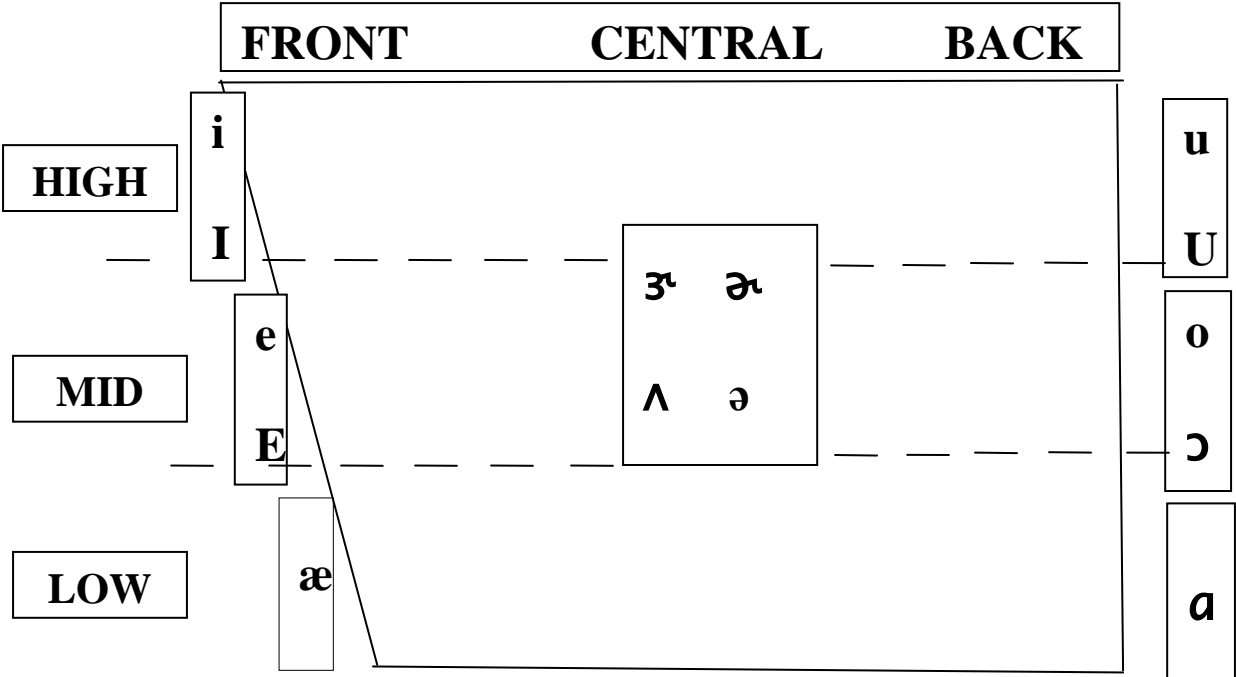
1. You've got it made!
2. Super!
3. That's right!
4. That's good!
5. You are very good at that.
6. Good work!
7. Exactly right!
8. You've just about got it.
9. You are doing a good job!
10. That's it!
11. Now you've figured it out.
12. Great!
13. I knew you could do it.
14. Congratulations!
15. Not bad.
16. Keep working on it; you're improving.
17. Now you have it.
18. You are learning fast.
19. Good for you!
20. Couldn't have done it better myself.
21. Beautiful!
22. One more time and you'll have it.
23. That's the right way to do it.
24. You did it that time!
25. You're getting better and better.
26. You're on the right track now.
27. Nice going.
28. You haven't missed a thing.
29. Wow!
30. That's the way.
31. Keep up the good work.
32. Terrific!
33. Nothing can stop you now.
34. That's the way to do it.
35. Sensational!
36. You've got your brain in gear today.
37. That's better.
38. Excellent!
39. That was first class work.
40. That's the best ever.
41. You did that very well.
42. Perfect!
43. That's better than ever.
44. Much better!
45. Fine!
46. Nice going.
47. Fantastic!
48. Tremendous!
49. That's great.
50. Congratulations, you got it right!
51. You did a lot of work today.
52. Marvelous!
53. Cool!
54. Now that's what I call a fine job.
55. You've got the hang of it!
56. I've never seen anyone do it better.
57. It's a classic.
58. Right on!
59. Congratulations, you only missed....
60. Keep on trying!
61. Good job!
62. That's really nice.
63. What neat work!
64. That's clever.
65. You make it look easy.
66. Muy Bien!
67. Superior work.
68. I knew you could do it.
69. You're doing fine.
70. Good thinking.
71. Good going.
72. Wonderful!
73. That's a real work of art.
74. Superb!
75. Good remembering!
76. You've got that down pat.
77. You certainly did well today.
78. Keep it up!
79. Outstanding!
80. You're really improving.
81. You are learning a lot.
82. Good going.
83. I'm impressed.
84. You must have been practicing.
85. That's it.
86. I like that.
87. Way to go.
88. You've just about mastered that.
89. That's an interesting way of looking at it.
90. That looks like it is going to be a great paper.
91. Super-Duper!
92. Out of sight.
93. It looks like you've put a lot of work into this.
94. Good for you!
95. You remembered!
96. Thanks!
97. That's A work.
98. Very interesting.
99. Good thinking
100. Sweet!!

# Speech Sound Developmental Chart



Source: Sander, "When are speech sounds learned?" *JSHD*, 37 (February 1972)

# Vowel Quadrangle



# Therapeutic Approaches

## **Therapeutic approach for language disorders/delays...**

- Activity based language therapy approach
- Child-centered language therapy approach
- Direct language treatment approaches
- Functional language therapy approach
- Facilitative language therapy approach
- Incidental teaching language therapy approach
- Naturalistic child language therapy approach\

## **Therapeutic approach for phonological disorders/delays...**

- Contrast approach (minimal pair/maximal pair)
- Cycles approach
- Distinctive features
- Multiple phoneme approach
- paired Stimuli approach
- phonological process approach
- Sensory-motor approach
- Traditional approach

## **Therapeutic techniques for articulation...**

- Modeling
- Phonetic Placement
- Imitation
- Massed Practice
- Oral Motor exercises

## **Therapeutic techniques for language...**

- Asking/Answering
- Attending
- Carrier Phrases
- Cueing
- Expansion
- Imitation
- Instructions
- Matching massed practice
- Modeling
- Naming narration
- Object manipulation
- Oral reading practice
- Massed Practice
- Parallel-talk
- Peer modeling
- Role playing

# Brown's Stages of Early Morphological Development

Morphology is the study of how morphemes are put together. A morpheme is the smallest meaningful unit of language. Grammatical morphemes apply inflection that signals meaning to nouns, verbs, and adjectives.

<u>AGE (MONTHS)</u>	<u>GRAMMATICAL MORPHEMES</u>	<u>EXAMPLE</u>
19-28	*Present progressive <b>-ing</b>	-crying
29-38	*Regular plural <b>-s</b> *Present progressive <b>-ing</b> without auxiliary *Semiauxiliaries *Overgeneralization of past tense <b>-ed</b> *Possessive <b>-s</b> *Present tense auxiliary	-socks -baby crying -gonna, wanna -I runned -girl's hat -can, will, be
39-42	*Past tense modals  **"be" verb+present progressive <b>-ing</b>	-could, would, should, must -The baby <b>is</b> crying
43-46	*Regular past tense <b>-ed</b> *Irregular past tense *Regular third-person-singular, present tense *Articles	-He Kicked -She ate -He drinks -a boy, the tree
47-50	*Contractible Auxiliary  *Uncontractible copula *Uncontractible auxiliary  *Irregular third-person singular *Past tense " <b>be</b> " verb	-The boy's talking -It <b>is</b> big -He <b>is</b> swimming -She <b>has</b> it -She <b>was</b> dancing

Bowen ([http://members.tripod.com/Caroline\\_Bowen/?BrownsStages.htm](http://members.tripod.com/Caroline_Bowen/?BrownsStages.htm));  
Brown (1973); Haskill, Tyler, & Tolbert (2001).

## Quick References for the Major Areas of Speech-Language Pathology

### ARTICULATION DISORDERS

- *The following website provides general information on articulation disorders:*

<http://www.speech-language-development.com/articulation-skills.html>

### LANGUAGE DISORDERS

- *The following website provides general information on articulation disorders:*

<http://www.nlm.nih.gov/medlineplus/ency/article/001545.html>

### VOICE DISORDERS

- *The following website provides video stroboscopy examples of many different voice pathologies:*

[http://www.entusa.com/larynx\\_videos.htm#vocal%20cord%20paralysis](http://www.entusa.com/larynx_videos.htm#vocal%20cord%20paralysis)

- *The following website provides general information on voice disorders:*

<http://www.chicagovoicedoc.com/vocalcorddamagechicago.asp>

<http://www.nyee.edu/cfv-larynx-disorders.html>

### NEUROLOGICAL SPEECH DISORDERS

- *The following website provides detailed descriptions of neurological speech disorders:*

<http://www.speechdisorder.co.uk/neurological-disorders.html>

- *The following website provides links to many different sites for neurological disorders. Some are neurological communication disorders some are general neurological disorders that could cause secondary communication deficits:*

<http://faculty.washington.edu/chudler/disorders.html>

### AUDIOLOGY

- *The following website provides links to associations for audiology:*

<http://ukhealthcare.uky.edu/ENT/audiology/links.htm>

### MOTOR SPEECH DISORDERS

- *The following website defines different motor speech disorders:*

<http://www.d.umn.edu/~mmizuko/2230/msd.htm>

- *The following website defines motor speech disorders in children:*

<http://www.apraxia-kids.org/site/apps/nl/content3.asp?c=chKMI0PIIsE&b=788447&ct=464151>

### FLUENCY

- *The following website defines and describes different fluency disorders:*

<http://www.everyday-wisdom.com/fluency-disorders.html>

## **SOCIAL ASPECTS**

- *The following website provides information regarding pragmatics and social aspects:*  
<http://www.asha.org/public/speech/development/pragmatics.htm>

## **AAC**

- *The following website provides vast amounts of information regarding Augmentative Alternative Communication:*  
<http://www.lburkhart.com/links.htm>

## **DYSPHAGIA**

**Dysphagia:** is the medical term for the symptom of difficulty in swallowing. The following website provides information regarding dysphagia and related disorders.

- *The following websites provide information explaining dysphagia in detail:*  
<http://emedicine.medscape.com/article/324096-overview>  
<http://www.nidcd.nih.gov/health/voice/dysph.html>
- *The following website provides information regarding Modified Barium Swallow (MBS) studies:*  
<http://www.radiologyassistant.nl/en/440bca82f1b77>

## **Diet Consistencies**

### ***Liquids:***

Thin- is liquid without modification. It is the consistency of water.

Nectar- is liquid that has been slightly thickened. It is the consistency of buttermilk.

Honey- is liquid that has been modified to be the consistency of bee's honey.

Pudding- is liquid that has been modified to be the consistency of pudding.

### ***Solids:***

Regular- is a meal without any type of modification.

Mechanical Soft- Is the diet texture where all material is chopped and/or separated. Each individual piece of food should be no bigger than a grain of rice.

Pureed- is the diet texture where all food is processed and is pureed to a smooth consistency with no lumps. All pureed food should be the consistency of baby food.

### ***Full Liquid Diets:***

Clear liquid diet- This is a diet modification where everything given to the individual is a transparent thin liquid. Examples: Broths, jello, apple juice, etc.

Full Liquid Nectar Thick Diet- This is the diet modification where everything given to the individual is a liquid that is nectar thick consistency. This does not have to be only clear liquids. Examples: tomato soup, nectar thick broths, nectar thick juices, etc.

## Other Online Resources for SLP's

<http://asha.org/>

<http://txsha.org>

<http://www.speakingofspeech.com/>

<http://www.mnsu.edu/comdis/kuster2/sptherapy.html>

<http://www.speechlanguage-resources.com/>

<http://www.listen-up.org/edu/speech.htm>

<http://speech-language-therapy.com/freebies.htm>

<http://www.angelfire.com/nm2/speechtherapyideas/>

<http://www.speech-languagepathologist.org/>

<http://slpath.com/>

<http://www.rehabworld.com/rwstdex.htm>

<http://www.slpwebsites.com/>

<http://www.speech-language-therapy.com/ideas.htm>

<http://www.speechteach.com/>

<http://www.speech-therapy-information-and-resources.com/>

<http://www.speechpathology.com/ask-the-experts/speech-therapy-resources-for-down-1145>

<http://www.speechforkids.com/>

<http://www.etsu.edu/crhs/aslp/speechpathology/links.aspx>

[http://www.acadcom.com/speech\\_therapy\\_materials/speech\\_therapy\\_materials1.asp](http://www.acadcom.com/speech_therapy_materials/speech_therapy_materials1.asp)

<http://www.cod.edu/library/libweb/Kakuk/gdspath.htm>

<http://www.therapro.com/>

<http://www.iidc.indiana.edu/?pageId=514>