Speech and Hearing Graduate Student Clinician Clinic Manual

Communication Disorders

West Texas A&M University

2020-2022

You should easily be able to access the following documents:

1. **Clinic Manual**
2. **Important Copies**
    1. **Malpractice Insurance**
    2. **CPR certification**
    3. **Scores of HIPAA, Hep B, etc.**
    4. **TB skin test**
    5. **Immunization records**
    6. **Driver's License**
    7. **Undergraduate Observation Hours**
3. **Monthly Clinical Hours**

West Texas A&M UNIVERSITY

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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 course: CD 2374.

Only observations of a Master's Level ASHA Certified Speech Language Pathologist or Audiologist will be accepted.

Students may also observe at external affiliated facilities. *All external* observations must be pre-arranged and approved by the clinical coordinator or clinical director.

Observation hours from other university programs will be accepted, documented, and approved.

B. Undergraduate Clinical Practicum

1. The program will determine annually if there is opportunity for undergraduate students to be placed in honors clinic. They will then be paired with a graduate student and supervisor.

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 should 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), CD 6399 and CD 6699 (Advanced Application of Clinical Principles). CD 6398 is designed for internship (under the direct clinical instruction of WT-CDP clinical instructors). CD 6399 and 6699 is designed for externship (under the direct clinical instruction of approved clinical instructors from current WT-CDP affiliated facilities). All graduate students wanting to obtain clinical clock hours must be enrolled in CD 6398, CD 6399, or CD 6699. Both

courses require instructor approval before enrolling. CD 6398, 6399 and 6699 courses include clinical practicum experience and formal class meetings.

2. ***Practicum:*** *There are 5 clinical levels of practicum: Intern I, Intern II, Extern Ready, Extern I, and Extern II.* Graduate student clinicians start their first practicum semester at the Intern I 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 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 coordinator.

   Internship graduate students (Intern I, Intern II, and Extern Ready) 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 Extern I, the Clinic Coordinator will *assign students to* external clinic placements where the student will obtain the remaining clock hours and *remaining ASHA-KASA related* clinical competencies (external placements) are completed in CD 6399 and 6699.

   Externships are done only at facilities, which have a current and valid Affiliation Agreement with WTAMU-CDP. Externship student clinicians (Extern I and Extern II) 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). They should have a minimum of 2 years of experience, including the clinical fellowship internship year (CFI year). A course in supervisor is now required by ASHA for any licensed individual willing to supervise graduate clinicians.

D. Clinical 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, on CALIPSO, 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 Coordinator, 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* is 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, 6399, and 6699 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 "Satisfactory" or "Fail" which is determined by an average score at each section of the level of training Performance Evaluation (see CALIPSO Performance Rating Scale pg. 24-33). 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 Coordinator.

E. Professional Behavior:

1. Conflict Resolution

Conflicts may arise for a variety of reasons including differing expectations between supervisor/instructor and student, lack of communication, misunderstanding of procedures, different personality types, etc. Bad feelings between members of the community can be detrimental to the entire community.

When you feel that a person has wronged you, talk to the person. Using the guidelines below, explain your feelings and try to work out a mutually beneficial outcome.

Do not take the problem to a higher level unless you have talked to the people directly involved and cannot work out a compromise.

The following guidelines were authored by Mediate.com and can serve as important steps for constructively mediating conflict:

a. **Ask yourself what it is you don't know yet.** Keep in mind that you don't know what story is foremost in other persons mind. 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. Approach these situations with an intention to understand more about what is going on. Ask open-ended questions and/or 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.

b. **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.

c. **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.

d. **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.

e. **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.

f. **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.

g. **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.

2. **Respect**

Always be respectful of everyone you work with. Each person is an important part of giving the clients the best possible care. Custodians, administrative assistants and file clerks all have duties that allow speech therapists to focus on client care. Treating everyone with respect creates an inviting work environment that can relieve much of the stress of everyday life.

Therapy sessions should be conducted with the utmost respect and professional behavior regardless of the type or age of client. You should be prepared for the session with your area clean and neat. If not being used as a part of a therapy activity, **phones should be put away out of sight**. Water

bottles, coffee cups, food, etc. should be out of the immediate area where you will be interacting with the client.

Everyone has duties that must be completed within a given time frame. Be respectful of each other's time. You may have time to talk, but the other person may need to be getting ready for a client. Don't make it difficult for them to do their job.

Instructors have many, many tasks that must be completed in a timely manner. While talking to students is a very important duty, it is not their only duty. Be respectful of your instructor's time. Make an appointment during the posted office hours when you need to talk to an instructor. Don't just drop by the office or call to talk unless it is an emergency, such as a death in the family or car trouble that will prevent your attendance at your clinic assignment.

The instructors also have a life outside of the university. Do not call them at home unless it is an emergency. Do not expect a reply until the next working day if you email or text them outside of office hours.

Personal and medical issues that affect performance

If you have a personal or medical issue that can affect your performance, contact your supervisor. The staff will work with you to resolve these kinds of issues if it can be done within department policy.

3. Social Media

Social media sites such as Twitter, Facebook, Snapchat and Pinterest are a huge part of people's lives now. However, the improper use of these sites can cause irreparable damage to a person's professional reputation. Remember that anything that is posted on the internet can be there forever and can be seen by anyone, including potential employers.

Any information about a client that is posted on the internet, even if the name is not used, will be cause for dismissal because of the state and federal laws on confidentiality. If someone even thinks they can recognize the person you are talking about, they can file a grievance. Emails should also be scrutinized. Names should not be used in an email and certainly should not be used in the subject line.

4. Addressing instructors and supervisors

Instructors and supervisors should always be addressed by their title (Dr., Mrs., Ms., Mr., etc.) and last name until such time when they formally tell you that they can be addressed by any other name.

5. Dress Code

You are entering a professional healthcare field. You will be representing the entire field to your clients and member of the public, as well as, your fellow peers. Your actions will reflect either positively or negatively on the field as a whole and WTAMU specifically. As such, you must follow a strict code of behavior that includes how you dress. Anything that will distract the client or reflect badly on the field must be taken into consideration.

General considerations for dress in the department, internship sites, and externship sites.

a. All clothing must be clean and in good condition. If it is dirty, wash it; if it is ripped, mend it; if it is frayed beyond repair, replace it. Your clients will not care if your clothes are from a discount store instead of an expensive boutique; they will care if you are clean, neat, and professional.

b. Professional attire always covers the body at least from the shoulders to the knee. Spaghetti straps, sleeveless tops that expose any part of the bra or any part of the body where a bra would be worn, and muscle shirts should be covered by a jacket or sweater. Tops made of thin or mesh-like material must have a full coverage tank or top underneath. Slits in skirts cannot begin more than two inches above the knee.

c. Exposed cleavage is always inappropriate in the internship and externship sites.

d. Tee shirts that have any writing or pictures other than the approved WTAMU logo shirts are not appropriate. Golf shirts and tee shirts should be worn under a jacket or sweater.

e. Scrub pants and slacks are appropriate. Acceptable colors are blue, black, gray or khaki (light brown). All pants must set at or just below the waist. Exposed underwear and/or belly buttons are not appropriate. No form fitting pants (leggings/ jeggings).

f. If an internship or externship site allows or requires scrubs or other types of uniforms, the uniform must always be clean, in good repair, and cover the body at least from the shoulder to below the knee. No neon or extreme patterns, such as skulls or violent characters, can be used.

g. Shoes should be sensible and comfortable. If you can't run after a child, sit on the floor, or walk for hours in the shoes, don't wear them. Closed heel and toe flats, boots or athletic shoes are appropriate. Flip flops and high heels are not appropriate.

h. Hair must be clean and neat. Extreme colors, such as cherry syrup red, pink, blue, or green are not appropriate colors for all or part of the hair. Extreme styles such Mohawks cannot be worn. Head decorations such as hats, flowers, and bandanas should not be worn. Headbands should be less than three inches in width and not worn around the forehead; simple clips limited to no more than two and hairpins can be appropriate.

i. Facial hair that is neat and well-trimmed can be appropriate if it does not interfere with speech reading.

j. Makeup should be tasteful and attractive. Black lipstick or Goth-style makeup is not appropriate. Nails should be kept at a length that would not harm a child or interfere with treatment.

k. Body piercings, other than the ear which will be discussed below, are considered professionally inappropriate. When entering the department or your internship and externship site, be sure that all body jewelry has been removed from visible piercing sites. If the piercing site is distracting, cover it with makeup.

l. Jewelry worn in ear piercings must be limited to three earrings per ear. No more than three pieces of ear jewelry per ear can be worn.

m. Tattoos not covered by clothing must be covered with makeup.

n. All religious attire, other than jewelry, must be discussed with the clinic coordinator.

Considerations Specific to Internship Attire

a. All clinicians assigned to the WTAMU clinic and other internship sites must wear the approved logo shirts.

b. Long-sleeved tops can be worn under the logo shirt if they are clean, in good condition, and black or white.

c. Black, navy blue, or khaki pants/scrubs should be worn with the shirts. Black, navy blue, or khaki capris can be worn in the summer.

d. Only the black hoodie or jacket approved by the department can be worn over the shirt.

e. Closed heel and toe flats, boots or athletic shoes are appropriate.

f. The above dress code must be followed.

Considerations Specific to Externship Attire

a. The dress code of the externship site must be followed unless it is less restrictive than the WTAMU code. If it is less restrictive, the WTAMU code must be followed.

6. Patient Confidentiality

De-Identification Policy for emails, lesson plans, SOAP notes and other written client documentation: In order to remain HIPAA compliant with clinical documentation, graduate clinical students and clinical supervisors will "de-identify" all documentation relating to clients they are treating and/or evaluating. This de-identification should occur with anything related to assigned clients including files on personal computers, USB drives, paper documents and email communications. Final documents will be printed in the department and full names will be listed only on the final printed document. Files will continue to be labeled as saved in the de-identification state.

Process: The code for de-identification is first letter of first name in upper case, second letter of first name in lower case, first letter of last name in upper case and second letter of last name in lower case. For example a client named Robert Smith will be coded as RoSm.

a. Cell Phones

Cell phones should not be visible during clinic sessions. The department has purchased recorders and timers that can be checked out for sessions. This ensures that HIPAA is protected.

Clinical Reprimand Policy

In keeping with the *ASHA Certification Guidelines for Knowledge and Skills*, specifically standards:

- ***IV-E The applicant must have demonstrated knowledge of standards of ethical conduct;***
- ***V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.***
- ***V-E Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience (must not be less than 25% of the student's total contact with each client/patient) and must take place periodically throughout the practicum. <u>Supervision must be sufficient to ensure the welfare of the client/patient</u>.***

As well as the established professional behavior policies, The WTCDP has put into place the following policy in the case of unprofessional/unethical behavior occurring during clinical training. Behaviors can include, but are not limited to, not implementing supervisor instructions, clinic absences, inappropriate attitude/interactions and breaking dress code.

Upon the first instance of unprofessional/unethical behavior, depending on the severity of the offense, the student may receive any of the following:

- verbal or written warning
- written reprimand in program folder
- clinic remediation
- termination of clinical placement.

Upon the next instance of unprofessional/unethical behavior, depending on the severity of the offense, the student may receive any of the following:

- a written warning
- written reprimand in program folder
- clinic remediation
- termination of clinical placement.

These actions may be taken regardless if the second instance is a new behavior or a reoccurring behavior. An immediate reduction of 1.0 will be taken from the score for the appropriate item(s) on the student's performance evaluation as measured in CALIPSO.

If a third instance of unprofessional/unethical behavior occurs, this will be grounds for immediate removal from clinical placement and/or program regardless if the third instance is a new behavior or a reoccurring behavior. Removal from clinic will result in a failing grade.

PROCEDURE

<u>First Instance:</u> The clinical supervisor will provide the student with a verbal or written warning depending on the severity of the offense. A written warning should be completed using the reprimand form. A copy of the

form will be placed on the departmental drive in a folder labeled with the student's name, and all clinical faculty including the clinical coordinator and program director will be informed.

Second Instance: The clinical supervisor will provide the student with a reprimand in writing of the unprofessional/unethical behavior using the reprimand form. A copy of the form will be placed on the departmental drive in a folder labeled with the student's name. All clinical faculty including the clinical coordinator will be informed. A meeting with the student, clinical supervisor, clinical coordinator, and program director may be held to discuss a plan of action and implications of behavior.

Third Instance: The clinical supervisor will pull the student from clinical placement, and a meeting will be scheduled with the student, clinical supervisor, clinical coordinator, and program director to discuss a course of action.

F. Student Grievance Process

1. A grievance can be brought as a result of an unauthorized or unjustified act or decision by a member of the faculty, 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 with 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 following a petition), consult with an 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.

2. Process for filing a complaint or grievance:

a. 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).

b. Clinical 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:

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850

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

H. Non-Discrimination Policy:

The Department of Communication Disorders complies with WTAMU's policy which states that we do not refuse admission or service on the basis of race, color, religion, sex, sexual orientation, national or ethnic origin, age, veteran status, or against qualified disabled persons except as provided by law. The University clinics comply with nondiscrimination regulations under Title VI and Title VII, Civil Rights Acts of 1964; Title IX, Education Amendments Act of 1972; Vietnam Era Veterans' Readjustment Assistance Act of 1974; Sections 503 and 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act of 1990; the Age Discrimination Act of 1967; and other applicable statutes.

Clinical Practicum

Attached you will find the list of information needed for you to begin your clinical practicum. Some of the information you can work on obtaining during the summer. There will be additional information that you will obtain during our clinic orientation.

Please use the form below to mark off the information as it is obtained. Bring this from (with your name at the top) along with the documentation that you have gathered with you to clinic orientation. Please do not send any information in prior to clinic orientation unless specifically requested. You will receive more information as the date for orientation approaches.

If you have questions, you can contact Darla Marcear at 806-651-5103 or dmarcear@wtamu.edu.

Requirements Necessary to Begin Clinical Practicum Experience

- ☐ **ATTEND Clinic Orientation:** This is a mandatory 3-day training generally held the week prior to the week classes begin during the fall semester.

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

- ☐ **CPR certification:** Training offered through WT at student services. Contact WTAMU Student Health Services @ 651-3287. You can complete this training anytime during the summer. Please call and sign up. You may also complete your training at any other approved site. Just bring your card to orientation so that we may get a copy. *Good for 2 years*

- ☐ **HIPAA/Hepatitis C/Blood Borne training/ Child Protection Training:** You will receive an email with a link and instructions to the trainings. You will need to pass all tests before beginning clinic. *Good for 1 year* Do not worry about this until the week of orientation.

- ☐ **Travel Manifest:** Instructions will be provided for completing the travel manifest though the WT travel system. The manifest is needed for any program travel.

- ☐ **Clery Act Training:** Copy of Clery Act Training verification.

- ☐ **Liability Insurance:** This insurance is bought through WT for $13.
- ☐ **Shots/Vaccinations**
- ☐ *Measles, Mumps and Rubella (MMR)* - A copy of your immunizations record or letter from your doctor stating you have had this immunization.
- ☐ *TB test* – document stating you have been tested for TB and are clear. You can get this done at WT Student Health Services or from your family doctor. *Good for 1 year*
- ☐ *Hepatitis (series of 3 shots 1st, 2nd 2 months later, 3rd 6 months later)* - You can get this done at WT Student Health Services or from your family doctor. You need to have a document stating that you have started the series prior to being able to begin clinic.

- ☐ **Criminal Background Check:** This is done through CastleBranch https://portal.castlebranch.com/WD77 . There is a $45 fee (as of July 1, 2019). This must be completed and cleared prior to starting your clinical practicum.

- ☐ **Audiometer Registration Cards:** After being trained on using the audiometer in clinic orientation, you will complete a green card for the Texas State Department of Health that registers you and gives you 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**: You will be given a copy of these codes at the beginning of each clinic semester. We have clinic shirts and jackets that you will need to purchase during clinic orientation. The cost depends on the number of shirts you order. Shirts are around $35 and jackets run the same.

- □ **Confidentiality Agreement:** This will be reviewed at clinic orientation and you will sign a copy for your clinic portfolio.

- □ **CALIPSO:** This is an online tracking program that is used at WTAMU for tracking clinical hours and competencies as well as academic competencies that are required by ASHA. You will receive a separate email with instructions on how to sign up for the program. The cost as of June 1, 2020 is $100.

RECOMMENDED

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

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

Appendix A
Student Clinical Practicum Guide

1st, 2nd and 3rd Semester Internship			4th and 5th Semester Externship
400 Hours of Practicum			
6398 - 01	6398 - 02	6398 – 50	6399/6699 - 70

Internship (WT Clinic, Opportunity School, Guymon PS) Intern I ********** Orientation – All new graduate student clinicians are required to attend. Training -CPR Training Renewal every 2 yrs Safety Training Video - HIPAA, Hepatitis C, Blood borne, Child Protection, Clery Acts- accessed online through WT 80 or above passing score-Renew every 1 yr Audio Registration Cards – Complete training on the operation and procedure for conducting a hearing screening Fill out turn in Audiometer User Registration card. Renew every 5 yrs CALIPSO Boardmaker Student Handouts -Clinic Manual Student must turn in 25 Complete Observation Hours and entered in CALIPSO Hepatitis B Series 1,2,3 MMR TB TEST CPR Verification Driver License Criminal Background Check: https://portal.castlebranch.com/WD77 Statement, Disclosure, Agreement & Student Consent Student Internship Agreement Form Confirmation of Clinic Manual read and reviewed form. Clinic Hours submitted daily through online tracking program –CALIPSO End of Semester Clinic Review Meeting ☐ Meet with clinical supervisor ☐ Clinical Performance Evaluation submitted through CALIPSO ☐ Evaluation of Clinical Instructor submitted through CALIPSO	Internship (WT Clinic, Opportunity School, Guymon PS) Intern II ********** Orientation – held at practicum site with clinical instructor. Must be current CPR, Safety Training Video - HIPAA, Hepatitis C, Blood borne, Child Protection, Clery Acts Student Handouts -Clinic Manual – Clinic Hours submitted daily through online tracking program -CALIPSO End of Semester Clinic Review Meeting ☐ Meet with clinical supervisor ☐ Clinical Performance Evaluation submitted through CALIPSO ☐ Evaluation of Clinical Instructor submitted through CALIPSO	Internship (WT Clinic, Guymon PS) Extern Ready ********** Orientation – held at practicum site with clinical instructor. Must be current CPR, Safety Training Video - HIPAA, Hepatitis C, Blood borne, Child Protection, Clery Acts Student Handouts -Clinic Manual – Clinic Hours submitted daily through online tracking program -CALIPSO End of Semester Clinic Review Meeting ☐ Meet with clinical supervisor ☐ Clinical Performance Evaluation submitted through CALIPSO ☐ Evaluation of Clinical Instructor submitted through CALIPSO	Extern (various placements) Extern I and II ********** Orientation –Extern 1 only with WT, other held at placement with clinical instructor. Training CPR needs to be current Renewal of trainings Safety Training Video - HIPAA, Hepatitis C, Blood borne, Child Protection, Clery Acts- accessed online through WT 80 or above passing score-Renew every 1 yr Student Handouts -Clinic Manual Student Must Turn in Externship Agreement forms Standard & Implementation Pro. Supervisor Agreement Copy and uploaded to CALIPSO all supervisor's current ASHA certification card. Copy and uploaded to CALIPSO all supervisor's current state SLP license Copy of renewed TB TEST – Renew every year Copy of current CPR Verification - Renew every 2 years Copy of current Liability Insurance – Renew every 1-2 years www.proliability.com Clinic Hours submitted through online tracking program –CALIPSO and approved by extern site supervisor by every 5th of the month End of Semester Clinic Committee Review Meeting ☐ Meet with clinical supervisor ☐ Clinical Performance Evaluation submitted through CALIPSO ☐ Evaluation of Clinical Instructor submitted through CALIPSO ☐ Meet with clinical coordinator to review status and determine needs

INTERNSHIP/FACULTY CLINIC INSTRUCTION

Clinical instruction in the WT SPEECH & HEARING CLINIC 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 the student progresses 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 the student progresses, 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, a "Supervisor Feedback" form will be completed by each student clinician for each of his/her clinical instructors through CALIPSO. In this manner, clinical instructors may receive feedback from students regarding the supervisory experience.

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.

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. ASHA requires all supervisors to complete a continuing education on supervision and ethics.

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, a "Supervisor Feedback" form will be completed by each student clinician for each of his/her clinical instructors as well as "Student Evaluation of off Campus Placement". In this manner, clinical instructors may receive feedback from students regarding the supervisory experience.

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.

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 computer labs and print stations. 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, 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.**

3. Print from anywhere on campus. Buff Print is the new cloud-based printing solution where you can send a print job to a printer on a campus (see locations below), go the location and swipe your gold card to finalize printing. Print from anywhere, any time of day. See Also: Printable instructions for Printing Via Buff Print

FOOD AND DRINK ARE NOT PERMITTED NEAR EQUIPMENT.

Documentation of Knowledge and Skill Outcomes

Knowledge & Skill Outcomes	
IV-A	The applicant must have demonstrated knowledge of statistics as well as the biological, physical, and social/behavioral sciences.
IV-B	The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
IV-C	The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas: • Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification • Fluency and fluency disorders • Voice and resonance, including respiration and phonation • Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing • Hearing, including the impact on speech and language • Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span • Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning • Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities • Augmentative and alternative communication modalities
IV-D	For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
IV-E	The applicant must have demonstrated knowledge of standards of ethical conduct.
IV-F	The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles in to evidence-based clinical practice.
IV-G	The applicant must have demonstrated knowledge of professional contemporary issues.
IV-H	The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as, local, state, and national regulations and policies relevant to professional practice.
V-A	The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
V-B	The applicant must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

	1. Evaluation a. Conduct screening and prevention procedures, including prevention activities. b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals. c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures. d. Adapt evaluation procedures to meet the needs of individuals receiving services. e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention. f. Complete administrative and reporting functions necessary to support evaluation. g. Refer clients/patients for appropriate services. 2. Intervention a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process. b. Implement intervention plans that involve clients/patients and relevant others in the intervention process. c. Select or develop and use appropriate materials and instrumentation for prevention and intervention. d. Measure and evaluate clients'/patients' performance and progress. e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients. f. Complete administrative and reporting functions necessary to support intervention. g. Identify and refer clients/patients for services, as appropriate. 3. Interaction and Personal Qualities a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others. b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice. c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others. d. Adhere to the ASHA *Code of Ethics*, and behave professionally.
V-C	The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.
V-D	At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate studies in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.
V-E	Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must

	take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.
V-F	Supervised practicum 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.

Documentation of Knowledge and Skills

The WTAMU-CDP uses the online documentation program CALIPSO to document the acquisition of knowledge and skills as outlined by the American Speech Language and Hearing Association, the Council for Clinical Certification, and the Council on Academic Accreditation.

Each graduate student is sent the registration information by the clinical coordinator prior to the beginning of graduate clinical training.

The types of documentation included in the CALIPSO program that are utilized by the WTAMU-CDP are listed below.

Clinical Clock Hours

All clock hours are tracked, submitted, approved, and calculated within CALIPSO.

Clinical Performance Evaluation

Clinical performance evaluations are aligned with the CFCC standards. Performance scores are entered on the performance evaluation by the assigned clinical instructor in the areas where a graduate clinician has had experience during the practicum semester. The rating scale can be found on the clinical performance evaluation page. The form auto-tallies and produces a letter grade based on WTAMU-CDP's grading scale. CALIPSO automatically weights multiple evaluations within a semester based on clock hours gained. See CALIPSO Performance Rating Scale.

KASA Summary Form

This auto-populated form serves as a formative and summative assessment and provides documentation of both knowledge and skills obtained through academic and clinical courses.

Cumulative Evaluation

This form serves as a summative assessment and provides ongoing feedback on a student's progress toward meeting clinical skills and enables a student to advocate for their clinical education needs.

My Checklist

A feature included in the CALISPO that will assist the clinical coordinator and student in tracking the student's progress toward meeting all of the requirements for the successful completion of the clinical education program and graduation.

Supervisor Feedback

Through CALIPSO, students are able to anonymously submit feedback to clinical instructors at the end of the semester. Feedback submitted via CALIPSO, is sent directly to the Clinic Coordinator. After reviewing the feedback, the Clinic Coordinator will send the information to the clinical instructor which is provided without any student names. The Clinic Coordinator will send feedback information to the clinical instructors after grades are posted.

CALIPSO Performance Rating Scale

Scoring Criteria for Calipso
Passing per semester at final evaluation:

Passing score/criteria

1st semester passing criteria for therapy skills 2.5, PIPQ 3.5, evaluation not considered in passing

2nd semester passing criteria for therapy skills 3.0, PIPQ 3.5, evaluation not considered in passing

3rd semester passing criteria for therapy skills 3.5, PIPQ 4.0, evaluation not considered in passing

4th semester passing criteria for therapy skills 4.0, PIPQ 4.0, evaluation not considered in passing

5th semester passing criteria for therapy skills 4.0, PIPQ 4.0, evaluation not considered in passing

NOTE: Scores can be given in increments of .25 i.e. 1.25, 2.50, 3.75.

EVALUATION

Calipso Evaluation Skills 1. *Conducts screening and prevention procedures.* DESCRIPTION: Conducts formal and/or informal screenings. I able to determine if further testing is needed. Actively participates in prevention procedures if applicable.

5 Independently prepares for evaluation
4 With minimal guidance prepares for evaluation
3 With moderate guidance prepares for evaluation
2 With maximal guidance prepares for evaluation
1 Even with maximal guidance is not prepared for evaluation

Calipso Evaluation Skills 2. *Performs chart review and collects case history form interviewing patient and/or relevant others.* DESCRIPTION: Researches, extracts, and summarizes pertinent information form available medical and/or referral information, adequately prepares the physical setting, studies the test and demonstrates thorough knowledge of how the test is administered, basals/ceilings, materials/stimuli needed, etc.

5 Independently prepares for evaluation
4 With minimal guidance prepares for evaluation

3 With moderate guidance prepares for evaluation
2 With maximal guidance prepares for evaluation
1 Even with maximal guidance is not prepared for evaluation

Calipso Evaluation Skills 3. *Selects appropriate evaluation instruments/procedures.* DESCRIPTION: Demonstrates knowledge for available assessments for each disorder type and selects appropriate instrument according to client's age and area of concern.

5 Independently
4 With minimal guidance
3 With moderate guidance
2 With maximal guidance
1 Does not demonstrate sufficient knowledge of available instruments

Calipso Evaluation Skills 4. *Administers and scores diagnostic tests correctly.* DESCRIPTION: Establishes basals and ceilings correctly, follows standardized testing procedures, records responses accurately, administers at an appropriate pace and provides appropriate feedback or reinforcement.

5 Independently administers tests appropriately
4 With minimal guidance administers tests appropriately
3 With moderate guidance administers tests appropriately
2 With maximal guidance administers tests appropriately
1 Even with maximal guidance is unable to administer tests appropriately

Calipso Evaluation Skills 5. *Adapts evaluation procedures to meet patient needs.* DESCRIPTION:

5 Independently and consistently recognizes need to adapt evaluation session based on patient needs and implements changes with a smooth transition

4 Independently and but inconsistently recognizes need to adapt evaluation session based on patient needs and implements changes with a smooth transition

3 After supervisor indicates need for adapting evaluation clinician recognizes and is able to implement changes with a smooth transition.

2 After supervisor indicates need for adapting evaluation clinician has difficult recognizing need for change and/or has difficulty implementing changes.

1 After supervisor recognizes need for adapting evaluation, no attempt is made by clinician to implement changes

Calipso Evaluation Skills 6. *Possess knowledge of etiologies and characteristics for each communication and swallowing disorder.* DESCRIPTION: Demonstrates knowledge of normal versus disordered for disorder being assessed through oral and written communication.

5 Demonstrates comprehensive knowledge
4 Demonstrates significant knowledge
3 Demonstrates sufficient knowledge

2 Demonstrates minimal knowledge
1 Demonstrates no knowledge

Calipso Evaluation Skills 7. *Interprets and formulates diagnosis form test results, history, and other behavioral observations.* DESCRIPTION: Scores tests correctly, looks at all relevant information and determines if a disorder is present and makes an appropriate diagnosis.

5 Independently determines the presence/absence of a disorder and makes appropriate diagnosis

4 With minimum guidance determines the presence/absence of a disorder and makes appropriate diagnosis

3 With moderate guidance determines the presence/absence of a disorder and makes appropriate diagnosis

2 With maximum guidance determines the presence/absence of a disorder and makes appropriate diagnosis

1 Even with guidance is unable to determine the presence/absence of a disorder and makes appropriate diagnosis

Calipso Evaluation Skills 8. *Makes appropriate recommendations for intervention.* DESCRIPTION: Generates appropriate long and short term goals for diagnosis

5 Independently
4 With minimal guidance
3 With moderate guidance
2 With maximal guidance
1 Is unable to generate goals even with maximal guidance

Calipso Evaluation Skills 9. *Completes administrative functions and documentation necessary to support evaluation.* DESCRIPTION: Meets deadlines for report, uses appropriate grammar, spelling and organization, includes all pertinent information and reports information accurately.

5 Independently
4 With minimal guidance
3 With moderate guidance
2 With maximal guidance
1 Is unable to generate report even with maximal guidance

Calipso Evaluation Skills 10. *Makes appropriate recommendations for patient referrals.* DESCRIPTION: Following evaluation, student appropriately refers patients for speech-language pathology services and/or other professional services as well as indicates the need for additional testing if necessary. An "appropriate" referral constitutes referring when necessary and not referring when not necessary.

5 Independently
4 With minimal guidance
3 With moderate guidance
2 With maximal guidance
1 Is unable to make determination

TREATMENT

Calipso Treatment Skills 1. *Develops appropriate treatment plans with measureable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. DECRIPTION: Writes complete lesson/therapy plans, that are well thought out with consideration of client interest and needs, with appropriate targets, well described activities and sequence of activities, complete list of materials, and criteria or measurement of client success with written targets, and lesson are fresh and creative.*

5 Independently
4 With minimum guidance
3 With moderate guidance
2 With maximum guidance
1 Unable to write therapy plans even with maximum guidance

Calipso Treatment Skills 2. *Implements treatment plans.*

5 Plans sufficient appropriate activity for therapy time; each activity is well constructed (has beginning, middle & end); has smooth transition from activity to activity; recognizes attentional limits of client, & spends appropriate time for priorities.
4 Requires some guidance in above areas to achieve adequate pacing, but usually demonstrates independence.
3 Requires guidance in above areas to achieve adequate pacing, but usually demonstrates independence.
2 Even with supervisor's help, transition between activities is awkward. Inconsistently recognizes attentional limits of client. Inconsistently spends appropriate time on priorities. Brings sufficient activities, but sometimes not appropriate.
1 Shows no effort.

Calipso Treatment Skills 3. *Selects and uses appropriate materials/instrumentation*

5 Consistently selects and uses appropriate, interesting materials which compliment well written, appropriate objectives.
4 Objectives are generally well written & appropriate. Materials usually are interesting & appropriate. May require some guidance in one of these areas.
3 Still has difficulty with selecting materials or objectives but shows steady improvement when given guidance.
2 Shows inconsistent improvement despite guidance.
1 Does not write acceptable objectives or choose appropriate materials. Does not seem to improve in these skills when guidance is provided by supervisor.

Calipso Treatment Skills 4 *Sequences Tasks to meet objectives*

5 Can appropriately sequence and prioritize tasks to meet objectives without guidance from supervisor, & structures session considering priorities.
4 Understands how to sequence tasks to meet objectives, but at times has difficulty relating priorities to planning & structure of session.
3. Is beginning to sequence tasks to meet objectives and structure therapy accordingly with guidance.
2 Only with guidance can sequence and prioritize tasks to meet objectives and structure therapy.
1 Does not understand need to sequence and prioritize tasks to meet objectives. Has trouble after supervisor demonstrates to apply demonstrated skills.

Calipso Treatment Skills 5 *Provides appropriate introduction/explanation of tasks*

5 Independently provides appropriate introduction/explanation of tasks on a consistent basis.
4 Appropriate introductions/explanations are provided independently but requires occasional reminders from supervisor.
3 Appropriate introductions/explanations are provided independently but requires more frequent reminders from supervisor.
2 Needs supervisor assistance to provide appropriate introductions/explanations of tasks
1 Consistently does not provide introduction/explanation of tasks and/or introduction /explanation is not appropriate.

Calipso Treatment Skills 6 *Measures and evaluates patients' performance and progress*

5 Clinician independently measures patients' performance through efficient data collection and uses data to evaluate progress accurately
4 Clinician measures patients' performance through efficient data collection and with supervisor assistance is able to use data to evaluate progress accurately.
3 Clinician inconsistently measures patients' performance through data collection and with supervisor assistance is able to use data to evaluate progress accurately.
2 Clinician consistently needs supervisor assistance to measures patients' performance and implement efficient data collection. Supervisor provides clinician with an evaluation of progress.
1 Supervisor provides clinician with data collection and consistently assists clinician with measuring and evaluating patients' performance.

Calipso Treatment Skills 7 *Uses appropriate models, prompts, or cues. Allows time for patient response.*

5 Consistently uses verbal feedback that includes appropriate prompts, models, or cues for age and developmental level of patient. Tolerates silence when allowing for patient response.
4 Inconsistently uses verbal feedback that includes appropriate prompts, models, or cues for age and developmental level of patient. Tolerates silence when allowing for patient response.

3 Uses verbal feedback that includes prompts, models, or cues. Requires supervisor assistance with appropriate language for age and developmental level of patient. Tolerates silence when allowing for patient response
2 Needs frequent reminders to use verbal feedback that includes prompts, models, or cues. Requires supervisor assistance with appropriate language for age and developmental level of patient. Has difficulty tolerating silence while waiting for patient response
1 Does not implement verbal feedback even after supervisor demonstration or has difficulty using understanding and using prompts, models or cues.

Calipso Treatment Skills 8 *Adapts treatment session to meet individual patient needs*

5 Independently and consistently recognizes need to adapt treatment session based on patient needs and implements changes with a smooth transition.
4 Independently but inconsistently recognizes need to adapt treatment session based on patient needs and implements changes with a smooth transition.
3 After supervisor indicates need adapting treatment session clinician recognizes and is able to implement changes with a smooth transition.
2 After supervisor recognizes need to modify program, clinician has difficulty recognizing need for change and/or has difficulty implementing
1 After supervisor recognizes need to modify program, no attempt is made by clinician to implement changes.

Calipso Treatment Skills 9. *Completes administrative functions and documentation necessary to support treatment.* DESCRIPTION: Meets deadlines for submission of therapy plans, session notes and progress reports using appropriate grammar, spelling and organization, includes all pertinent information and reports information accurately.

5 Independently
4 With minimal guidance
3 With moderate guidance
2 With maximal guidance
1 Is unable to generate plans, notes and reports even with maximal guidance

Calipso Treatment Skills 10. *Identifies and refers patients for services as appropriate.* DESCRIPTION: When concerned, student appropriately refers patients for speech-language pathology services and/or other professional services as well as indicates the need for additional testing if necessary. An "appropriate" referral constitutes referring when necessary and not referring when not necessary.

5 Independently
4 With minimal guidance
3 With moderate guidance
2 With maximal guidance
1 Is unable to make determination

PREAPREDNESS, INTERACTIONS AND PERSONAL QUALITIES

Calipso PIPQ 1. *Possesses foundation for basic human communication and swallowing process.* DESCRIPTION: Recognizes and names anatomy, Able to talk about PVM for Artic, Recognizes development aspects in language, Understands communication, not just talking, Know difference between cognitive and language, Can talk about clients' receptive and expressive ability, Can explain 4 phases of swallow on patient

5 Demonstrates advance knowledge for clinical level
4 Demonstrates significant knowledge for clinical level
3 Demonstrates knowledge commensurate with clinical level
2 Demonstrates knowledge below expectations for clinical level
1 Significant difficulty with demonstrating knowledge

Calipso PIPQ 2. *Possesses the knowledge to integrate research principles into evidence-based clinical practice*. DESCRIPTION: Uses EBP materials, considers all 3 aspects Research/Expertise/Patient when planning therapy, States rationales for technique being used in therapy, Able to identify treatment technique, explores examiner's manual when preparing for an assessment – knows about standardization sample in comparison with client

5 Demonstrates advance knowledge for clinical level
4 Demonstrates significant knowledge for clinical level
3 Demonstrates knowledge commensurate with clinical level
2 Demonstrates knowledge below expectations for clinical level
1 Significant difficulty with demonstrating knowledge

Calipso PIPQ 3. *Possesses knowledge of contemporary professional issues and advocacy.* DESCRIPTION: Talks about licensure issues, Questions current issues in profession, Asks questions and makes comments on CF aspects, Considers impact of environment on client, Questions how to help client integrate into environment

5 Demonstrates advance knowledge for clinical level
4 Demonstrates significant knowledge for clinical level
3 Demonstrates knowledge commensurate with clinical level
2 Demonstrates knowledge below expectations for clinical level
1 Significant difficulty with demonstrating knowledge

Calipso PIPQ 4. *Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others.* DESCRIPTION: Spoken language is effective to supervisor, client, and others, Questions how to communicate with bilingual clients/families, Looks for ways to communicate more effectively with caregivers, Discusses and considers culture of client and how that culture communicates

5 Communicates at a professional level
4 Requires minimal direction from supervisor
3 Requires moderate direction from supervisor
2 Requires maximum direction from supervisor
1 Significant difficulties communicating

Calipso PIPQ 5. *Establishes rapport and shows sensitivity to the needs of the patient.* DESCRIPTION: Converses with client effectively, Makes connections with client and is at ease in therapy sessions, Responds to clients non-obvious communication attempts, Considers client's emotional state and makes adjustments – effectively manages variety of behaviors

5 Excellent
4
3 Fair
2
1 Poor

Calipso PIPQ 6. *Uses appropriate rate, pitch, and volume when interacting with patients or others.* DESCRIPTION: Provides directions in a manner appropriate to client's cognitive ability, speaks at a level appropriate for age of client, and with consideration for hearing issues, Considers disability and client sensory issues, Use voice, volume, rate, and pitch to gain attention, Uses voice volume, rate, and pitch to provide cuing to assist client in therapy

5 Consistently
4
3 Intermittently
2
1 Never

Calipso PIPQ 7. *Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others.* DESCRIPTION: Discusses purpose of therapy (goals) with client at the beginning of each session, Talks with patients (or caregivers) regarding goals of therapy and relationship to the functional aspects in daily life, Encourages clients who are hesitant or having trouble participating to participate in therapy session, Provides feedback to client on improvement and differences seen related to goals, Encourages client to demonstrate skills to others (teacher, parent, clinical supervisor)

5 Excellent commensurate with clinical level
4
3 Fair commensurate with clinical level
2
1 Poor below expectations for clinical level

Calipso PIPQ 8. *Collaborates with other professionals in case management*. DESCRIPTION: Works with supervisor effectively towards goals for client, Visits with teachers, parents, nurses, OT, PT, and teacher aides on needs of clients and how those needs can be addressed in therapy, Visits with teachers, parents, nurses, OT, PT, and teacher aides on techniques used in therapy that maybe utilized in home, classroom, etc., Visits with teachers, parents, nurses, OT, PT, and teacher aides on skills clients have demonstrated and discussed ways they can be practiced in home, class, etc., Works cooperatively with peers in planning

5 Consistently
4
3 Intermittently

2
1 Never

Calipso PIPQ 9*. Displays effective oral communication with patient, family, or other professionals*. DESCRIPTION: Communicates professionally, Tone and attitude are professional, Adjusts language level to fit comprehensive level of client, family, etc., Uses professional language and attitude with supervisor, peers, and other professionals, Does not "talk down" to other professionals, Considers age and speaks respectively to all patients

5 Consistently
4
3 Intermittently
2
1 Never

Calipso PIPQ 10. *Displays effective written communication for all professional correspondence*. DESCRIPTION: Lesson plans and notes are well written with infrequent minor grammatical and spelling errors, Emails and texts are professional, Reports are written with minor grammatical and spelling errors on 1st draft, 2nd draft of reports, all supervisory changes are made, Reports are written at a comprehensible level with professional jargon explained

5 Independently
4 with minimal guidance
3 with moderate guidance
2 with maximal guidance
1 extreme difficulty with written communication

Calipso PIPQ 11. *Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner*. DESCRIPTION: Clinician holds paramount the welfare of the client, Student's data collection is accurate and not inflated, Student makes every attempt to be confidential in speak about client, Student speaks to peers and supervisors respectfully, Student talks about peers, supervisor, clients, and parents in a respectful manner, Student strives to provide therapy effectively, always keeping client goals in mind

5 Consistently
4
3 Intermittently
2
1 Never

Calipso PIPQ 12*. Assumes a professional level of responsibility and initiative in completing all requirements.* DESCRIPTION: Student completes tasks as requested, Student asks questions, Student brings ideas to supervisors regarding therapy, Student independently looks for therapy ideas that may then be guided by supervisor, Student utilizes resources provided, Student looks for resources independently

5 Consistently

4
3 Intermittently
2
1 Never

Calipso PIPQ 13. *Demonstrates openness and responsiveness to clinical supervision and suggestions.* DESCRIPTION: Student accepts constructive criticism, Student makes changes as recommended by supervisor, Student accepts and implements therapy tech modifications, Student accepts and implements personal interactive modifications, Student exhibits professional attitudes and demeanor toward supervisor recommendations

5 Readily accepts and implements all suggestions
4 Readily accepts suggestions and implements most of the time
3 Readily accepts suggestions and implements some of the time
2 Demonstrates acceptance but does not implement
1 Is resistant to supervision and does not implement suggestions

Calipso PIPQ 14. *Personal appearance is professional and appropriate for the clinical setting*. DESCRIPTION: Student abides by clinic dress code, Student's clothes are clean and pressed, Student wears shoes that are appropriate to the setting, Student's hair is combed, clean, neat, and of a natural color, Male's facial hair should be neat, Student's jewelry should not be distracting or overwhelming to client population

5 Consistently professionally dressed and groomed
4
3 Has had one to two insistences of not being professionally dressed and/or groomed
2
1 Is often not well groomed and does not follow dress code

Calipso PIPQ 15. *Displays organization and preparedness for all clinical sessions.* DESCRIPTION: Student has all materials for therapy and assessment sessions ready ahead of time, Student shows evidence that materials have been prepared and reviewed prior to therapy sessions, Student shows evidence that assessments have been prepared and reviewed prior to testing session, Student has materials arranged for all clinical sessions so that transitions between activities are efficient and take up minimal time, Student has data collection prepared and ready for session targets, Student demonstrates evidence that they are prepared for the unexpected in a therapy session with varied techniques and materials readily available.

5 Consistently
4
3 Intermittently
2
1 Never

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

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

CoVid 19 Restrictions and Rules

- Current University Requirements: Beginning July 1, 2020, unless a health-related exception exists, wearing a face covering is required for all individuals (faculty, staff, students, and visitors) on the campus of West Texas A&M University and campus facilities in the following areas:
- •Indoor public areas on campus, including all non-private office or residential spaces, such as lobbies, restrooms, common spaces in residence halls, conference rooms, break rooms, elevators, and related campus-community areas; and
- •Outdoor spaces where six feet or more of physical distancing is challenging to maintain reliably. Students will be required to wear a face covering in all classrooms and teaching/research laboratories; however, faculty will not be required to wear face coverings in explicit learning spaces to facilitate clear instruction.
- **Current Faculty Senate Statement**: The WT Faculty Senate places the highest priority on the health and safety of our university's students, faculty, and staff. In cooperation and consultation with Academic Affairs and Dean's Council, Faculty Senate strongly supports that everyone in the WTAMU campus community abide by the provisions, both present and future, set out by system and university administration to maintain health and safety during the COVID-19 pandemic. Further, Faculty Senate calls upon WT faculty to set an example for others by consistently and correctly wearing masks or face coverings while on campus, or at WT-sponsored events, as well as maintain at least six feet of physical distance.

Graduate Student Forms

Graduate Student Forms

1. **Communication Disorders Program Disclosures**
2. **Student Consent**
3. **Communication Disorder Program Confidentially Agreement**
4. **Internship Agreement**
5. **Externship Agreement**
6. **Clinic Manual Read and Abide**

West Texas A&M University
Communication Disorders Program Disclosures

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

Buff ID 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, federal law, 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

West Texas A&M University
Department of Communication Disorders
STUDENT CONSENT

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

Buff ID Number: _____ DOB: _____

Address: _____
Street / Apartment No.

_____
City State Zip Email Address

By signing this "Student Consent" form, you are authorizing West Texas A&M University to: 1) obtain a criminal history report on you, 2) disclose and release copies of that report to any facility with which a clinical practicum is being sought, and 3) disclose and release certain 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 A&M 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

Department of Communication Disorders
Program Confidentiality Agreement

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

Buff ID 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, 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 <u>not</u> 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, your 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:_____

1. Interns are assigned to a Clinical Practicum caseload a minimum of 2 days a week unless modified by Clinic Coordinator. _____

2. Interns must be available at clinic on their assigned clinical practicum day(s) 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, Progress Reports and Discharge Summaries rough drafts are due to your supervisor the third day after the last evaluation session or as assigned by your clinical supervisor. _____

5. SOAP or Session notes are to be written by the end of each clinic day or as assigned by your clinical instructor. Check with your clinical instructor regarding submissions for approval requirements. _____

6. Corrected drafts of all reports are due to your clinical instructor the next day. _____

7. Departmental/site dress code requirements must be followed. _____

8. Absences are highly discouraged. Family trips, weddings, etc., should be scheduled on weekends, holidays, or during semester breaks as to not interfere with academic or clinical education**.** _____

9. 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 clinical instructor **by phone** as soon as you are aware of your inability to attend. A plan for making up the sessions missed should be discussed with your clinical instructor. __

10. Inclement weather is not an excuse to miss clinic. If the site is open, you are expected to be there. You will need to monitor the weather and plan accordingly. _____

11. All client documentation must be completed before semester grades can be posted. _____

12. A grade of "S" or passing is required for all practicum experiences. Internship students not making a grade of "S" will not be allowed to proceed to external placements until 3 internship semesters have been passed. Unexcused absences can have an effect on final grade. _____

13. If clinical and/or professional skills are found to be in need of remediation, a plan will be developed with guidelines for required performance. Lack of adequate progress in the remediation plan will result in repeating a clinical semester or dismissal from clinical practicum. _____

14. Completed clinic practicum hours are should be submitted daily or as assigned by your clinical instructor. Failure to enter hours as required 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 and agree to follow 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 WTAMU-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. Requests for planned absences from an externship must be **submitted to the clinic coordinator in writing prior to the beginning of your externship and approved by your extern clinical instructor**. _____

6. Departmental/site dress code requirements must be followed. _____

7. The "400 hours" of clinical practicum is a **minimum – not a maximum**. _____

1. The midterm performance evaluation is due in CALIPSO by **date _____**. _____

8. Clinic Review meetings are scheduled during the last weeks of the semester. Final performance evaluations from externship clinical instructors are due the day of your scheduled clinic review. _____

9. A grade of "S" or passing is required for all practicum experiences. Extern students not making a grade of "S" will be required to repeat that externship semester. _____

10. Completed clinic practicum hours must be entered and approved by the clinical instructor by the 5th of each month or first working day following the 5th. Failure to enter and get approval for hours by the due date will result in a forfeit of those hours. _____

11. Required training and documentation must be current prior to starting an externship semester. _____

12. Supervisor/Clinical Instructor agreements are due back to the Clinic Coordinator signed and dated no later than date_____. _____

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

_____	_____
Student	Clinic Coordinator
_____	_____
Date Semester	Date Semester

CD 6699 – Student Externship Agreement

1. WTAMU-CDP Externship practicum may only be done at the sites with which the WTAMU-CDP has a formal affiliation agreement. _____

2. WTAMU-CDP students must register for CD 6699 practicum class every semester in which clinic hours are accrued. _____

3. CD 6699 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. Requests for planned absences from an externship must be **submitted to the clinic coordinator in writing prior to the beginning of your externship and approved by your extern clinical instructor**. _____

6. Departmental/site dress code requirements must be followed. _____

7. The "400 hours" of clinical practicum is a **minimum – not a maximum**. _____

8. The midterm performance evaluation is due in CALIPSO by **date _____**. _____

9. Clinic Review meetings are scheduled during the last weeks of the semester. Final performance evaluations from externship clinical instructors are due the day of your scheduled clinic review. _____

10. A grade of "S" or passing is required for all practicum experiences. Extern students not making a grade of "S" will be required to repeat that externship semester. _____

11. Completed clinic practicum hours must be entered and approved by the clinical instructor by the 5th of each month or first working day following the 5th. Failure to enter and get approval for hours by the due date will result in a forfeit of those hours. _____

12. Required training and documentation must be current prior to starting an externship semester. _____

13. Supervisor/Clinical Instructor agreements are due back to the Clinic Coordinator signed and dated no later than date_____. _____

I have read, understand and agree to follow the general guidelines for CD 6699. _____

_____	_____
Student	Clinic Coordinator
_____	_____
Date Semester	Date Semester

West Texas A&M University
Department of Communication Disorders

Clinic Manual

I have read and reviewed the West Texas A&M University 2020-2022 Clinic Manual. I understand all of the provisions, and agree to abide by the codes listed therein.

I also understand that failure to comply with these codes can result in one or all of the following:

- Clinical suspension
- Loss of clinical hours
- Extra assignments
- Potential loss of academic standing.

Student's Signature

Date

Professional Resources

ASHA Code of Ethics

Preamble

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

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

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

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

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

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

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

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

Terminology

ASHA Standards and Ethics

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

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

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

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

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

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

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

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

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

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

know, known, or knowingly

Having or reflecting knowledge
.

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

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

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

nolo contendere
No contest.

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

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

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

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

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

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

telepractice, teletherapy
Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment,

intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, see the telepractice section on the ASHA Practice Portal.

Written
Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

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

Rules of Ethics

A. Individuals shall provide all clinical services and scientific activities competently.
B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

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

Rules of Ethics

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

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

Rules of Ethics

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

Principle of Ethics IV

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

Rules of Ethics

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

B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or

finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

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

Index terms: ethics

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ASHA SCOPE OF PRACTICE

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), Lemmietta McNeilly (ex officio), and Diane R. Paul (consultant). This document was approved by the ASHA Legislative Council on September 4, 2007 (LC 09-07).

Introduction

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

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

Statement of Purpose

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

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

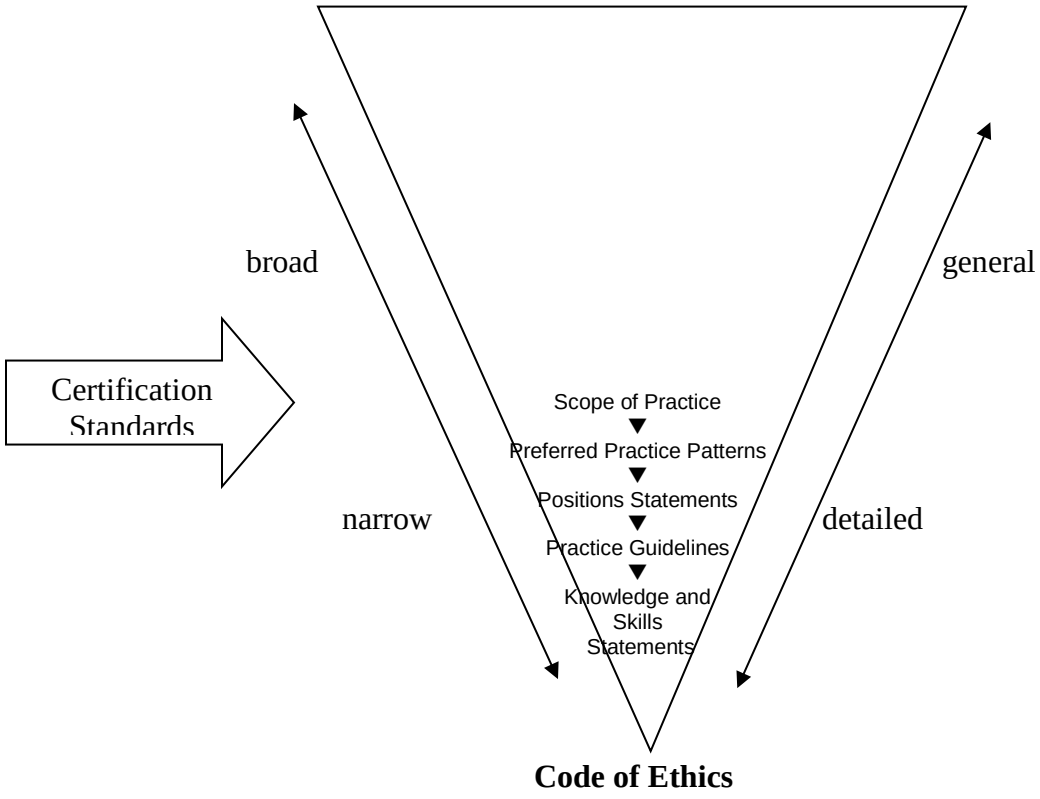
This document describes the breadth of professional practice offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. 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.

Qualifications

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

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with 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
    - hyper nasality
    - hyponasality
    - cul-de-sac resonance
    - mixed resonance
- voice
    - phonation quality
    - pitch
    - loudness
    - respiration
    - resonance
- 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); and
- functional use and underlying psychogenic components.

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

Clinical Services

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

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

Examples of these clinical services include

1. using data to guide clinical decision making and determine the effectiveness of services;
2. making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;
3. determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
4. documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
5. collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams);

6. screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;
7. providing intervention and support services for children and adults diagnosed with speech and language disorders;
8. providing intervention and support services for children and adults diagnosed with auditory processing disorders;
9. using instrumentation (e.g., videofluoroscopy, electromyography, 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).

Prevention and Advocacy

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

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

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

Education, Administration, and Research

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

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

Practice Settings

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

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

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American Speech-Language-Hearing Association. (1987). *Considerations for developing and selecting standardized assessment and intervention materials* [Technical report]. Available from www.asha.org/policy.

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Inclusive Practices

American Speech-Language-Hearing Association. (1996). *Inclusive practices for children and youths with communication disorders* [Position statement]. Available from www.asha.org/policy.

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American Speech-Language-Hearing Association. (1999). *Guidelines for the roles and responsibilities of the school-based speech-language pathologist* [Guidelines]. Available from www.asha.org/policy.

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American Speech-Language-Hearing Association. (2004). *Medicaid guidance for speech-language pathology services: Addressing the "under the direction of" rule* [Position statement]. Available from www.asha.org/policy.

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Figures and Tables

Figure 1. Conceptual Framework of ASHA Practice Documents

Index terms: scope of practice

Reference this material as: American Speech-Language-Hearing Association. (2007). *Scope of Practice in Speech-Language Pathology* [Scope of Practice]. Available from www.asha.org/policy.

doi:10.1044/policy.SP2007-00283

-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.

West Texas A&M UNIVERSITY

Clinic Materials Checkout Policy

The WTAMU Department of Communication Disorders keeps an inventory of materials available to students for use in internship and externship sites. Many of these materials are donated or are the personal property of instructors who are allowing its use for therapy purposes. Therefore, taking care of the material is of utmost importance. The use of these materials is a privilege not a right and should be treated accordingly.

Materials are available for checkout as scheduled. If the room is not open, ask the clinic secretary or graduate assistant on duty to let you in. Take all the materials that you wish to check out to the graduate assistant's office. All of the clinic materials (tests, therapy materials, resources, etc.) contain check out cards. The person on duty will check out the material(s) to you.

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 (in this order)
  - Graduate Assistant
  - Clinical Instructor
  - Faculty Member
  - Program Secretary
- Materials may only be checked out for two weeks 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 or 6699 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 material to the clinic office. Materials are to be placed in the specified box at any time the department is open.
- 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.

Useful Resources for Students

16 Building Blocks for Clinical Success

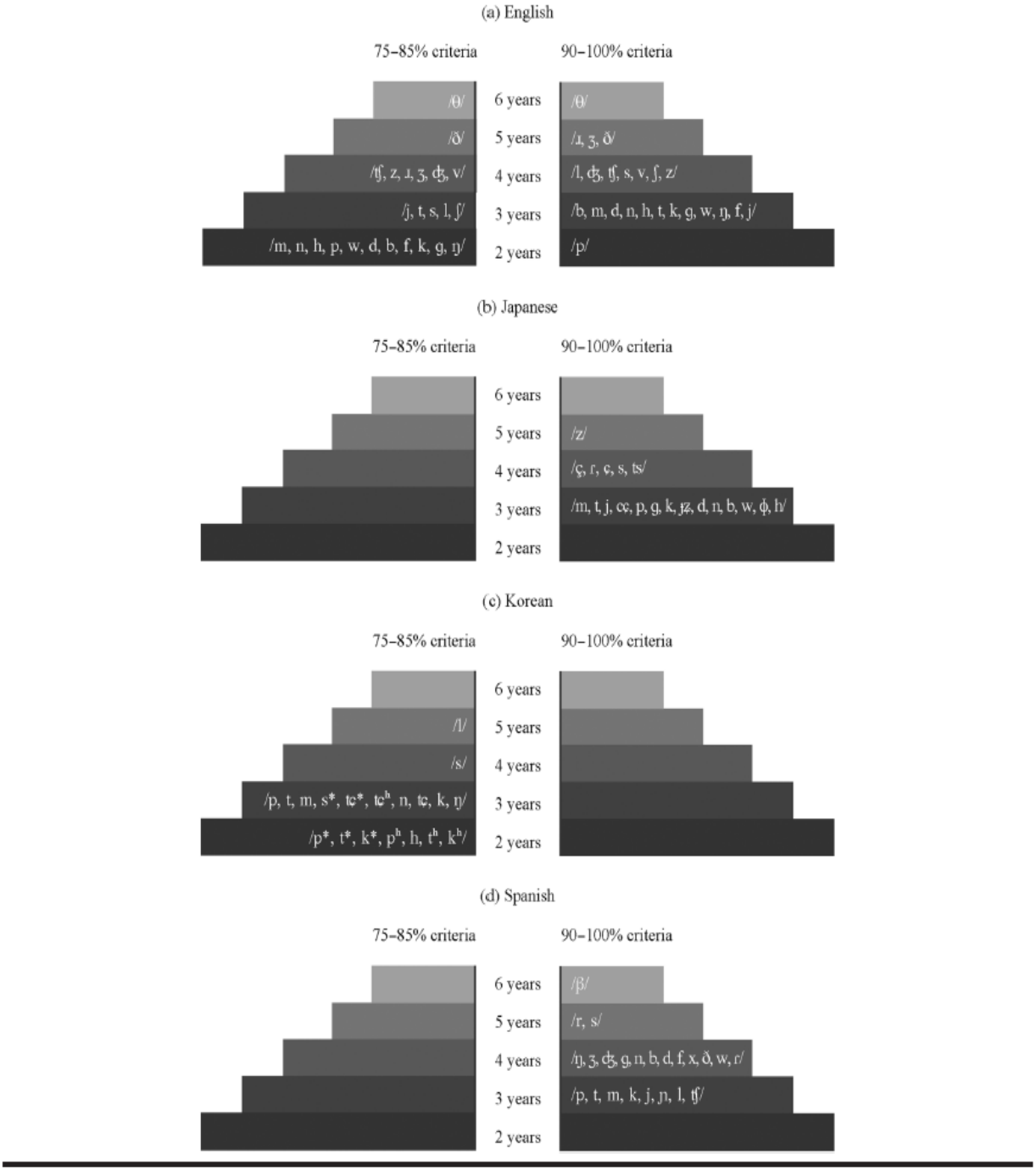
1. Keep SOAP notes concise and patient-focused.
2. The "Objective" (O) section of a SOAP should contain on observable actions and data. The "Assessment" (A) section of a SOAP includes the clinician's impressions and interpretation of the data.
3. Vary verbs. Use words such as "produce," "request," "respond," "develop," "recognize," "name," "identify," and so forth when writing goals, reports or notes, and plans.
4. Do not scribble if an error occurs. Make 1 line through the error and initial.
5. Compare baseline data to current data to determine progress as a result from treatment. Describe therapy based behaviors, not just he/she like activity and had fun. Explain how communication or swallowing changed throughout therapy.
6. Use 3-4 activities per 30 minutes for younger children and 2-3 activities for older children and adults per 60 minutes.
7. Introduce the activities before you start, e.g."Today we are going to…" You may have to give demonstrations when introducing a task or skill. At the end of the session, review and debrief. Ask questions like: "What did we do today?" "What are we going to work on improving?" "What did we learn?"
8. Use confidentiality and don't post personal information in visible places.
9. ALWAYS check spelling and edit your work.
10. The game/activity is not the end, but one method to help achieve a goal.
11. Less is more! Reduce redundancy and unnecessary words when writing diagnostic reports, lessons, home practice, and progress reports.
12. 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.
13. Remember: Parents and caregivers are not familiar with our profession's terminology. Always make sure you use educate/explain in terms they can understand when communicating to them.
14. If the patient is not making progress, either modify or move to a new goal.
15. Ask questions. It will only make you a better clinician.
16. Remember to always show sincere passion in your work. It shows others that you want to be there. If you are sluggish and bored, your patients will be too!

100 ways to say “VERY GOOD”

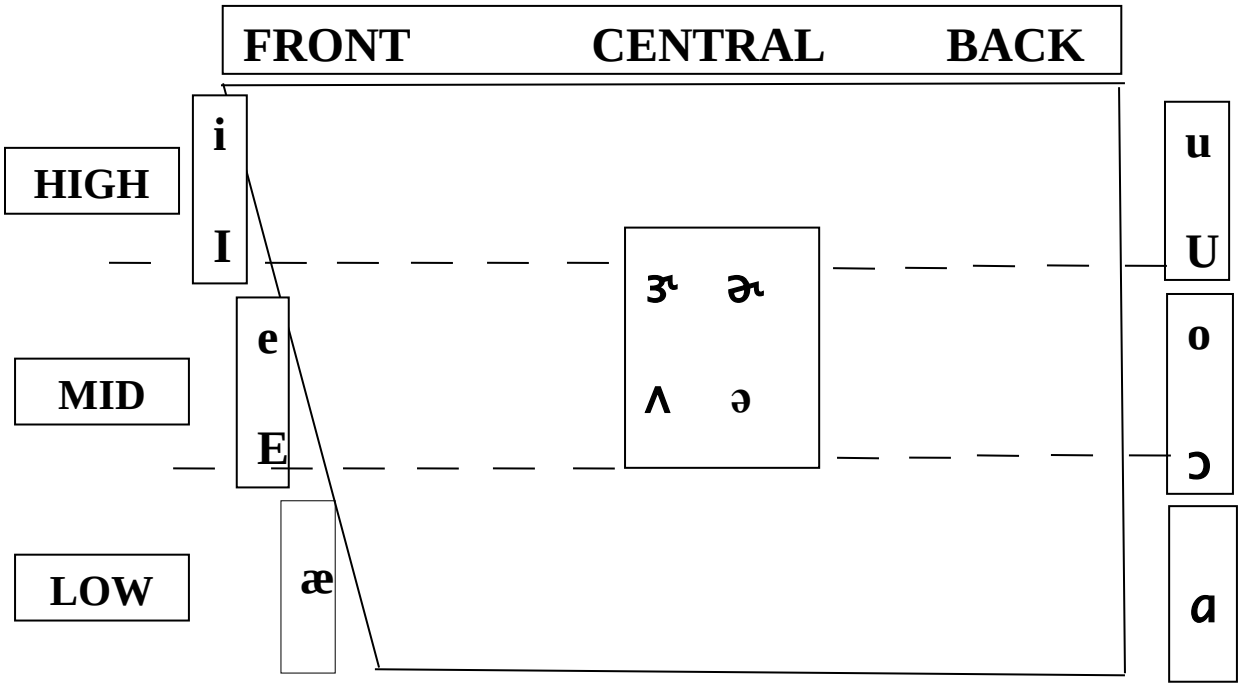
1. You’ve got it made!
2. Super!
3. That’s right!
4. That’s good!
5. You are very good at that.
6. Good work!
7. Exactly right!
8. You’ve just about got it.
9. You are doing a good job!
10. That’s it!
11. Now you’ve figured it out.
12. Great!
13. I knew you could do it.
14. Congratulations!
15. Not bad.
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

Figure 2. Mean age of acquisition of consonant phonemes organized according to age in years for (a) English across 15 studies using the 75%–85% and 90%–100% criteria, (b) Japanese across five studies using the 90%–100% criteria, (c) Korean across four studies using the 75%–85% criteria, and (d) Spanish across four studies using the 90%–100% criteria. Reprinted with permission from McLeod and Crowe (2018).



Source McCleod and Crowe 2018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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.

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

Bowen (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.asha.org/public/speech/disorders/ChildSandL.htm
http://www.asha.org/public/speech/disorders/AdultSandL.htm

VOICE DISORDERS

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

http://www.entusa.com/larynx_videos.htm#vocal%20cord%20paralysis

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

http://www.asha.org/public/speech/disorders/voice/

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://www.hearingaidhelp.com/hearing-audiology-associations.html

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.asha.org/public/speech/disorders/childhoodapraxia/

FLUENCY

- *The following website defines and describes different fluency disorders:*
  http://www.everyday-wisdom.com/fluency-disorders.html

SOCIAL ASPECTS

- T*he 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

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

- T*he following websites provide information explaining dysphagia in detail:*
  http://emedicine.medscape.com/article/324096-overview
  http://www.webmd.com/digestive-disorders/tc/difficulty-swallowing-dysphagia-overview

- T*he 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 slighlty 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 seperated. 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 purreed 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.speechteach.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.therapro.com/

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