Clinical Handbook
2018-2019

Policies and Procedures Manual for Graduate Students
Enrolled in Clinical Practicum

Department of Hearing and Speech Sciences
Vanderbilt Bill Wilkerson Center

VANDERBILT UNIVERSITY
MEDICAL CENTER

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Vanderbilt University is committed to the principles of equal opportunity and affirmative action.

APPENDICIES

I. WELCOME

The clinical education process is an exciting accompaniment to your academic program. Our goal in the Department of Hearing and Speech Sciences is to provide you with the highest quality clinical experiences. In your enrollment here, you will see individuals who exhibit many different disorders of speech, language, cognition, swallowing or hearing. They will be of all ages and from diverse backgrounds. We expect you to develop clinical skills for assessment and management of many human conditions across the lifespan. At the same time, we hope you will begin to get an idea of how you would wish your professional career to evolve and that you will identify areas of particular interest for your investigation and intervention in the future. It is our privilege to assist you in laying the foundation for your development as a professional, and we are confident that you will find The Vanderbilt University Medical Center an exciting, challenging, and supportive environment to do just that. The faculty and staff are committed to assisting you in this process, and we are available to you, not only in the clinics and classrooms, but in our offices and laboratories as well. We are excited to have you join us in the Department of Hearing and Speech Sciences.

Mary Sue Fino-Szumski, Ph.D., M.B.A., CCC-A
Director of Clinical Education

II. MISSION STATEMENT

The Mission of the Vanderbilt Bill Wilkerson Center for Otolaryngology and Communication Sciences is to serve persons with otolaryngological, communicative, and related diseases and disorders through care, education, and research. The following goals support this mission:

- Achieve and maintain excellence in patient care, education, and research.
- Promote exemplary patient care and serve our local and extended communities.
- Develop outstanding clinicians, scientists, and teachers in an environment that stimulates learning and discovery and cultivates professionalism, empathy, and compassion.
- Advance the knowledge base of medicine and communication sciences and related fields by continuing our role as a leading research institution
- Disseminate knowledge through continuing education of our students, residents, fellows, graduates, faculty, clinicians, and colleagues and promote public awareness and prevention of otolaryngological and communicative and related diseases and disorders.
- Ensure continuous improvement of operations and generate measurable benefits for our community, employees, students, patients, families, and other customers.
- Maintain our atmosphere of cooperation, collegiality, and mutual respect.
- Recognize individuality and foster personal growth of all who work and learn with us.

Our mission and goals are in harmony with the mission and goals of Vanderbilt University Medical Center. They will serve as guideposts for our decision making and how we conduct ourselves as members of the Vanderbilt Bill Wilkerson Center for Otolaryngology and Communication Sciences.

III. VUMC CREDO

- We provide excellence in healthcare, research and education.
- We treat others as we wish to be treated.
- We continuously evaluate and improve our performance

IV. CLINICAL RESPONSIBILITIES OF SUPERVISORS

The clinicians who are also supervisors have the primary responsibility for clinical patients. Their top priority is always to provide services to patients in an effective and efficient manner and, therefore, must be concerned at all times that the highest quality clinical services are provided. A secondary responsibility of supervisors is the clinical education of students. The interaction of the primary and secondary responsibilities presents a unique challenge to supervisors who must address both client and student concerns.

Because all clinicians who hold the Certificate of Clinical Competence may participate in clinical supervision, the department is committed to offering supervisor education on a regular basis. Each supervisor who is new to the center or who has not supervised in the past will be required to have an individual meeting with the Director of Clinical Education, their team leader, or the coordinator of the clinic in which they work in order to receive instruction in the supervisory process in general as well as in procedures specific to the site. In addition, an annual supervisor's workshop is conducted each year to provide supervisors with additional knowledge and skills to support supervisory activity. All supervisors are expected to attend, and ASHA continuing education units are awarded without cost to those who supervise students in the program, both at on-campus and off-campus sites.

Recognition is provided to supervisors for their work in clinical supervision. Supervisors who provide quality supervision to students receive the rank of Clinical Education Associate which is recognized in the career ladder. Supervisors who have maintained consistently superior supervisory skills for five or more years are recognized with the appointment to Senior Clinical Education Associate. Supervisors are responsible for guiding students to:

- Develop appropriate goals and strategies for evaluation and treatment
- Develop skills in utilizing a variety of clinical techniques
- Develop skills in utilizing a variety of clinical equipment/materials
- Develop clinical writing skills
- Develop self-evaluation skills
- Develop skills in patient and family counseling

To achieve the above goals, supervisors:

1. Observe students during clinical assignments (see guidelines within each clinic and meet or exceed stated ASHA requirements for observation)
2. Provide written/verbal feedback about observations
3. Suggest alternative procedures for implementing clinical goals
4. Edit diagnostic and other reports/plans
5. Demonstrate effective evaluation/treatment techniques as appropriate
6. Participate in patient and family counseling sessions
7. Foster independent clinical performance
8. Consult with students regarding clinical procedures

During all stages of clinical practice, students need feedback regarding performance. Ongoing regular feedback is critical to the development of effective clinical skills. Supervisors will direct students to the Student Performance Review Form (see Appendix G) as it contains the criteria used for assessing clinical skills and determining the final clinic grade during the semester. At the minimum, supervisors will have the following formal interactions with the student clinician for the purpose of evaluating the performance of the student assigned to them:

1. Goal setting for expected student performance will be completed at an initial conference using the area specific form developed for the clinical placement site.
2. Midterm evaluations of clinical performance will be provided and discussed with the progress toward goals identified.
3. The Student Performance Review form (to be turned in to the Director of Clinical Education (DCE) when completed) will be finalized at the end of the semester. The derived grade will be discussed with the student in the context of the goals achieved and not achieved, and the form will be signed by both supervisor and student.

Beginning Fall 2017, the Department of Hearing and Speech Sciences began a phased implementation of CALIPSO. "CALIPSO is a web-based application that manages key aspects of academic and clinical education designed specifically and exclusively for speech-language pathology and audiology training programs." (https://www.calipsoclient.com/) All new students enrolled in the speech-language pathology and audiology educational programs beginning Fall 2017 have their educational and academic requirements tracked in CALIPSO. For these students, mid-term evaluations and end-of-semester evaluations are completed in CALIPSO. Students enrolled prior to the CALIPSO implementation have their evaluations completed using Student Performance Review Form.

V. CLINICAL RESPONSIBILITIES OF STUDENT CLINICIANS

Clinical Assignments

1. Entering students will be assigned to clinical experiences based on admission information and the expectations for clinical skill development during the first semester of enrollment. Continuing students will be asked to indicate requests for assignments prior to the end of each semester on the Practicum Scheduling Planning Information form (see appendix H) and submit those requests to the DCE. The DCE will consider these requests in relation to the students' needs for knowledge and skill development as well as in regard to previous clinical assignments.
2. Based on the requests and admission information, proposals for placing students in specific sites will be given to the scheduling coordinators in the various clinics. The DCE will provide to those coordinators: the clinic schedule for the semester, the names of students assigned, academic schedules for the student, and the requested amount and type of experience to be obtained at that site. Coordinators and the DCE will discuss and resolve scheduling issues as needed.
3. The scheduling coordinators return specific assignments matching schedules, students, type of clinical experience, and supervisors for that site to the DCE, and the DCE will provide the students with assignments for that semester prior to the first day of clinic. These assignments will be made using the Individual Clinical Practicum Scheduling form (see Appendix I). Client names will not be indicated on the assignment forms, but contact information for supervisors will be provided. Only one student will be assigned to a supervisor in any single clinical slot.
4. All students must have on file a current CPR card. If the card expires during the course of the student enrollment, it is up to the student to obtain renewal training and provide documentation that it has been completed.
5. If SLP students have not participated in observation of clinical activities prior to enrollment, they will complete 25 clock hours of observation prior to any direct patient contact. Students will use the appropriate clock hour form (or CALIPSO for students entering Fall 2017 and later) to document these activities. In addition to the

regular clinical assignments received, the student may ask to observe additional sessions in order to complete this requirement more efficiently.

6. Students will contact the supervisor prior to the first day of clinic in order to set up an initial staffing/orientation at the clinical site. Some sites will provide different instructions for orientation, and site-specific directions will supercede this guideline. Each clinical site will have its own procedures for how and where students access clinical information and what policies and procedures are used at that site. Appropriate manuals and checklists will be provided to assist the student in managing these responsibilities in each clinical setting.
7. Students are expected to arrive prior to each clinical appointment (based on the clinic's expectations of appropriate arrival time) and to be prepared for the clinical assignment. Since supervisors are professional clinicians with primary patient care obligations, students will be guided and instructed through all phases of clinical service in an apprentice-type model.
8. Students are expected to fulfill all clinical assignments.
9. Students will maintain a clinical clock hour record using a separate clock hour form (See Appendix K) for each supervisor. The supervisor's ASHA number must appear on the form, and supervisors will sign to verify clock hours across the course of the semester. All clock hour forms accumulated during the semester are turned in at the end of the semester on a date specified by the Director of Clinical Education. (For students entering Fall 2017 and later, CALIPSO will be used to submit and track clock hours.)
10. At the conclusion of each semester, students will complete a Clinical Teacher Performance Evaluation (see Appendix L) for each supervisor. The information from these assessments is compiled and submitted to the coordinator or director for the appropriate clinic who will use the information as a part of the performance review process. For students using CALIPSO, the supervisor evaluation will be completed on CALIPSO.
11. Students will adhere to confidentiality and privacy guidelines for the medical center and specific to the clinic assigned. Upon entering the program, students are required to complete mandatory compliance instruction in regard to confidentiality, access to medical records, and safety issues. Students will be placed in clinic once they have completed the on-line training in these areas. Each site will have guidelines for accessing and using patient records. Some sites maintain both paper files as well as electronic files for clients. Students are cautioned to adhere to the guidelines for use of these materials.

VI. DEPARTMENTAL REQUIREMENTS FOR CLINICAL EDUCATION

All students in the Master of Science program in speech-language pathology and in the Doctor of Audiology program are required to engage in practicum as part of their enrollment. The skills and knowledge successfully obtained from the academic and clinical curricula will qualify the student for the Certificate of Clinical Competence from the American Speech-Language-Hearing Association (ASHA) as well as state licensure, where applicable. Audiology graduates will also qualify for American Board of Audiology Certification.

A sequence of clinical education is designed for each student to provide them with a comprehensive clinical experience and to lead to the development of the desired skills and knowledge for successful practice in the profession.

The clinical and academic training program, is designed so that all students will achieve the skills and knowledge outcomes delineated on the Knowledge and Skills Acquisition forms (see Appendix M). Each student will receive updates of their progress toward achieving the required skills and knowledge outcomes as they progress through the program. Students using CALIPSO will have access to KASA information through that system. While students may be exposed to opportunities for learning from both professions regardless of major, clock hour credit and the emphasis in professional training will be given to those clinical activities associated with the recognized Scope of Practice for the profession in which the student is majoring. The ASHA Scopes of Practice documents for audiology and speech-language pathology are provided in Appendix E. In addition to the knowledge and skills outcomes within their own scope of practice, students will met all of the other clinical and academic requirements for the Certificate of Clinical Competence awarded by ASHA.

Audiology

The first semester of the clinical program in audiology includes a weekly clinical case conference survey combined with observations and limited hands-on clinical experience. After completion of laboratory competencies, students engage in one or two half-days per week in one of the primary clinical sites (Odess Clinic, or 9th Floor Audiology clinic) of the department during the semester.

After the first semester, audiology students are assigned on a rotating basis to one of the three main clinics or other satellite opportunities as follows:

Spring 1 – 2 to 3 half-days/week
Summer 1 – 3 half-days/week
Fall 2 – 3 half-days/week
Spring 2 – 3 half-days/week
Summer 2 – 4 half-days/week
Fall 3 – 4 half-days/week
Spring 3 – 4 half-days/week
4th-year (beginning Summer 3) – full-time clinical assignment for 10-12 months

Speech-Language Pathology

Entering speech-language pathology students are enrolled in SLP 5240, a weekly case conference survey, and SLP 5305, a clinical practice course, to develop a foundation of skills and knowledge to permit clinical participation. Additionally, they are assigned to three half-days of clinical practicum under the 100% direction of a certified supervisor. While the survey in the 5305 class is expected to be sufficient to allow a student to have some information on which to base clinical activities, all clinics assess students' preparation for their clinical assignments and provide one-

on-one instruction, readings, demonstration, and modeling as appropriate until the student can demonstrate skills for limited engagement in hands-on therapy. This procedure is used for subsequent semesters if classes have not been completed that would underpin the clinical experience. After the first semester, speech-language pathology students engage in 4-5 half-days per week of clinical assignments. The 5th semester (or 6th semester, depending on admission qualifications) includes a 10-week full-time externship.

VII. PROFESSIONALISM

Professionalism is difficult to define precisely, although almost everyone can recognize it when they see it—and, perhaps more importantly, perceive its absence. The characteristics of professionalism which are more readily discussed include such aspects as clinical dress, promptness, preparedness, and responsibility for tangible items like materials and equipment. However, those characteristics that set a professional apart from a technician are the more intangible aspects of professionalism. The application of accepted theoretical and ethical principles, the use of evidence-based practice, a commitment to the welfare of the patient, cooperation with other professionals, respect for patients and family members and their privacy, and a willingness to accept direction from those who are more experienced are integral aspects of professionalism. During the clinical practicum experience, students will have the opportunity to observe clinicians, faculty, and other students providing examples of professional behavior. It is expected that students will emulate those who provide the best examples.

The Student Performance Review Form guides supervisors in evaluating the professional behaviors of students (See Appendix G-1 and G-2), however, students are also expected to demonstrate the less measurable aspects of professionalism which are not listed on the form but which nonetheless will be evaluated.

VIII. ETHICS

Professional ethics and ethical conduct have moved to the forefront of the thinking of patients and service providers in recent years. This may be a reaction to a period when it appeared that professions were only giving lip-service to their ethical responsibilities. For whatever reason, the increasing emphasis on ethics and the relationship of ethical conduct to evidence-based practice is extremely positive. All individuals who teach or provide services in the Department of Hearing and Speech Science are expected to abide by a Code of Ethics. The Code of Ethics of the American Speech-Language-Hearing Association (ASHA) is provided in Appendix I. In its preamble, the code is described as both inspirational and aspirational. While we aspire to abide by the Code's tenets, it should also inspire us to better practice than even that which is described in its principles and rules. The ASHA Code of Ethics delineates our responsibility to the welfare of our patients, our responsibility to behave as a professional, as well as our responsibilities to other professionals and to the public. While this code describes principles and rules for the professions of audiology and speech-language pathology, it is clearly based on the ethical values of autonomy, beneficence, confidentiality, harm avoidance, justice, professional responsibility, and truth.

All students, as well as faculty members and clinicians, are expected to abide by the Code of Ethics of the American Speech-Language-Hearing Association in their conduct of clinical and academic responsibilities in the department. It is assumed that those values which are practiced here will continue to guide the student as they enter the profession upon graduation.

IX. PATIENT RIGHTS

Vanderbilt University Medical Center and its departments and clinics have a strong commitment to patient rights. Our Center provides treatment without regard to race, creed, sex, nationality, gender, or source of payment. Our patients are entitled to safe, considerate, respectful and dignified care at all times. Patients are encouraged to ask questions about their rights if they do not understand. If patients have concerns about the quality of care received, they are encouraged to contact the Office of Patient Relations: 615-322-6154.

At intake each patient is given the Vanderbilt publication "Patient Rights and Responsibilities," which provides details about patients' rights. This publication is available in Spanish upon request. Students should be familiar with this document and be prepared to explain it to patients who have questions (See Appendix A).

X. PATIENT PRIVACY

Vanderbilt University Medical Center is committed to patient privacy. Information about patients and their health is personal and private. The Vanderbilt Bill Wilkerson Center is also committed to protecting the documents and records of the care and services we provide. While documentation is an extremely important part of quality care, the center and its representatives must comply with requirements regarding the ways in which clinical information can be used and shared. Patients will receive information in the form of a Notice of Privacy Practices (Appendix B) which further describes their legal rights to confidentiality. This notice is available from all clinical sites. Students should read and be aware of the contents of this document and be prepared to answer patient questions about it. Additionally, an internal VUMC document on HIPAA (Appendix C) is available to all clinicians and students to further amplify the effect of HIPAA on clinical activities within the center.

All students must engage in the medical center's HIPAA training program upon enrollment in the department. This training is conducted as part of pre-orientation on-line activities. Additionally, students must read and sign the Vanderbilt Confidentiality Agreement (Appendix D). This agreement with original signature will be filed in the office of the Director of Operations, and a copy will be kept in the student file.

XI. STUDENT USE OF MEDICAL RECORDS

<u>Introduction</u>

Documentation of a patient encounter is as important when a graduate student assists a qualified provider (supervisor) in providing the care as when care is rendered by the qualified provider only. Requirements for accurate and comprehensive documentation are essential when student learning is involved. Documentation justifies why a patient was seen, the assessment or treatment procedures used, the results of assessment and treatment, and the recommendations for follow-up. To become a competent professional, students-in-training must learn how to complete assessments and treatments and also how to record clinical activities for the benefit of the patient, for continuity of care, and to gain reimbursement for the services rendered.

Medicare allows limited billable interactions between students and beneficiaries. Guidelines for line-of-sight supervision and responsibility for clinical decision making by the qualified professional may be accessed and are applicable to Medicare Part A (hospital and skilled nursing facility patients), Medicare Part B, and Medicaid patients. While all services to patients governed by CMS guidelines must adhere to those rules, the purpose of this document is to address only issues associated with documentation in the electronic medical record in regard to student-authored reporting.

Policy

It is accepted policy in the Department of Hearing and Speech Sciences (DHSS) that graduate students in speech-language pathology and audiology may participate in the submission of documentation to the electronic medical record. The supervisor and primary provider of the service should determine the student's role in documentation based on knowledge of the student's level of clinical competency and familiarity with the electronic record system. The supervisor must sign all documentation. The student can author the documentation and, optionally, can sign in addition to the supervisor. The supervisor's signature is necessary for billing/reimbursement and to verify the accuracy of the information that has been documented (Pub 100-02 Medicare Benefit Policy Manual, Chapter 15 (Covered Medical and Other Health Services), sections 200 and 230). The qualified professional is responsible for the services and, as such, signs all documentation.

The supervisor's signature, when the student has contributed to the report, indicates that the supervisor has reviewed, edited, and approved all entries into the medical record and that the record accurately reflects the care and recommendations for the patient on the date of service. To alleviate concerns about plagiarism of student-authored notes, one of the following descriptors may be used to clarify authorship in the medical record:

1. Treatment was conducted with one-on-one supervision of co-signing therapist
2. Co-signing therapist provided onsite supervision during the course of today's care. Treatments rendered were determined to be appropriate for patient's current status.
3. Co-signing therapist provided onsite supervision during the course of today's care and added comments

(Message from C. Lackey, Informatics Center, to M. Fino-Szumski, 9/14/2010, re: Cosign notations)

In most instances it appears that Option #3 above would best reflect the typical scenario when a student assists in the evaluation/treatment session, prepares some or all of the report of the session which is edited by the supervisor, and receives final approval from the supervisor for the report to be submitted. In all instances, all guidelines for use of the electronic medical records system must be observed, notably that a student or a supervisor must be signed in under their own name and password to enter information into the record.

Departmental policies which comply with Medical Center policies for student access to the electronic medical record system are given below.

Use of eStar/Audbase/TIMS

eStar, Audbase, and TIMS are the electronic record keeping programs used within the Department of Hearing and Speech Sciences. All patients will have information regarding intake and treatment in the medical record system. Only qualified providers (certified clinicians) are able to enter information independently into any of the healthcare documentation systems. However, learning an electronic charting system is considered to be a desirable component of student clinical education. As such, guidelines have been developed for student/supervisor use of the

systems. Additionally, all students must engage in the appropriate eStar, Audbase, and/or TIMS training as part of their orientation program in order to understand the regulations for accessing and sharing information within the system. The use of electronic patient care information is also governed by patient privacy guidelines and HIPAA requirements.

Student Access to Electronic Medical Records – Departmental Policy

1. Security Clearances: All MS-SLP and AuD graduate students will be expected to have completed basic training for eStar and to have signed an annual confidentiality agreement and received security clearance prior to having received their personal access eStar access.
2. Competencies: Beyond basic eStar training, unit-specific training for students may be provided as needed. Audiology students will receive training and access to Audbase and TIMS where required and appropriate. Competencies may be evaluated according to the guidelines in each division/program.
3. Passwords: At no time is any supervising clinician to allow a student to access the electronic medical record via his/her password. Sharing the password with another person is considered to be a HIPAA violation requiring suspension.
4. Access to the records: Students will be allowed to access, via their own passwords, any record that directly relates to a case within their current clinical assignments. They may review and access information in the records only when they have a legitimate "need to know" that information. Access is monitored and must be directly related to patient care.
5. Inputting documentation: Students are not to document any information within the medical record without direct instructions from a supervisor and only in the following conditions:
    a. Treatment was conducted with one-on-one supervision of co-signing therapist
    b. Co-signing therapist provided onsite supervision during the course of today's care. Treatments rendered were determined to be appropriate for patient's current status.
    c. Co-signing therapist provided onsite supervision during the course of today's care and added comments.
6. Protection of Health Information: At no time is a medical record to be printed by students for review. At no time is the medical record to be accessed from home (requires a security clearance), and at no time are any paper clinical records of any kind to be duplicated, Xeroxed, and/or removed from the facility.
7. Limitation to the medical record system: Protected health information may not be developed in Word Documents or e-mailed, faxed, or transmitted in hard copy outside of the electronic medical record.
8. Use of medical records for Clinical Case Conference/Class Case Presentations: Students may access the entire electronic record for a patient to whom they have been assigned for purposes of a clinical case conference or class case presentation. However, all patient identity that is part of the protected health information must be removed prior to the presentation.
9. Research: Medical records cannot be accessed for research purposes unless the protocol for the study and medical record access has been approved by the Institutional Review Board (IRB).

XII. DRESS CODE

The Vanderbilt University Medical Center Dress Code applies to all personnel at the Medical Center and affiliated off-campus sites. The dress code specifically addresses patient care areas. The clinic directors in the Department of Hearing and Speech Sciences (DHSS) at the Vanderbilt Bill Wilkerson Center have decided that it is important that students adhere to the same dress code as staff members when they are in patient-care areas. Please understand that the dress code is for the purpose of demonstrating respect to our patients, their families, and other professionals. Practicum assignments in hospital areas will require the use of a lab coat, and all students should purchase a blazer-style lab coat for this purpose.

Dress Code guidelines are as follows:

- ID badges/Nametags must be worn in clear sight above the waist with name, title and picture clearly visible.
- Apparel must be clean, neat, and in good condition.
- Dresses and skirts should be no shorter than 2 inches above the very top of the knee.
- Hair should be clean, neatly trimmed, and contained in such a manner that it does not come in contact with the patient or visitors.
- As specified by OSHA standard, personnel providing direct patient care wear socks or stockings and shoes with impermeable enclosed toes. Shoes are constructed of an impervious, non-absorbent material, clean and in good repair.
- Fingernails should be clean and well cared for and no longer than ¼ inch from the fingertip in length. Artificial and long natural fingernails are not permitted for those providing direct patient care. The definition of artificial fingernails includes, but is not limited to, acrylic nails, all overlays, tips, bondings, extensions, tapes, inlays, and wraps. Nail jewelry is not permitted. Nail polish, if worn, is well maintained. Chipped nail polish is not allowed.
- Lab coats or uniforms may be worn by graduate students.

The following are not allowed:

- Faded, torn, ripped, or frayed clothing;
- Midriff or off-the-shoulder blouses, sweaters, or dresses;
- Tight, sheer, or revealing clothing;
- Clothing with advertisements, sayings, or logos, with the exception of unit-approved VUMC apparel when worn as part of the uniform;
- Spaghetti strap or strapless shirts or dresses;
- Scrubs except for when providers are scheduled to be in the operating room or are part of the job uniform.
- Denim material and colored denim of any kind (jeans, jackets, skirts, shirts or vests).

- Visible or gross tattooing on face, neck, arms, or hands; tattoos 1 inch in size-graphic/disturbing, e.g., displaying violence, gangs, drugs, sex, alcohol, or tobacco products. Visible tattoos greater than 1 inch in size should be covered.

- Visible body piercing/jewelry except for ears and small nose studs. Earrings and nose studs should not distract patient care.

- Gauged ears. Flesh colored plugs must be worn at work.

- Shorts or sports attire, unless part of the unit-approved VUMC uniform; Exception: knee length dress shorts with jacket or vest for women (no denim material).

- Sports attire including jogging suits, sweat pants, or lycra leggings unless required for a specific position.

- Hats, caps, bandanas, plastic hair bags/shower caps worn in the building, excluding surgical/medical coverings. (Head covering for safety purposes or established religious customs are excluded from this policy.)

- Flip-flops or sports sandals, excluding clogs and sling backs.

- Noticeable cologne, after shave, scented lotion, or perfume worn in patient care areas.

In selecting clothing that adheres to these standards, students should also be governed by the concept of professionalism. Patients should recognize student clinicians as knowledgeable service providers. As such, the image a student presents is extremely important. Clothing that is too casual may appear disrespectful to older patients. Clothing that is too revealing or tight may also project an incorrect image. Students should always be aware that patients' families or other professionals may be observing their work in our clinic areas. When viewed from the observation room, the student's clothing is visible from front and back, and attention should be given to the image portrayed from all sides. Supervisors will assist students in determining if visible tattoos should be covered during clinical activities; however, tattoos on the lower back and in the waist area should never be exposed since the midriff and surrounding areas must be covered at all times. Tattoos greater than 1 inch in size, anywhere on the body, must be covered. In most instances professional dress differs significantly from clothing that is acceptable for lounging and sports activities, attendance at religious services, and participation in social outings. Supervisors are expected to give students feedback regarding clinical attire. If students feel that a supervisor is not modeling appropriate clinical dress, then the student should discuss concerns with the supervisor first. If a pattern of inappropriate clinical attire continues, the student may bring his or her concerns to the Director of Clinical Education and should not assume that they may emulate the style of dress of the supervisor.

In some clinics, dress codes may vary. Some clinics will require the use of laboratory coats while others will allow scrubs to be worn due to the nature of the clinical activity. Clinics in which young children are treated may allow students to wear clothing which will be comfortable when sitting on the floor and that will resist stains. In all instances, it is appropriate for the student to seek guidance from the supervisor.

The image that students present in our clinics becomes a part of the patient's overall impression of the DHSS, Vanderbilt Bill Wilkerson Center, and the Vanderbilt University Medical Center. It is expected that the image will enhance patients' positive perceptions of these centers. (Rev. 08/25/17)

XIII. ATTENDANCE

Student attendance is required at every clinical session throughout the duration of each practicum assignment unless otherwise scheduled by the supervisor. Only those absences due to illness or similar unanticipated emergencies may be excused; these should be reported immediately and directly to the supervisor. In rare instances, a student may be excused from a particular clinical appointment for a compelling reason. When this occurs, the student must work with the supervisor to make up the session. Patient appointments should never be cancelled without consultation with the supervisor. If the supervisor cannot be reached directly, then a voice mail message should be left. Clinical attendance may be rescheduled for limited reasons (ex: special presentation by guest speaker, conference, etc.) at the direction of the Director of Clinic Education. These cases will be communicated to students and supervisors in advance of the event. Clinical practicum and class instruction are viewed as equally important components of graduate education.

Student clinician absences do impact clinical/supervisory operations in several ways. If absences are repeated, they may leave supervisors, clients, and/or parents with the impression that clinical work is less important to the student than are classes or other activities. If clients need to be cancelled, clinic revenue is lost. If a supervisor needs to rearrange the day's schedule, cancel another commitment, find someone else to assist, or conduct a substitute treatment session with a lesson plan, valuable time is lost to the patient involved and the continuity of service may be disrupted. Finally, if projected skills and knowledge outcomes are not achieved by the end of a particular assignment, a student's future clinical placement options may be limited.

The role of a student clinician, whether at the beginning or advanced levels, should be undertaken as responsibly and seriously as that expected of a certified clinician in any work setting. The purpose of supervised practicum is not only to develop clinical skill but also to instill professional responsibility.

XIV. USE OF INTERPRETERS

It is the policy of the Medical Center to provide qualified interpreter services (either in-person or by telephone) for patients whose primary language is other than English. If you are scheduled for a patient who requires interpreter services, consult with your supervisor on the interpreter services that have been arranged for the patient visit. Students should familiarize themselves with the guidelines for the use of interpreters in clinical settings by accessing this information on the ASHA web site as well as in print and other materials in the clinical areas. Supervisors can also provide valuable guidance in these instances.

XV. GRIEVANCE POLICY

Students who have a grievance regarding performance evaluations or other matters that they have been unable to resolve with a supervisor or professor should take their concerns to a third party. If the complaint is with a supervisor, then the student should confer with the Director of Clinical Education. If the complaint is regarding an academic grade, then the student should meet with the academic advisor (unless the advisor is the person involved in the complaint, and then the student should meet with the Vice Chair for Graduate Studies). If the advisor is unable to help the student resolve the grievance, then the student should meet with the Vice Chair for Graduate Studies. In instances in which there are both academic and clinical concerns, the student may ask to meet with both the Vice Chair for Graduate Studies and the Director of Clinical Education. If resolution still is not achieved, the student may go to the Chairman of the Department. Students may then follow university procedures for complaining to the Medical School as appropriate. The student may seek guidance or communicate directly with the Council on Academic Accreditation (CAA) if they choose.

It students have concerns regarding sexual harassment, discrimination, or intimidation, they are referred to the Vanderbilt University web site for Equal Opportunity, Affirmative Action, Disability Services (https://www.vanderbilt.edu/eeo/). This site provides procedures for filing a complaint or formal grievance.

XVI. SUMMARY

This manual is a tool to facilitate students in navigating their clinical responsibilities. Students should become familiar with its content as well as the appended documents. This manual is a useful reference tool through the graduate program. If there are questions regarding the content of this manual, the student is urged to ask the Director of Clinical Education for clarification.

Your Rights and Responsibilities as a Patient

We will treat you without regard to your race, nationality, religion, beliefs, age, disability, sex, sexual orientation, gender identity or expression, or source of payment.

You have the right to considerate and respectful care, including the right to:

- Be safe from abuse or harassment.
- Have your pain treated.
- Have your doctor and a friend or member of your family told that you are in the hospital.
- Be free from being restrained or secluded, unless needed for your care.
- Wear appropriate clothing or cultural or religious items as long as doing this doesn't interfere with your treatment.
- Know the names of the people caring for you, what they do, and who they work for.
- Have an interpreter at no cost if you need one.
- Have an assistive (service) animal or aid if you need one.
- See your bills and have them explained to you.
- Talk with other doctors (at your own expense).
- Have your complaints handled fairly. Your care will not be affected if you share any complaints with us.

You have the right to privacy, including the right to:

- Be examined in as private an area as possible.
- Have someone of your own sex with you when you are examined.
- Have your medical information kept private, as provided by law.
- Not have any photos or videos taken of you unless you agree to this, except as needed to treat you.

You have the right to be involved in all aspects of your care. This includes the right to:

- Know what your problem is and what this might mean for you.
- Share in decisions about your care, including getting information in a way that you can understand.
- Be told what you can expect from your treatment, its risks and benefits, other choices you may have, and what might happen if you are not treated at all.
- Have your wishes for advance care (living will, power of attorney) or organ donation followed.
- Meet with an ethicist, chaplain, or advocate to talk about ethical issues and policies.
- Refuse tests or treatment (as far as the law allows) and to be told what might happen if you do.
- Leave the hospital (as far as the law allows) even if advised against it. If this happens, we will not be responsible for any medical issues that may result.
- Be involved in research only if you agree to this in writing.
- Be given information about any ongoing care you may need after you leave the hospital. You will not be sent to another place without being told why.
- Have a support person of your choice with you in the hospital or clinic exam room unless the presence of that person interferes with your care or other patients' care.

To keep you safe, we encourage you to become actively involved in your care by:

- Confirming to us which part of your body will be operated on.
- Reminding us to check your ID band before we give you medicine or blood.
- Making sure we wash or foam our hands before caring for you.
- Checking for our ID badge.
- Asking questions.
- Knowing what medicines you are taking and why.

It is your responsibility to:

- Give us truthful and complete information about your health, medicines, and insurance.
- Ask any questions you may have about your treatment and what you need to do to take care of yourself.
- Follow your plan of treatment.
- Give us a copy of any living will, power of attorney, or donor forms you may have.
- Follow all hospital and clinic rules, including the no smoking policy.
- Respect other patients, visitors, staff, and property.
- Tell us if you are concerned about or notice any changes in your condition.
- Make sure your bills are paid.
- Go to all of your appointments and be on time.
- Let us know if you are concerned about your privacy.

If you have concerns or complaints:

- If you are a patient at Vanderbilt Psychiatric Hospital, contact the Patient Advocate at 615-327-7085. Otherwise, contact the Office of Patient Affairs at 615-322-6154. Any member of our staff can help you with this.
- You may also contact the Joint Commission at 630-792-5800 or http://www.jointcommission.org.
- Or you may contact the Tennessee Department of Health:

  State of Tennessee
  Department of Health Care Facilities
  West Tennessee Regional Office
  2975 Highway 45 Bypass
  Jackson, TN 38305
  Phone: 800-778-4504
  Fax: 731-512-0063

If you have TennCare and have problems getting medical care, ask for a copy of the TennCare medical appeal form. You may also contact:

TNCARE Solutions
PO Box 593
Nashville, TN 37202-0593
Phone: 800-878-3192
TTY/TDD: 800-772-7647
Español: 800-254-7568

This information is available in Spanish upon request.

Solicite la versión en español de esta información.

MC-1335 – 08/11

VANDERBILT UNIVERSITY
MEDICAL CENTER

Notice of Privacy Practices

Effective January 1, 2017

This Notice tells how your medical information may be used or shared. It also tells how you can get your information. Please read it carefully. Ask us if you have any questions. Or call the Privacy Office at (615) 936-3594.

Why We Keep Information about You

We keep medical information about you to help care for you and because the law requires us to.

The law also says we must:

- protect your medical information
- give you this Notice
- follow what the Notice says.

What the Words We Use Mean

- "Notice" means this Notice of Privacy Practices.
- "VUMC" means Vanderbilt University Medical Center, its staff, and any affiliated organizations covered by the Notice. (Covered entities are listed at the end of the Notice.)
- "We," "our," or "us" means one or more VUMC organizations, providers, or staff.
- "You" means the patient that the medical information is about.
- "Medical information" means all the paper and electronic records related to a patient's physical and mental health care—past, present, or future. These records tell who the patient is and include information about billing and payment.
- "Use" means sharing or using medical information within VUMC.
- "Share" means giving medical information, or access to information, to someone outside VUMC.

How We May Use and Share Information about You

We use electronic record systems to manage your care. These systems have safeguards to protect the information in them. We also have policies and training that limit the use of information to those who need it to do their job.

Doctors and other people who are not employed by VUMC may share information they have about you with our employees in order to care for you.

Hospitals, clinics, doctors, and other caregivers, programs, and services may share medical information about you without your consent for many reasons. Here are just a few examples:

For Health Information Exchanges (HIEs)

We will send your health information to any of the Health Information Exchanges (HIEs) that Vanderbilt participates in. A Health Information Exchange (HIE) is a secure electronic system that helps health care providers and entities such as

health plans and insurers manage care and treat patients. We will send your health information to the Vanderbilt Health Affiliated Network (VHAN) HIE, the Epic Care Everywhere HIE, and other HIEs we choose to participate in. Information about your past medical care and current medical conditions and medicines is available not only to us but also to non-VUMC health care providers who participate in the HIE. You have the right to opt out of the HIE. However, even if you do, some of your health information will remain available to certain health care entities as permitted by law.

If you have questions or would like to opt out of any of the HIEs, contact the Privacy Office at (615) 936-3594.

For Treatment

We may use and share medical information to treat you. For example, a doctor treating you for a broken leg will need to know if you have diabetes because diabetes can slow healing. The doctor may need to tell food services that you have diabetes so the right meals can be prepared for you.

We may also share medical information about you so that you can get

- medicine, medical equipment, or other things you need for your health care
- lab tests, x-rays, transportation, home care, nursing care, rehab, or other health care services.

Medical information may also be shared when needed to plan for your care after you leave VUMC.

For Billing and Payment

We may use and share your information so that we and others who have provided services to you can bill and collect payment for these services. For example, we may share your medical information with your health plan:

- so your health plan will pay for care you got at VUMC
- to get approval before doing a procedure
- so your health plan can make sure they have paid the right amount to VUMC.

We may also share your information with a collection agency if a bill is overdue.

For Business Reasons

We may use and share information about you for business reasons. When we do this, we may, if we can, take out information that identifies who you are.

Some of the business reasons we may use or share your medical information include:

- to follow laws and regulations
- to train and educate
- for credentialing, licensure, certification, and accreditation
- to improve our care and services
- to budget and plan
- to do an audit
- to maintain computer systems
- to evaluate our staff
- to decide if we should offer more services
- to find out how satisfied our patients are
- to bill and collect payment.

We may also allow access to your information to those health care providers and their authorized representatives that are members of an organized health care arrangement with VUMC. The members of such an arrangement are operationally or clinically integrated and may participate jointly in utilization review, quality assessment and improvement, or payment activities. Anyone we share information with in order to do these tasks on behalf of or in partnership with us must also protect and restrict the use of your medical information.

To Contact You about Appointments, Insurance, and Other Matters

We may contact you by mail, phone, text, or email for many reasons, including to:

- remind you about an appointment
- register you for a procedure
- give you test results
- ask about insurance, billing, or payment
- follow up on your care
- ask you how well we cared for you.

We may leave voice messages at the telephone number you give to us. If you choose to have us contact you by text, texting charges may apply.

To Tell You about Treatment Options or Health-related Products and Services

We may use or share your information to let you know about treatment options or health-related products or services that may interest you.

For Fundraising

We may use your name, address, phone number, the dates and places you got services at VUMC, and the names of your doctors to contact you to try to raise money for VUMC. You have the right to ask not to be contacted for fundraising. If we contact you, we will tell you how to prevent future contact if you wish.

For the Hospital Directory

If you are admitted to the hospital, your name, where you are in the hospital, your general condition (such as "fair" or "stable"), and your religion is included in the patient directory at the information desk. This helps family, friends, and clergy visit you and learn your condition. Except for your religion, this information may be shared with visitors or phone callers who ask for you by name. Unless you tell us not to, your religion may be shared with a member of the clergy, such as a priest or rabbi, even if you aren't asked for by name.

If you ask us to take your name from the directory, we will not share your information even if you are asked for by name.

To Inform Family Members and Friends Involved in Your Care or Paying for Your Care

We may share information about you with family members and friends who are involved in your care or paying for your care. Whenever possible, we will allow you to tell us who you would like to be involved in your care. However, in emergencies or other situations in which you are unable to tell us who to share information with, we will use our best judgment and share only information that others need to know. We may also share information about you with a public or private agency during a disaster so that the agency can help contact your family or friends to tell them where you are and how you are doing.

For Research

We may use and share medical information about you for the research we do to improve public health and develop new knowledge. For example, a research project may compare the health and recovery of patients who received one medicine for an illness to those who received a different medicine for the same illness. We use and share your information for research only as allowed by federal and state rules. Each research project is approved through a special process that balances the research needs with the patient's need for privacy. In most cases, if the research involves your care or the sharing of medical information that can identify you, we will first explain to you how your information will be used and ask your consent to use the information. We may access your medical information before the approval process to design the research project and provide the information needed for approval. Health information used to prepare a research project does not leave VUMC.

To Stop a Serious Threat

We may share your medical information to prevent a serious and urgent threat to the health and safety of you or someone else. For example, a threat to harm another person may be reported to the police.

For Organ, Eye, and Tissue Donation

We share medical information about organ, eye, and tissue donors and about the patients who need the organs, eyes, and tissues with others involved in getting, storing, and transplanting the organs, eyes, and tissues.

With Military Authorities

If you are a member or veteran of the armed forces, we may share your medical information with the military as authorized or required by law. We may also share information about foreign military personnel to the proper foreign military authority.

For Workers' Compensation

We may share medical information about you with those who need it in order to provide benefits for work-related injuries or illness.

For Health Oversight and Public Health Reporting

We may share information for audits, investigations, inspections, and licensing with agencies that oversee health organizations.

We may also share your medical information in reports to public health agencies.

Some reasons for this include:

- to prevent or control disease and injuries
- to report certain kinds of events, such as births and deaths
- to report abuse or neglect of children, elders, or dependent adults
- to report reactions to medicines or problems with medical products
- to tell people about recalls of medical products they may be using
- to let someone know that they may have been exposed to a disease or may spread a disease
- to notify the authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence.

For Lawsuits and Disputes

We may share your medical information as directed by a court order, subpoena, discovery request, warrant, summons, or other lawful instructions from a court or public body when needed for a legal or administrative proceeding.

With Law Enforcement and Other Officials

We may share your medical information with a law enforcement official as authorized or required by law:

- in response to a court order, subpoena, warrant, summons, or similar process
- to identify or find a suspect, fugitive, material witness, or missing person
- if you are suspected to be a victim of a crime. (We generally do this with your permission)
- because of a death we believe may have been caused by a crime
- because of criminal conduct at the hospital
- in an emergency: to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime
- if you are under the custody of the police or other law enforcement official.

We May Also Share Your Medical Information with:

- coroners, medical examiners, and funeral directors, so they can carry out their duties
- federal officials for national security and intelligence activities
- federal officials who provide protective services for the President and others, such as foreign heads of state, or to conduct special investigations
- a correctional institution if you are an inmate
- a school to confirm that you have been immunized.

Other Uses of Your Medical Information

We will not use or share your medical information for reasons other than those described in this Notice unless you agree to this in writing. For example, you may want us to give medical information to your employer. We will do this only with your written approval. Likewise, we would not use your information for marketing, sell your information, or share psychotherapy notes without your written approval. You may revoke the approval in writing at any time, but we cannot take back any medical information that has already been shared with your approval.

Your Rights Regarding Your Medical Information

The records we create and maintain using your medical information belong to VUMC, but you have the following rights:

Right to Review and Get a Copy of Your Medical Information

You have the right to look at and get a copy of your medical information, including billing records. You must make your request in writing to Health Information Management at the address listed at the end of this Notice. We may charge a fee to cover copying, mailing, and other costs and supplies. In rare cases, we may deny your request for certain information. If we deny your request, we will give you the reason why in writing. In some cases, you may ask that the denial be reviewed by a licensed health care professional chosen by VUMC.

Right to Ask for a Change in Your Medical Information

If you think our information about you is not correct or complete, you may ask us to correct your record by writing to Health Information Management at the address listed at the end of this Notice. Your written request must say why you are asking for the correction. We will respond in 60 days.

If we agree, we will tell you and correct your record. We cannot take anything out of the record. We can only add new information to complete or correct the existing information. With your help, we will notify others who have the incorrect or incomplete medical information.

If we deny your request, we will tell you why in writing. You will then have the right to submit a written statement of 250 words or less that tells what you believe is not correct or is missing. We will add your written statement to your records and include it whenever we share the part of your medical record that your written statement relates to.

Right to Ask For a List of When Your Medical Information Was Shared

You have the right to ask for a list of when your medical information was shared without your written consent.

This list will NOT include uses or sharing:

- for treatment, payment, or business reasons
- with you or someone representing you
- with those who ask for your information as listed in the hospital directory
- with family members or friends involved in your care
- in those very few instances where the law does not require or permit it
- as part of a limited data set with direct identifiers removed
- released before April 14, 2003.

You must request this list in writing from the Privacy Office at the address listed at the end of this Notice. Your request must state the time period for which you want the list. The time period may not be longer than 6 years from the date of your request. The first list you ask for within a 12-month period will be free. You may be charged a fee if you ask for another list in that same 12-month period.

Right to Notice in Case of a Breach

You have a right to know if your information has been breached (not treated according to our rules). We will follow what the privacy laws require to let you know if your information has been shared in error.

Right to Ask for Limits on the Use and Sharing of Your Medical Information

You have the right to ask that we limit the use or sharing of information about you for treatment, payment, or business reasons. You also have the right to ask us to limit the medical information we share about you with someone involved in your care or paying for your care, such as a family member or friend. For example, you could ask that we not share information about a surgery you had. Except for the sharing of information with health plans described in the next section, we reserve the right to accept or reject your request. Generally, we will not accept limits for treatment, payment, or business

reasons. We will let you know if we do not agree to your request. If we do agree, our agreement must be in writing, and we will follow your request unless the information is needed to treat you in an emergency. We are allowed to end a limit if we tell you. If we end a limit, only medical information that was created or received after we notify you will be affected.

You must make your request to limit the use and sharing of your medical information in writing to the Privacy Office at the address listed at the end of this Notice. In your request, you must tell us

- what information you want to limit
- whether you want to limit our use or sharing of the information, or both
- AND to whom you want the limits to apply.

Right to Limit Sharing of Information with Health Plans

If you paid in full for your services, you have the right to limit the information that is shared with your health plan or insurer. To do this, you must ask before you receive any services. Let us know you want to limit sharing with your health plan when you schedule your appointment.

Any information shared before we receive payment in full, such as information for pre-authorizing your insurance, may be shared. Also, because we have a medical record system that combines all your records, we can limit information only for an episode of care (services given during a single visit to the clinic or hospital). If you wish to limit information beyond an episode of care, you will have to pay in full for each future visit as well.

Right to Ask for Confidential Communications

You have the right to ask us to communicate with you in a certain way or at a certain place. For example, you can ask that we contact you only at work or only using a post office box. You must make your request in writing to the Privacy Office at the address listed at the end of this Notice. You do not need to tell us the reason for your request. Your request must say how or where you wish to be contacted. You must also tell us what address to send your bills for payment. We will accept all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using any information we have.

Right to Get a Paper Copy of This Notice

You have the right to get a paper copy of this Notice, even if you have agreed to receive it electronically. You may get a copy:

- at any of our facilities
- by contacting the Privacy Office at the number listed at the end of this Notice
- at VanderbiltHealth.com.

Changes to this Notice

We have the right to change this Notice at any time. Any change could apply to medical information we already have about you, as well as information we receive in the future. The effective date of this Notice is on the first page of the Notice. A copy of the current Notice is posted throughout VUMC and at VanderbiltHealth.com.

How to Ask a Question or Report a Complaint

If you have questions about this Notice or want to talk about a problem without filing a formal complaint, please contact the Privacy Office at (615) 936-3594. If you believe your privacy rights have been violated, you may file a complaint with us. Please send it to the VUMC Privacy Official at the address listed at the end of this Notice. You may also file a complaint with VUMC Patient Relations or the Office of Civil Rights at the addresses listed at the end of this Notice. You will not be treated differently for filing a complaint.

VUMC Operations and Affiliates That Will Follow the Rules of this Notice:

- Vanderbilt University Hospital
- Vanderbilt Psychiatric Hospital
- Monroe Carell Jr. Children's Hospital at Vanderbilt
- Vanderbilt Medical Group
- VUMC clinics and practices (a detailed list is available on request)
- VUMC Outpatient Pharmacies
- Members of the VUMC medical staff while practicing at VUMC
- Members of the Vanderbilt School of Medicine when covered functions involve the use or disclosure of protected health information
- Members of the Vanderbilt School of Nursing when covered functions involve the use or disclosure of protected health information
- VUMC Administration when covered functions involve the use or disclosure of protected health information
- Other designated health care components of VUMC

Vanderbilt Health Services Affiliated Covered Entities

- Cool Springs Imaging (Williamson Imaging)
- Gateway-Vanderbilt Cancer Treatment Center
- One Hundred Oaks Imaging
- Spring Hill Imaging Center
- Vanderbilt Health and Williamson Medical Center Clinics and Services
- Vanderbilt Home Care Services
- Vanderbilt Imaging Services (VIS)
- Vanderbilt Integrated Providers (VIP)
- Vanderbilt-Maury Radiation Oncology
- VIP MidSouth, LLC

Organized Health Care Arrangements

- Vanderbilt Health Affiliated Network (VHAN)

This list may be updated from time to time. For a current list, contact the VUMC Privacy Office.

How to Contact Us

VUMC Privacy Office
4560 Trousdale Drive, Suite 101, Nashville, TN 37204-4538; (615) 936-3594
privacy.office@vanderbilt.edu

VUMC Health Information Management
4560 Trousdale Drive, Suite 101, Nashville, TN 37204-4538; (615) 322-2062

VUMC Patient Relations
1817 The Vanderbilt Clinic, Nashville, TN 37232-5612; (615) 322-6154

Office for Civil Rights, Region IV, DHHS
Atlanta Federal Center, 61 Forsyth Street SW, Suite 3B70, Atlanta, GA 30323

HIPAA – Health Insurance Portability and Accountability Act of 1996

WHY DO YOU NEED TO KNOW ABOUT HIPAA?

Simply by being in the medical center, you will encounter confidential information. You need to be prepared to handle those situations appropriately because there are penalties that could impact YOU and VUMC if the confidentiality rules are broken. VUMC has its own set of rules that incorporate Federal regulations. Disciplinary/corrective action ranges from training/counseling to termination. Everyone who has access to our patients or protected health information (PHI) is required to understand our privacy and information security policies and abide by them. The complete policies and other details can be found on the HIPAA web site: www.mc.vanderbilt.edu/HIPAA

PROTECTED HEALTH INFORMATION (PHI)

PHI is any information related to health conditions or services that can be linked back to an individual patient. PHI can be in any form: written, electronic or verbal. This means that essentially all information linked to a patient at VUMC is PHI. **Even the fact that a patient has received care at VUMC is protected by our policy *and* federal regulations**.

KEY QUESTIONS TO ASK YOURSELF ABOUT HOW YOU ARE USING PHI

1. **Are you authorized to access information about this patient?** You should only access and use PHI as required to do your job or when specifically authorized by the patient.
2. **What information can be shared?** PHI should only be shared on a need-to-know basis (i.e. direct patient care, risk management, quality review).
3. **Did I ask the patient if it is okay to discuss their health Information?** Never assume it is okay to discuss patient information in front of visitors and family members. Always ask is it okay before doing so.
4. **Where and How are you sharing information?** Because care is often coordinated in semi-public areas in the Medical Center, it is essential that everyone be aware of their surroundings when using and sharing patient information. Be careful to prevent unauthorized persons from overhearing or overseeing confidential information. Don't talk in halls or elevators. Also, take care when faxing, handing, emailing, and disposing of PHI.

SECURITY

Below are some key security concepts that you should keep in mind while working at VUMC.

1. **Passwords** – Never share your password or use someone else's password. Create a hard to guess password that includes numbers, letters, and special characters (where the system allows).
2. **Logging off** – If you need to walk away from a computer, you must Log off **OR** Lock the screen.
3. **Mobile Devices (laptops, PDAs, and text pagers)** – These devices should always be password protected to prevent unauthorized individuals from accessing them in case they are stolen or left somewhere unattended.
4. **Email –** Do not forward your VUMC email to your personal email address.
5. **Cloud-Based Computing and Data Storage –** Consumer available Cloud based computing and data storage services (such as Box, DropBox, SkyDrive, and GoogleDocs) should **not** be used to store, collect, or share Vanderbilt University Medical Center (VUMC) patient or other confidential information unless the cloud-based service has been approved and confirmed via a Vanderbilt contract and a HIPAA compliant Business Associate Agreement.

HAVE QUESTIONS? If you have a question your VUMC contact is unable to address, call the Privacy Office at (615) 936-3594. You may also visit our website at: http://www.mc.vanderbilt.edu/HIPAA. If you witness a violation of our privacy policies, you are encouraged to contact the Privacy Office, Help Desk, Compliance Reporting Line, or your manager.

VANDERBILT UNIVERSITY
MEDICAL CENTER

Confidentiality Agreement

Vanderbilt University Medical Center (VUMC) has legal and ethical responsibilities to safeguard the privacy of its employees, students, and patients and their families and to protect the confidentiality of protected health information (PHI) and all other types of confidential information (collectively, "Confidential Information" as further defined below). Members of the VUMC community to which this Confidentiality Agreement applies include but are not limited to a:

- Workforce Member**:** an individual performing work on behalf of VUMC and under the direct control of VUMC, whether or not the member is employed by VUMC. Examples include staff; faculty; temporary agency workers; students; contractors; and volunteers.
- Trusted Role: a Workforce Member whose job duties require access to VUMC Confidential Information in order to provide legal or risk management advice to the institution, perform audit or review duties or investigations or to provide support for an information system. An individual in a Trusted Role is held to a higher standard of personal integrity, professionalism and judicious precaution when accessing Confidential Information.
- Extended Community Member: an individual who is present on VUMC premises or accessing information resources at VUMC for a specific treatment, payment, or health care operation business purpose allowed under the Health Insurance Portability and Accountability Act (HIPAA) such as a third party payer representative, a visitor for a guided tour or observation experience, media or vendor representatives, or other health care providers involved in a patient's continuum of care.
- Business Associate: a person or entity, other than a Workforce Member, that performs certain functions or activities on behalf of, or provides certain services to, VUMC that involve the use, disclosure, creation, receipt, maintenance or transmission of PHI.

VUMC's Confidential Information includes any and all of the following categories:

- Patient information (or PHI) including demographic, health, and financial information, pictures and videos (in paper, verbal, observed or electronic form regardless of how it is obtained, stored, utilized, or disclosed);
- Information pertaining to members of the VUMC Workforce or Extended Community (such as social security numbers, banking information, salaries, employment records, student records, disciplinary actions, etc.);
- VUMC information (such as financial and statistical records, academic or research funding, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary information including computer programs, source code, proprietary technology, etc.);
- Third-party information (such as insurance, business contracts, vendor proprietary information or source code, proprietary technology, etc.); and
- Patient, research, academic program, or other confidential or proprietary information heard or observed by being present on VUMC premises.

As a member of the VUMC community I agree to conduct myself in strict conformance with all applicable laws and with VUMC policies governing Confidential Information. I understand and agree that measures must be taken so that all Confidential Information captured, maintained, or utilized by VUMC and any of its off-site clinics or affiliated entities is accessed only by authorized users. These obligations apply to Confidential Information in any form, e.g., written, electronic, oral, overheard or observed.

As a condition of and in consideration of my use, access, maintenance and/or disclosure of Confidential Information, I agree that:

1. I will access, use, maintain and disclose Confidential Information only as authorized and needed to perform my assigned job duties. This means, among other things, that I:

   a) will only access, use, and disclose Confidential Information that I have authorization to access, use, and disclose in order to perform my job duties;

   b) will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any Confidential Information except as properly and clearly authorized within the scope of my job duties and in accordance with all applicable VUMC policies and procedures and with all applicable laws;

   c) will report to the Privacy Office or my supervisor any individual's or entity's activities that I suspect may compromise the privacy or security of VUMC's Confidential Information or otherwise fail to conform to VUMC policies and procedures;

   d) understand my violation of my obligations regarding Confidential Information, particularly PHI, could expose me to legal sanctions.

2. If I am granted access to VUMC electronic systems, including email, I am the only person authorized to use the individual user identification names and passwords or access codes assigned to me. I agree to the following:

   a) I will safeguard and not disclose my individual user identification passwords, access codes or any other authorizations that allow me to access VUMC Confidential Information to anyone including my manager, supervisor, IT Support staff or any other person who is not authorized to have this information.

   b) I understand that if I am in a Trusted Role I will be held to a higher standard of personal integrity, professionalism and judicious precaution when accessing Confidential Information.

   c) I will not request access to or use any other person's passwords, access codes or other authorizations.

   d) I accept responsibility for all activities undertaken using my passwords, access codes and other authorizations.

   e) It is my responsibility to log out of any system to which I have logged on. I will not under any circumstances leave unattended a computer to which I have logged on without first either locking it or logging off the workstation.

   f) If I have reason to believe that the confidentiality of my passwords or access codes have been compromised, I will immediately report this to the VUMC Help Desk, Privacy Office and my supervisor, and I will immediately change my password.

   g) I understand that my user identification will be deactivated at such time when I am no longer a VUMC Workforce Member, Extended Community Member, or Business Associate; or when my job duties no longer require access to the computerized systems.

   h) I understand that VUMC has the right to conduct and maintain an audit trail of all accesses to Confidential Information, including, but not limited to the machine name, user, date, and data accessed and that VUMC may conduct a review of my system activity at any time and without notice in order to monitor appropriate use.

i) I understand and accept that I have no individual rights to or ownership interests in any Confidential Information referred to in this agreement and that therefore VUMC may at any time revoke my passwords or access codes.

j) I understand that if I access or maintain Confidential Information on any personal device I must abide by all VUMC mobile device management policies.

k) I will not forward Confidential Information including but not limited to PHI, pictures or videos to my personal email or to any social media accounts.

l) I understand that it is my responsibility to be aware of VUMC Information Management policies, applicable Human Resource policies, and other policies that specifically address the handling of Confidential Information and misconduct that may warrant immediate discharge or other disciplinary action.

m) I understand that in addition to protecting Confidential Information I am also required to be aware of the Electronic Communications and Information Technology Resources policy and to abide by all of its requirements regarding the appropriate use of VUMC computer systems.

n) My obligation to safeguard VUMC Confidential Information, including PHI, continues after I am no longer affiliated with VUMC.

My signature below indicates that I have read, accept, and agree to abide by all of the requirements described above. I acknowledge that any violation of these requirements may result in disciplinary measures up to and including termination of employment and/or affiliation with VUMC.

Print Name: _____ Job Title: _____

Signature: _____ Date: _____

Department/School or Company: _____

Scope of Practice in Audiology

Below is an excerpt from the Scope of Practice in Audiology (ASHA). The entire document may be viewed here: http://www.asha.org/policy/SP2004-00192.htm

Professional Roles and Activities

Audiologists serve a diverse population and may function in one or more of a variety of activities. The practice of audiology includes:

A. Prevention

1. Promotion of hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating occupational, school, and community hearing conservation and identification programs

2. Participation in noise measurements of the acoustic environment to improve accessibility and to promote hearing wellness

B. Identification

1. Activities that identify dysfunction in hearing, balance, and other auditory-related systems

2. Supervision, implementation, and follow-up of newborn and school hearing screening programs

3. Screening for speech, orofacial myofunctional disorders, language, cognitive communication disorders, and/or preferred communication modalities that may affect education, health, development or communication and may result in recommendations for rescreening or comprehensive speech-language pathology assessment or in referral for other examinations or services

4. Identification of populations and individuals with or at risk for hearing loss and other auditory dysfunction, balance impairments, tinnitus, and associated communication impairments as well as of those with normal hearing

5. In collaboration with speech-language pathologists, identification of populations and individuals at risk for developing speech-language impairments

C. Assessment

1. The conduct and interpretation of behavioral, electroacoustic, and/or electrophysiologic methods to assess hearing, auditory function, balance, and related systems

2. Measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment

3. Evaluation and management of children and adults with auditory-related processing disorders;

4. Performance of otoscopy for appropriate audiological management or to provide a basis for medical referral

5. Cerumen management to prevent obstruction of the external ear canal and of amplification devices;

6. Preparation of a report including interpreting data, summarizing findings, generating recommendations and developing an audiologic treatment/management plan;

7. Referrals to other professions, agencies, and/ or consumer organizations.

D. Rehabilitation

1. As part of the comprehensive audiologic (re)habilitation program, evaluates, selects, fits and dispenses hearing assistive technology devices to include hearing aids

2. Assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, mapping, and audiologic rehabilitation to optimize device use

3. Development of a culturally appropriate, audiologic rehabilitative management plan including, when appropriate

    a. Recommendations for fitting and dispensing, and educating the consumer and family/caregivers in the use of and adjustment to sensory aids, hearing assistive devices, alerting systems, and captioning devices

    b. Availability of counseling relating to psycho social aspects of hearing loss, and other auditory dysfunction, and processes to enhance communication competence

    c. Skills training and consultation concerning environmental modifications to facilitate development of receptive and expressive communication

d. Evaluation and modification of the audiologic management plan

4. Provision of comprehensive audiologic rehabilitation services, including management procedures for speech and language habilitation and/or rehabilitation for persons with hearing loss or other auditory dysfunction, including but not exclusive to speechreading, auditory training, communication strategies, manual communication and counseling for psychosocial adjustment for persons with hearing loss or other auditory dysfunction and their families/caregivers

5. Consultation and provision of vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments

6. Assessment and non-medical management of tinnitus using biofeedback, behavioral management, masking, hearing aids, education, and counseling

7. Provision of training for professionals of related and/or allied services when needed

8. Participation in the development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old

9. Provision of in-service programs for school personnel, and advising school districts in planning educational programs and accessibility for students with hearing loss and other auditory dysfunction

10. Measurement of noise levels and provision of recommendations for environmental modifications in order to reduce the noise level

11. Management of the selection, purchase, installation, and evaluation of large-area amplification systems

E. Advocacy/ Consultation

1. Advocacy for communication needs of all individuals that may include advocating for the rights/funding of services for those with hearing loss, auditory, or vestibular disorders

2. Advocacy for issues (i.e., acoustic accessibility) that affect the rights of individuals with normal hearing

3. Consultation with professionals of related and/or allied services when needed

4. Consultation in development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old

5. Consultation to educators as members of interdisciplinary teams about communication management, educational implications of hearing loss and other auditory dysfunction, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss and other auditory dysfunction

6. Consultation about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services

7. Consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiology findings, effects of hearing loss and other auditory dysfunction, balance system impairments, and relevant noise-related considerations

8. Case management and service as a liaison for the consumer, family, and agencies in order to monitor audiologic status and management and to make recommendations about educational and vocational programming

9. Consultation to industry on the development of products and instrumentation related to the measurement and management of auditory or balance function

F. Education/ Research/Administration

1. Education, supervision, and administration for audiology graduate and other professional education programs

2. Measurement of functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services

3. Design and conduct of basic and applied audiologic research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy, effectiveness, and efficiency of assessment and treatment paradigms; disseminate research findings to other professionals and to the public

4. Participation in the development of professional and technical standards

5. Participation in quality improvement programs

6. Program administration and supervision of professionals as well as support personnel

Practice Settings

Audiologists provide services in private practice; medical settings such as hospitals and physicians' offices; community and university hearing and speech centers; managed care systems; industry; the military; various state agencies; home health, subacute rehabilitation, long-term care, and intermediate-care facilities; and school systems. Audiologists provide academic education to students and practitioners in universities, to medical and surgical students and residents, and to other related professionals. Such education pertains to the identification, functional diagnosis/assessment, and non-medical treatment/management of auditory, vestibular, balance, and related impairments.

Below is an excerpt from the Scope of Practice for Speech-Language Pathology (ASHA). The complete document is available here: http://www.asha.org/policy/SP2016-00343/

Introduction

The *speech-language pathologist* (*SLP*) is defined as the professional who engages in professional practice in the areas of communication and swallowing across the life span. *Communication* and *swallowing* are broad terms encompassing many facets of function. *Communication* includes speech production and fluency, language, cognition, voice, resonance, and hearing. *Swallowing* includes all aspects of swallowing, including related feeding behaviors.

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

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

5 Domains of Professional Practice

Advocacy and Outreach

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

- Advise regulatory and legislative agencies about the continuum of care. Examples of service delivery options across the continuum of care include telehealth/telepractice, the use of technology, the use of support personnel, and practicing at the top of the license.
- Engage decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services and funding for communication and swallowing issues.
- Advocate at the local, state, and national levels for funding for services, education, and research.
- Participate in associations and organizations to advance the speech-language pathology profession.
- Promote and market professional services.
- Help to recruit and retain SLPs with diverse backgrounds and interests.

- Collaborate on advocacy objectives with other professionals/colleagues regarding mutual goals.
- Serve as expert witnesses, when appropriate.
- Educate consumers about communication disorders and speech-language pathology services.
- Advocate for fair and equitable services for all individuals, especially the most vulnerable.
- Inform state education agencies and local school districts about the various roles and responsibilities of school-based SLPs, including direct service, IEP development, Medicaid billing, planning and delivery of assessment and therapy, consultation with other team members, and attendance at required meetings.

Supervision

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

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

Education

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

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

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

Research

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

Administration and Leadership

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

8 Domains of Speech-Language Pathology Service Delivery

Collaboration

SLPs share responsibility with other professionals for creating a collaborative culture. Collaboration requires joint communication and shared decision making among all members of the team, including the individual and family, to accomplish improved service delivery and functional outcomes for the individuals served. When discussing specific roles of team members, professionals are ethically and legally obligated to determine whether they have the knowledge and skills necessary to perform such services. Collaboration occurs across all speech-language pathology practice domains.

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

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

Counseling

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

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

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

Prevention and Wellness

SLPs are involved in prevention and wellness activities that are geared toward reducing the incidence of a new disorder or disease, identifying disorders at an early stage, and decreasing the severity or impact of a disability associated with an existing disorder or disease. Involvement is directed toward individuals who are vulnerable or at risk for limited participation in communication, hearing, feeding and swallowing, and related abilities. Activities are directed toward enhancing or improving general well-being and

quality of life. Education efforts focus on identifying and increasing awareness of risk behaviors that lead to communication disorders and feeding and swallowing problems. SLPs promote programs to increase public awareness, which are aimed at positively changing behaviors or attitudes.

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

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

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

- *Transgender (TG) and transsexual (TS) voice and communication:* Educate and treat individuals about appropriate verbal, nonverbal, and voice characteristics (feminization or masculinization) that are congruent with their targeted gender identity.
- *Business communication:* Educate individuals about the importance of effective business communication, including oral, written, and interpersonal communication.
- *Swallowing:* Educate individuals who are at risk for aspiration about oral hygiene techniques.

Screening

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

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

Assessment

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

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

Treatment

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

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

Modalities, Technology, and Instrumentation

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

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

Population and Systems

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

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

- coach families and early intervention providers about strategies and supports for facilitating prelinguistic and linguistic communication skills of infants and toddlers; and
- support and collaborate with classroom teachers to implement strategies for supporting student access to the curriculum.

Speech-Language Pathology Service Delivery Areas

This list of practice areas and the bulleted examples are not comprehensive. Current areas of practice have continued to evolve, whereas other new areas of practice are emerging.

Fluency

- Stuttering
- Cluttering

Speech Production

- Motor planning and execution
- Articulation
- Phonological

Language- Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)

- Phonology
- Morphology
- Syntax
- Semantics
- Pragmatics (language use and social aspects of communication)
- Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
- Paralinguistic communication (e.g., gestures, signs, body language)
- Literacy (reading, writing, spelling)

Cognition

- Attention
- Memory
- Problem solving
- Executive functioning

Voice

- Phonation quality
- Pitch

- Loudness
- Alaryngeal voice

Resonance

- Hypernasality
- Hyponasality
- Cul-de-sac resonance
- Forward focus

Feeding and Swallowing

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

Auditory Habilitation/Rehabilitation

- Speech, language, communication, and listening skills impacted by hearing loss, deafness
- Auditory processing

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders);
- disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy);
- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction);
- respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome); and

- Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position).

Elective services include

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

American Speech-Language-Hearing Association. (2016). *Scope of practice in speech-language pathology* [Scope of Practice]. Available from http://www.asha.org/policy/SP2016-00343/

Code of Ethics of the American Speech-Language-Hearing Association Effective March 1, 2016

Preamble

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

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

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

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

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

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

professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

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.

Reference this material as: American Speech-Language-Hearing Association. (2016). *Code of ethics* [Ethics]. Available from www.asha.org/policy/.

doi:10.1044/policy.ET2016-00342

STUDENT PERFORMANCE REVIEW
DEPARTMENT OF HEARING AND SPEECH SCIENCES
VANDERBILT UNIVERSITY

AUDIOLOGY CLINICAL PRACTICUM: ADULT COCHLEAR IMPLANT PROGRAM

Student Name: _____

School Term/Year: _____

Supervisor Name: _____ Site: _____

Supervisor ASHA Certification Number: _____

TO SUPERVISORS AND STUDENTS: The competency statements that comprise this document have been designed for purposes of practicum goal-setting and the monitoring and evaluating of students' clinical performance. Use the scale and descriptors shown on the dual-movement (supervisor and student) supervision continuum illustrated here.

SUPERVISION CONTINUUM WITH RATING SCALE AND DESCRIPTORS

STUDENT	ABSENT Competency/skill not evident	EMERGING Competency/skill emerging	PRESENT Competency/skill present but needs further development	DEVELOPED Competency/skill developed but needs refinement and/or consistency	CONSISTENT Competency/skill well-developed and consistent
SUPERVISOR	MODELING/ INTERVENTION Requires constant supervisory modeling/ intervention	FREQUENT INSTRUCTION Requires frequent supervisory instruction	FREQUENT MONITORING Requires frequent supervisory monitoring	INFREQUENT MONITORING Requires infrequent supervisory monitoring	GUIDANCE Requires guidance/ consultation only

SUPERVISORS: Using the following key, circle the appropriate descriptor (starting on page 2) in the first column to indicate the student's initial goal for each competency statement being reviewed. Then, indicate midterm status and final level of competency/skill development, respectively, by circling the appropriate descriptors in the second and third columns.

C = CONSISTENT
D = DEVELOPED
P = PRESENT
E = EMERGING
A = ABSENT

PURE-TONE AUDIOMETRY	GOAL					MIDTERM					FINAL				
1. Performs biologic calibration procedures as required and recognizes malfunctioning equipment.	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
2. Instructs the patient using complete, concise, easy-to-follow directions. a. Adjusts language of instructions to fit patient's need. b. Adjusts voice volume to fit patient's need.	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
3. Performs threshold testing correctly for air and bone conduction. a. Uses Hughson-Westlake technique. b. Tests frequencies in recommended sequence for adults, may need to adjust this. c. Removes and disposes of inserts, neatens room, cords	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
4. Interprets results correctly.	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
5. Records results accurately on test form.	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C

COMMENTS: _____

SPEECH AUDIOMETRY	GOAL					MIDTERM					FINAL				
6. Demonstrates ability to perform speech awareness threshold testing. a. Able to correctly peak and monitor VU meter	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
7. Demonstrates ability to perform speech recognition threshold testing. a. Able to correctly peak and monitor VU meter for MLV b. Uses Hughson-Westlake technique	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
8. Demonstrates ability to perform word recognition testing. a. Able to set up/calibrate CD player b. Knows which speech test to use	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
9. Records results accurately on test	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C

form.

COMMENTS: _____

EAR INSPECTION AND IMMITTANCE	GOAL					MIDTERM					FINAL				
10. Performs proper ear inspection a. Ensure light is at brightest b. Correctly IDs what is visualized c. Throws out specula after use	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
11. Obtains tympanograms a. Chooses appropriate probe tip b. Obtains hermetic seal c. Removes probe tip when done, wipes clean, puts in "dirty" box	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
12. Obtains acoustic reflex thresholds	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
13. Interprets immittance results correctly relative to each other and to other audiologic test results	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
14. Records results accurately on form	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C

COMMENTS: _____

HEARING AIDS/EARMOLDS	GOAL					MIDTERM					FINAL				
15. Disinfects patient's hearing aids	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
16. Conducts appropriate electroacoustic analysis of aids a. Determines type of hearing aid circuitry b. Selects appropriate ANSI run c. Determines if aid is appropriate for patient's hearing loss	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
17. Conducts appropriate coupler fit of hearing aid to patient loss	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
18. Tests behavioral aided performance appropriately a. FM tone thresholds b. Speech tests	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
19. Makes good ear impressions a. Otoscopic inspection to begin	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C

b. Selects appropriate ear block and good placement in canal
c. Impression complete
1. No voids
2. Canal length good
3. Cleans up after

COMMENTS: _____

OTOACOUSTIC EMISSIONS	GOAL					MIDTERM					FINAL				
20. Proper set up of equipment a. Selects appropriate protocol b. Selects appropriate norms	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
21. Interprets results of test correctly and in relation to other audiologic test results	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C

COMMENTS: _____

COCHLEAR IMPLANTS	GOAL					MIDTERM					FINAL				
22. Recognizes criteria consistent with referral for implant work-up	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
23. Recognizes test results consistent with implant candidacy a. FDA vs Medicare criteria	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
24. Programming of cochlear implant a. Connect to programming system and software b. Measure T and C levels (when appropriate) c. What other adjustments may need to make to Map d. Download programs to processor	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
25. Able to orient patient/family to implant system(s) a. Knows parts of the implant system b. Knows options of the implant systems	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
26. Conducts aural rehabilitation session with cochlear implant user	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C

COMMENTS: _____

_____

_____

ASSISTIVE LISTENING DEVICES	GOAL	MIDTERM	FINAL
27. Has knowledge of assistive listening devices, where to find	A E P D C	A E P D C	A E P D C
28. Knows about TN TDAP program	A E P D C	A E P D C	A E P D C

COMMENTS _____

_____

_____

CASE HISTORY	GOAL	MIDTERM	FINAL
29. Establishes and maintains rapport with patient/family	A E P D C	A E P D C	A E P D C
30. Asks pertinent questions to obtain relevant information and knows when to get more detailed information	A E P D C	A E P D C	A E P D C
31. Uses terminology appropriate to patient/family's level of understanding a. Volume of voice b. Short sentences/questions c. Re-phrase if needed	A E P D C	A E P D C	A E P D C
32. Records information accurately	A E P D C	A E P D C	A E P D C
33. Draws conclusions from information gathered re: a. Degree of hearing difficulty b. How best to communicate with patient c. How to obtain patient response d. Need for medical referral	A E P D C	A E P D C	A E P D C

COMMENTS: _____

_____

_____

PATIENT/FAMILY COUNSELING	GOAL	MIDTERM	FINAL
34. Maintains rapport with patient/family and shows empathy	A E P D C	A E P D C	A E P D C

35. Presents appropriate information understandably and accurately a. Uses appropriate voice volume b. Uses appropriate language for patient/family level c. Explains medical terms sufficiently d. Relates results to what patient has reported in history	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
36. Answers patient/family questions effectively	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
37. Makes appropriate referrals and recommendations	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C

COMMENTS: _____

_____

_____

REPORT WRITING	GOAL					MIDTERM					FINAL				
38. Chart note summarizes a. History b. Test results c. Recommendations	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
39. Report includes appropriate information about patient's medical, familial, and rehabilitative history	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
40. Report includes accurately stated audiologic test results	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
41. Recommendations are appropriate and concisely stated	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
42. Written in an organized, concise, and grammatically correct style	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
43. Report is forwarded to appropriate parties and/or individuals	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C
44. Completed in a timely manner	A	E	P	D	C	A	E	P	D	C	A	E	P	D	C

COMMENTS: _____

_____

_____

TO SUPERVISORS AND STUDENTS: The competencies listed in this final section are expected to be attained, to their fullest extent, by all students in all stages of clinical practicum and in every setting. Thus, there are no degrees of expected competency development (hence, no specific goal-setting); these competencies are simply present or absent. The performance determinations in this section may or may not be a factor in grade calculation, at the discretion of the supervisor.

SUPERVISORS: In the checklists below, indicate whether a competency is present or absent. Add explanatory written comments at the end of this section.

PROFESSIONALISM	MIDTERM		FINAL	
	ABSENT	PRESENT	ABSENT	PRESENT
45. Displays professional demeanor in interactions with patient and family, supervisor, and other professionals	_____.	_____.	_____.	_____.
46. Maintains professional appearance and conduct appropriate for job duties and work setting	_____.	_____.	_____.	_____.
47. Is punctual for all clinical sessions as well as meetings with supervisor, seeks out supervisor at time of appointment	_____.	_____.	_____.	_____.
48. Adheres to clinical policy regarding absences	_____.	_____.	_____.	_____.
49. Maximizes learning opportunities provided by each clinical assignment	_____.	_____.	_____.	_____.
50. Understands and adheres to ASHA code of ethics	_____.	_____.	_____.	_____.

COMMENTS: _____

_____

_____

METHOD OF GRADE CALCULATION (Check One)

_____ Goal-attainment formula used

_____ Other method or formula used, as described below

_____ No method or formula used. Grade subjectively determined, as explained here

(Note: If any approach other than the goal-attainment formula is used, this must be discussed by the supervisor and student at the time of the initial goal-setting conference).

VERIFICATION OF AGREEMENT AND COMMITMENT

GOAL-SETTING CONFERENCE (BEGINNING-OF-TERM)

Our signatures below verify that we have set clinical and supervisory goals for the forthcoming term and that we are committed to working toward those goals. A goal-setting conference was held for this purpose.

_____ _____ _____

Supervisor Signature Student Signature Date

PROGRESS-MONITORING CONFERENCE (MIDTERM)

Our signatures below verify that we have reviewed midterm goal status relative to beginning-of-term goals, noting progress in movement toward those goals, and making plans for the remainder of the term. A progress-monitoring conference was held for this purpose.

Supervisor Signature _____ Student Signature _____ Date _____

EVALUATION CONFERENCE (END-OF-TERM)

Our signatures below verify that we have reviewed end-of-term goal status relative to beginning-of-term goals and midterm goal status, noting final goal attainment and implications for the future. An evaluation conference was held for this purpose.

Supervisor Signature _____ Student Signature _____ Date _____

OVERALL COMMENTS/RECOMMENDATIONS: (If additional space is needed, attach pages as necessary)

_____
_____
_____
_____
_____
_____
_____
_____
_____

GOAL ATTAINMENT/GRADE CALCULATION

STEP 1
Total # competency items scored _____

STEP 2
Add: # goals attained _____
goals surpassed _____
Total # goals attained/surpassed _____

STEP 3
Divide Step 2 total/Step 1 total _____ Multiply result X 100 _____ % BASIC PERFORMANCE %

STEP 4 (OPTIONAL) AT SUPERVISOR'S DISCRETION:

BONUS PERFORMANCE % points may be added for extraordinary performance, as demonstrated in:

- Number of goals surpassed
- Number of CONSISTENT ratings obtained
- Amount of progress in key clinical areas
- Excellence in quality of overall performance

Add Basic Performance % _____ %
Bonus Performance % _____ %

_____ % ADJUSTED PERFORMANCE %

PENALTY PERFORMANCE % points may be subtracted for absent professionalism skills.

Subtract Above Performance % _____ %
Penalty Performance % _____ %

_____ % ADJUSTED PERFORMANCE %

STEP 5

Using the table below, convert the final performance percentage (whether Basic or Adjusted) into a letter grade. Circle the FINAL GRADE in this table.

If FINAL PERFORMANCE is	Then letter grade is				
90% or higher	A+	or	A	or	A-
80% to 89%	B+	or	B	or	B-
70% to 79%	C+	or	C	or	C-
60% to 69%	D+	or	D	or	D-
Lower than 60%	F				

School of Medicine

VANDERBILT UNIVERSITY

CALIPSO Audiology Evaluation Form Example

CALIPSO
Cumulative Evaluation
Doe, Jane

- ☒ Young Child (0-5)
- ☒ Child (6-17)
- ☒ Adult (18-64)
- ☒ Older adult (65+)

Performance Rating Scale

1 - Unacceptable Performance
2 - Needs Improvement in Performance/Maximum Support
3 - Moderately Acceptable Performance/Moderate Support
4 - Meets Performance Expectations/Minimal Support
5 - Exceeds Performance Expectations/Independent

	Severity of Disorders (check all that apply):		Client(s)/Patient(s) Multicultural Aspects (check all that apply)		Client(s)/Patient(s) Linguistic Diversity (check all that apply)
☒	Within Normal Limits	☒	Ethnicity	☒	English
☒	Mild	☒	Race	☒	English Language Learner
☒	Moderate	☒	Culture	☒	Primary English dialect
☒	Severe	☒	National origin	☒	Secondary English dialect
		☒	Socioeconomic status	☒	Bilingual
		☒	Gender identity	☒	Polyglot
		☒	Sexual orientation	☒	Gender identity
		☒	Religion	☒	Sign Language (ASL or SEE)
		☒	Exceptionality	☒	Cognitive / Physical Ability
		☒	Other	☒	Other

Foundations of Practice	Score
1. Utilizes universal precautions and infectious/contagious disease control practices (std IV-A21, std 3.1.1A)	
2. Determines whether instrumentation is in calibration according to accepted standards (std IV-A25, std 3.1.2A)	
3. Demonstrates knowledge of equipment operation. Uses instrumentation according to manufacturer's specifications/recommendations (std IV-A24, std 3.1.2A)	
4. Applies principles and applications of counseling to patients, families, and other appropriate individuals. Uses counseling that effectively communicates results/recommendations and addresses concerns in an effective and culturally senstive manner. (std IV-A26, IV-D2c, std 3.1.4A)	
5. Understands and functions within the policies, procedures, protocols and business practices of the clinical facility including prompt completion of all billing, including assigning correct CPT and ICD codes, tracking forms, data entry and other documentation as required (std IV-A28, std 3.1.4A)	
6. Consults/collaborates as appropriate with interprofessional teams in assessment and in coordination of care while maintaining a climate of mutual respect and shared values. Maintains or establishes links with external programs (std IV-A29, IV-F6, std 3.1.1A, 3.1.4A, 3.1.6A)	

Number of items scored: 0 Number of items remaining: 6 Section Average: 0.00

Prevention and Identification	Score
1. Implements protocols, activities, and screening measures that are clinically appropriate, culturally sensitive, age- and site- specific to prevent and identify hearing and communication dysfunction FOR CHILDREN (i.e., newborn hearing screening/follow-up and school screenings). (std IV-B1, IV-B2, IV-B3, std 3.1.3A)	
2. Implements protocols, activities and screening measures that are clinically appropriate, culturally sensitive, age- and site- specific to prevent and identify hearing and communication dysfunction FOR ADULTS. Administers programs designed to reduce the effects of noise exposure, tinnitus, and toxic agents to the auditory and vestibular systems (i.e., community & occupational conservation programs). (std IV-B1, IV-B2, IV-B3, std 3.1.3A)	

Prevention and Identification	Score
3. Screens individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures (std IV-B4, std 3.1.3A)	
4. Educates individuals on potential causes and effects of hearing loss, loss of vestibular system function, development of tinnitus, and development of communication disorders. (std IV-B5, std 3.1.3A)	
5. Identifies individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services (std IV-B1, IV-B6, std 3.1.4A)	

Number of items scored: 0 Number of items remaining: 5 Section Average: 0.00

Assessment	Score
1. Obtains a case history from appropriate sources to facilitate assessment planning. Determines contextual factors by asking appropriate and investigative questions in a clear and organized manner. Administers clinically appropriate and culturally sensitive scales of communication function to communication partners of the individual being served. (std IV-C2, IV-C3, std 3.1.4A, 3.1.5A)	
2. Performs audiologic assessment using clinically appropriate and culturally sensitive behavioral, psychophysical, and self-assessment measures FOR CHILDREN (std IV-C2, std 3.1.3A, 3.1.4A, 3.1.5A)	
3. Performs audiologic assessment using clinically appropriate and culturally sensitive behavioral, psychophysical, and self-assessment measures FOR ADULTS (std IV-C2, std 3.1.3A, 3.1.4A, 3.1.5A)	
4. Performs an otoscopic examination. Demonstrates proficiency in recognizing normal landmarks, otoscopic abnormalities, and the need for medical referral. (std IV-C4, std 3.1.4A)	
5. Removes cerumen, when appropriate (std 3.1.4A)	
6. Demonstrates ability to accurately determine Air Conduction & Bone Conduction thresholds using appropriate techniques (std IV-C2, IV-C5)	
7. Demonstrates proficiency in determining the need to mask when performing pure tone air/bone conduction testing. Demonstrates proficiency in performing masking procedures using accepted practice techniques (std IV-C5)	
8. Demonstrates ability to administer and accurately interpret speech tests including threshold and suprathreshold tests in quiet and in noise (std IV-C5)	
9. Demonstrates proficiency in determining the need to mask when performing threshold and suprathreshold speech audiometry. Demonstrates proficiency in performing speech masking procedures using accepted practice techniques. (std IV-C5)	
10. Demonstrates ability to efficiently and accurately complete the basic audiological test battery in a timely manner (std IV-C2, IV-C5)	
11. Performs acoustic immittance tests efficiently and appropriately for differential diagnosis of site of lesion. Accurately identifies and interprets tympanogram types and acoustic reflex configurations (std IV-C2, IV-C7)	
12. Demonstrates the ability to perform and interpret Otoacoustic Emissions (std IV-C2, IV-C5, IV-C7)	
13. Performs auditory evoked potentials for neurodiagnostic applications and estimation of peripheral hearing sensitivity. Demonstrates proficiency in waveform analysis and interpretation (std IV-C1, IV-C2, IV-C5, std 3.1.4A)	
14. Demonstrates the ability to perform a vestibular assessment and determine the need for vestibular rehabilitation. Interprets tests of balance function (std IV-C2, IV-C6, std 3.1.4A)	
15. Demonstrates ability to perform pediatric behavioral audiological assessment. Selects appropriate tests and testing technique (VRA, CPA, or other) (std IV-C2, IV-C5)	
16. Demonstrates ability to perform and select behavioral and electrophysiological tests of auditory processing. Demonstrates appropriate analysis of test battery results for differential diagnosis and management strategies (std IV-C2, IV-C8)	
17. Demonstrates ability to perform audiological rehabilitation assessment (use of self-assessment measures, speech reading assessment, aided testing) to establish functional use of hearing (std IV-C9, IV-C2, std 3.1.4A)	
18. Prepares a report, which includes evaluation procedures, interpretation of data to establish type and severity of disorder, summarization of findings, generation of recommendations and referrals, and development of an audiologic treatment/management plan (std IV-C10, std 3.1.4A)	
19. Communicates results and recommendations orally and in writing in a culturally senstive and age appropriate manner to the individual being served and other appropriate individual(s) (std 3.1.4A, 3.1.6A)	

Number of items scored: 0 Number of items remaining: 19 Section Average: 0.00

Intervention (CFCC IV-D)	Score
1. Evaluates need for and selection of hearing aids, sensory aids, hearing assistive devices, alerting systems and captioning (std IV-D1, IV-D2a, std 3.1.6A)	
2. Uses verification and validation measures to evaluate effectiveness of hearing aids and other assistive devices (std IV-D1, IV-D2a, std 3.1.6A)	
3. Troubleshoots and adjusts hearing aids and other assistive devices (std IV-D1, IV-D2a, std 3.1.6A)	
4. Determines candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices (std IV-D2b, std 3.1.6A)	

Intervention (CFCC IV-D)	Score
5. Fits, maps, adjusts, and troubleshoots cochlear implants and other implantable sensory devices (std IV-D2b, std 3.1.6A)	
6. Educates/orients consumers, family and caregivers in the use of and adjustment to hearing technology (std IV-D1, IV-D2a, std 3.1.6A)	
7. Counsels patients, caregivers, and others regarding prognosis and treatment options, psychosocial aspects of hearing loss & other auditory dysfunction, and processes to enhance communication competence (std IV-D2c, std 3.1.4A, 3.1.6A)	
8. Provides comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems (std IV-D1, IV-D2d)	
9. Determines candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments (std IV-D3, std 3.1.6A)	
10. Provides treatment and audiologic management of tinnitus (std IV-D1, IV-D4, std 3.1.6A)	
11. Provides treatment services for infants and children with hearing loss; collaborates/consults with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans) (std IV-D1, IV-D5)	
12. Participates in the selection, purchase, installation, and evaluation of large-area amplification systems (std IV-D6)	
13. Develops culturally sensitive and age appropriate management strategies and implements treatment plans using appropriate data (std 3.1.6A)	
14. Monitors, summarizes and documents treatment and outcomes (std IV-D7, std 3.1.6A)	
15. Encourages active involvement of the individual in his or her own care (std 3.1.1A)	

Number of items scored: 0 Number of items remaining: 15 Section Average: 0.00

Professional Practice Competencies	Score
1. Interacts effectively, using all forms of expressive communication, with individuals served, family members, caregivers, and others involved in the interaction to ensure the highest quality of care delivered in a culturally competent manner. Uses interpreters, transliterators, and assistive technology as needed (std IV-A22, IV-A27, std 3.1.1A)	
2. Demonstrates active/reflective listening skills, appropriate empathy and care/compassion, and the ability to adapt interactions to meet the needs of the individual, family members, caregivers, and others involved in care (std IV-A26, std 3.1.1A)	
3. Demonstrates openness and responsiveness to clinical supervision and suggestions. Engages in self-assessment to improve his or her effectiveness in the delivery of services (std 3.1.1A)	
4. Displays organization and preparedness for all clinical sessions	
5. Assumes a professional level of responsibility and initiative in completing all requirements	
6. Appropriately refers to and collaborates with other professions, agencies, and/or consumer organizations (std IV-C11, std 3.1.1A)	
7. Uses self-reflection to understand the effects of his or her actions and make changes accordingly (std 3.1.1A)	
8. Maintains records in a manner consistent with legal and professional standards (std 3.1.4A, 3.1.6A)	
9. Adheres to federal, state, and institutional regulations and demonstrates knowledge of legal and ethical practices, contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-A19, std 3.1.1A, 3.1.6A, 3.8A)	
10. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std 3.1.1A)	
11. Understands the effects of cultural and linguistic diversity and family systems in professional practice (Std IV-A16, std 3.1.1A)	
12. Understands and practices the principles of universal precautions to prevent the spread of infection and contagious disease	
13. Personal appearance is professional and appropriate for clinical setting	
14. Maintains expected attendance and punctuality for clinic assignment and makes up missed assignments per clinic policy	
15. Completes assigned clinic duties	

Number of items scored: 0 Number of items remaining: 15 Section Average: 0.00

Advocacy / Consultation (CFCC IV-E)	Score
1. Educates and advocates for communication needs of all individuals that may include advocating for the programmatic needs, rights, and funding of services for those with hearing loss, other auditory dysfunction, or vestibular disorders (std IV-E1, std 3.1.6A)	

Advocacy / Consultation (CFCC IV-E)	Score
2. Consults about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services (std IV-E2)	
3. Identifies underserved populations and promotes access to care. Understands the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services. (std IV-E3, std 3.1.1A)	

Number of items scored: 0 Number of items remaining: 3 Section Average: 0.00

Education / Research / Administration (CFCC IV-F)	Score
1. Measures functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services in both assessment and treatment (std IV-F1, IV-D7, std 3.1.4A, 3.1.5A, 3.1.6A)	
2. Applies academic knowledge and principles of evidence-based practice to patient care using clinical reasoning while implementing new techniques and technologies (std IV-F2, IV-F3, std 3.1.1A, 3.1.4A, 3.1.6A)	
3. Understands the role of clinical teaching/modeling. Administers clinical programs and provides supervision of professionals as well as support personnel (std IV-F4, std 3.1.1A)	
4. Identifies internal programmatic needs and develops new programs (std IV-F5)	
5. Maintains or establishes links with external programs, including but not limited to education programs, government programs, and philanthropic agencies (std IV-F6)	

Number of items scored: 0 Number of items remaining: 5 Section Average: 0.00

STUDENT PERFORMANCE REVIEW
DEPARTMENT OF HEARING AND SPEECH SCIENCES
VANDERBILT UNIVERSITY

Speech-Language Pathology Clinical Practicum

Student Name: _____

School Term/Year: _____

Site: _____

Supervisor Name: _____

Supervisor ASHA Certification Number: _____

TO SUPERVISORS AND STUDENTS: The competency statements that comprise this document have been designed for purposes of practicum goal-setting and the monitoring and evaluating of students' clinical performance. Use the scale and descriptors shown on the dual-movement (supervisor and student) supervision continuum illustrated here.

SUPERVISION CONTINUUM WITH RATING SCALE AND DESCRIPTORS

STUDENT

ABSENT	EMERGING	PRESENT	DEVELOPED	CONSISTENT
Competency / skill not evident	Competency / skill emerging	Competency / skill present but needs further development	Competency / skill developed but needs refine-ment and/or consistency	Competency / skill well-developed and consistent

SUPERVISOR

MODELING / INTERVENTION	FREQUENT INSTRUCTIO	FREQUENT MONITORING	INFREQUENT MONITORING	GUIDANCE
Requires constant supervisory modelin / intervention	Requires frequer supervisory instruction	Requires frequen supervisory monitoring	Requires infrequent supervisory monitoring	Requires guidance / consult only

SUPERVISORS: Using the following key, circle the appropriate descriptor (starting on page 2) in the first column to indicate the student's initial goal for each competency and statement being reviewed. Then, indicate midterm status and final level of competency /skill development, respectively, by circling the appropriate descriptors in the second and third columns.

C = Consistent
D = Developed
P = Present
E = Emerging
A = Absent

PLANNING	GOAL	MIDTERM	FINAL
1. Reviews files from daily caseload to obtain pertinent information.	A E P D C	A E P D C	A E P D C
2. Familiarizes self with available information regarding client and disorder prior to initial contact	A E P D C	A E P D C	A E P D C
3. Demonstrates an understanding of the client's communication problem and any related disorders or concerns	A E P D C	A E P D C	A E P D C
4. Familiarizes self with curriculum/therapy appropriate for clients	A E P D C	A E P D C	A E P D C
5. Familiarizes self with therapy techniques appropriate for individual(s) within group	A E P D C	A E P D C	A E P D C
6. Selects appropriate assessment tools	A E P D C	A E P D C	A E P D C
7. Plans logical sequence of assessment or activities within therapy session	A E P D C	A E P D C	A E P D C
8. Plans for each case separately, taking individual needs into consideration before choosing activity	A E P D C	A E P D C	A E P D C
9. Develops appropriate long-term goals for clients	A E P D C	A E P D C	A E P D C
10. Establishes appropriate short-term goals for clients	A E P D C	A E P D C	A E P D C
11. Plans appropriate daily activities to meet short-term goals	A E P D C	A E P D C	A E P D C
12. Develops instructional materials, as needed	A E P D C	A E P D C	A E P D C
13. Generates novel therapy tasks appropriate to goals	A E P D C	A E P D C	A E P D C
14. Demonstrates knowledge of normal development and expectations for age of client(s) (e.g., selects materials/activities that are developmentally appropriate)	A E P D C	A E P D C	A E P D C
15. Familiarizes/reviews materials prior to session	A E P D C	A E P D C	A E P D C

COMMENTS: _____

IMPLEMENTATION	GOAL	MIDTERM	FINAL
16. Outlines the purpose of the session and the sequence of events	A E P D C	A E P D C	A E P D C
17. Elicits relevant information in an organized manner and pursues pertinent points	A E P D C	A E P D C	A E P D C
18. Uses appropriate interview techniques	A E P D C	A E P D C	A E P D C
19. Records all pertinent information/data appropriately in an accurate and non-disruptive manner	A E P D C	A E P D C	A E P D C
20. Observes and records diagnostically significant behavior	A E P D C	A E P D C	A E P D C
21. Administers tests according to instructions	A E P D C	A E P D C	A E P D C
22. Modifies administration of formal tests for special cases	A E P D C	A E P D C	A E P D C
23. Identifies client's verbal and nonverbal cues (e.g., fatigue, on-off time)	A E P D C	A E P D C	A E P D C
24. Uses appropriate verbal and nonverbal reinforcers effectively	A E P D C	A E P D C	A E P D C
25. Uses behavior management techniques effectively	A E P D C	A E P D C	A E P D C
26. Uses allotted time efficiently	A E P D C	A E P D C	A E P D C
27. When giving instructions, anticipates and reacts to individual needs of clients	A E P D C	A E P D C	A E P D C
28. Modifies planned activities and their order, when necessary, to obtain maximal relevant information	A E P D C	A E P D C	A E P D C
29. Instructs at level appropriate for individual client	A E P D C	A E P D C	A E P D C
30. Modifies level of instruction and/or activity by increasing or decreasing when appropriate	A E P D C	A E P D C	A E P D C
31. Provides opportunity for optimum participation by each client	A E P D C	A E P D C	A E P D C
32. Varies the level of structure imposed on client when appropriate (e.g., spontaneous vs. clinician-directed)	A E P D C	A E P D C	A E P D C
33. Utilizes suggestions given for modifying goals and/or techniques	A E P D C	A E P D C	A E P D C

COMMENTS: _____

_____

INTERPRETATION	GOAL	MIDTERM	FINAL
34. Considers all pertinent information (e.g., test scores, background) prior to formulating recommendations or planning for therapy program	A E P D C	A E P D C	A E P D C
35. Formulates appropriate and realistic recommendations/referrals	A E P D C	A E P D C	A E P D C
36. Evaluates and interprets client performance following a session	A E P D C	A E P D C	A E P D C
37. Evaluates own performance following a session	A E P D C	A E P D C	A E P D C
38. Recognizes client's goal attainment or client's need for goal adjustment	A E P D C	A E P D C	A E P D C

COMMENTS:_____
_____
_____

CASE MANAGEMENT	GOAL	MIDTERM	FINAL
39. Demonstrates sensitivity to client and family members	A E P D C	A E P D C	A E P D C
40. Establishes appropriate relationship with family member and client(s)	A E P D C	A E P D C	A E P D C
41. Communicates client's performance with family members as needed	A E P D C	A E P D C	A E P D C
42. Communicates client's performance with other professionals as needed	A E P D C	A E P D C	A E P D C

COMMENTS:_____
_____
_____

REPORT WRITING	GOAL	MIDTERM	FINAL
43. Addresses all pertinent areas	A E P D C	A E P D C	A E P D C
44. Presents findings, programs, and recommendations clearly and concisely	A E P D C	A E P D C	A E P D C
45. Incorporates appropriate information into report content	A E P D C	A E P D C	A E P D C
46. Writes report in a professional manner (e.g., appropriate terminology, grammar)	A E P D C	A E P D C	A E P D C
47. Makes recommended changes	A E P D C	A E P D C	A E P D C
48. Follows suggested format	A E P D C	A E P D C	A E P D C

COMMENTS:_____

_____

_____

SUPERVISORY CONFERENCES	GOAL	MIDTERM	FINAL
49. Comes to supervisory conference prepared with questions, suggestions, and topics for discussion	A E P D C	A E P D C	A E P D C
50. Identifies and sets personal goals	A E P D C	A E P D C	A E P D C
51. Takes initiative to make suggestions regarding own clinical development	A E P D C	A E P D C	A E P D C
52. Other _____ _____	A E P D C	A E P D C	A E P D C
53. Other _____ _____	A E P D C	A E P D C	A E P D C

COMMENTS: _____

_____

_____

TO SUPERVISORS AND STUDENTS: The competencies listed in this final section are expected to be attained, to their fullest extent, by all students in all stages of clinical practicum and in every setting. Thus, there are no degrees of expected competency development (hence, no specific goal-setting); these competencies are simply present or absent. The performance determinations in this section may or may not be a factor in grade calculation, at the discretion of the supervisor.

SUPERVISORS: In the checklist below, indicate whether a competency is present or absent. Add explanatory written comments at the end of this section.

PROFESSIONALISM	MIDTERM		FINAL	
	Absent	Present	Absent	Present
54. Maintains professional appearance and Conduct appropriate for job duties and work setting.	_____	_____	_____	_____
55. Maintains professional relationship in all Aspects of clinical practice.	_____	_____	_____	_____
56. Is punctual for all appointments and, when Necessary and appropriate, cancels/ Reschedules client sessions as well as supervisory conferences.	_____	_____	_____	_____
57. Adheres to clinical policy regard absences.	_____	_____	_____	_____
58. Maximizes learning opportunities provided by each clinical assignment.	_____	_____	_____	_____
59. Understands and adheres to ASHA Code of Ethics.	_____	_____	_____	_____
60. Prepares physical environment prior to clinical session.	_____	_____	_____	_____
61. Cleans up following clinical session.	_____	_____	_____	_____
62. Completes lesson plans as requested	_____	_____	_____	_____
63. Turns in lesson plans on time.	_____	_____	_____	_____
64. Provides written information as requested (e.g. feedback, test reviews, chart reviews).	_____	_____	_____	_____
65. Maintains confidentiality.	_____	_____	_____	_____
66. Reads or watches material recommended by supervisor within time guidelines.	_____	_____	_____	_____
67. Brings appropriate forms/materials to supervisory and therapy/diagnostic sessions.	_____	_____	_____	_____
68. Maintains own clinic records (e.g. feedback forms, hour sheets).	_____	_____	_____	_____
69. Introduces self to patient/family appropriately.	_____	_____	_____	_____
70. Follows departmental guidelines regarding file, material, and test checkout.	_____	_____	_____	_____

71. Adheres to guidelines of professional conduct. _____ _____ _____ _____

72. Establishes and maintains own client work file. _____ _____ _____ _____

COMMENTS: _____
_____
_____

GOAL ATTAINMENT / GRADE CALCULATION

STEP 1
Total # competency items scored _____

STEP 2
Add: # goals attained _____
goals surpassed _____
Total # goals attained / surpasse _____

STEP 3
Divide Step 2 total / Step 1 total _____ Multiply result x 100 _____% Basic Performance_____%

STEP 4 (optional – at supervisor's discretion):

BONUS PERFORMANCE % points may be added for extraordinary performances, as demonstrated

- Number of goals surpassed
- Number of CONSISTENT ratings obtained
- Amount of progress in key areas
- Excellence in quality of overall performance

Add Basic Performance % _____%
Bonus Performance % _____%

_____% Adjusted Performance %

PENALTY PERFORMANCE % points may be subtracted for absent professionalism skills.

Subtract Above Performance % _____%
Penalty Performance % _____%

_____% Adjusted Performance %

STEP 5

Using the table below, convert the final performance percentage (whether Basic or Adjusted) into a letter grade. Circle the FINAL GRADE in this table.

If FINAL PERFORMANCE is	Then letter grade is				
90% or higher	A+	or	A	or	A-
80% to 89%	B+	or	B	or	B-
70% to 79%	C+	or	C	or	C-
60% to 69%	D+	or	D	or	D-
lower than 60%	F				

Method of Grade Calculation (Check One)

_____ Goal-attainment formula used.
_____ Other method or formula used, as described below.
_____ No method or formula used. Grade subjectively determined as explained here:

(NOTE: If any approach other than the goal-attainment formula is used, this must be discussed by the supervisor and student at the time of the initial goal-setting conference.)

VERIFICATION OF AGREEMENT AND COMMITMENT

Goal-Setting Conference (Beginning-of-Term)

Our signatures below verify that we have set clinical and supervisory goals for the forthcoming term and that we are committed to working toward these goals. A goal-setting conference was held for this purpose.

_____ _____ _____
Supervisor Signature Student Signature Date

Progress-Monitoring Conference (Midterm)

Our signatures below verify that we have reviewed midterm goal status relative to beginning-of-term goals, noting progress in movement toward those goals, and making plans for the remainder of the term. A progress-monitoring conference was held for this purpose.

_____ _____ _____
Supervisor Signature Student Signature Date

Evaluation Conference (End-of-Term)

Our signatures below verify that we have reviewed end-of-term goal status relative to beginning-of-term goals and midterm goal status, noting final goal attainment and implications for the future. An evaluation conference was held for this purpose.

_____ _____ _____
Supervisor Signature Student Signature Date

OVERALL COMMENTS / RECOMMENDATIONS (If additional space is needed, attach pages as necessary)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

School of Medicine

VANDERBILT UNIVERSITY

CALIPSO SLP Evaluation Form Example

CALIPSO
Cumulative Evaluation
Doe, Jane

- ☒ Young Child (0-5)
- ☒ Child (6-17)
- ☒ Adult (18-64)
- ☒ Older adult (65+)

Performance Rating Scale

1 - Unacceptable performance
2 - Needs Improvement in Performance / Maximum Support
3 - Moderately Acceptable Performance / Moderate Support
4 - Meets Performance Expectations / Minimal Support
5 - Exceeds Performance Expectations / Independent

	Severity of Disorders (check all that apply):		Client(s)/Patient(s) Multicultural Aspects (check all that apply)		Client(s)/Patient(s) Linguistic Diversity (check all that apply)
☒	Within Normal Limits	☒	Ethnicity	☒	English
☒	Mild	☒	Race	☒	English Language Learner
☒	Moderate	☒	Culture	☒	Primary English dialect
☒	Severe	☒	National origin	☒	Secondary English dialect
		☒	Socioeconomic status	☒	Bilingual
		☒	Gender identity	☒	Polyglot
		☒	Sexual orientation	☒	Gender identity
		☒	Religion	☒	Sign Language (ASL or SEE)
		☒	Exceptionality	☒	Cognitive / Physical Ability
		☒	Other	☒	Other

Evaluation skills	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	AAC
1. Conducts screening procedures (std IV-D, std V-B, 1a)									
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)									
3. Conducts prevention procedures (std IV-D, std V-B, 1a)									
4. Selects appropriate evaluation instruments/procedures (std V-B, 1c)									
5. Administers and scores diagnostic tests correctly (std V-B, 1c)									
6. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)									
7. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)									
8. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)									
9. Makes appropriate recommendations for intervention (std V-B, 1e)									
10. Completes administrative and documentation functions necessary to support evaluation (std V-B, 1f)									
11. Refers clients/patients for appropriate services (std V-B, 1g)									

Number of items scored: 0 Number of items remaining: 99 Section Average: 0.00

Treatment skills	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	AAC
1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)									
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)									
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)									
4. Sequences tasks to meet objectives									
5. Provides appropriate introduction/explanation of tasks									
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)									
7. Uses appropriate models, prompts or cues. Allows time for patient response.									
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)									
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)									
10. Identifies and refers patients for services as appropriate (std V-B, 2g)									

Number of items scored: 0 Number of items remaining: 90 Section Average: 0.00

Professional Practice, Interaction, and Personal Qualities	Score
1. Demonstrates knowledge of and interdependence of communication, cognitive and swallowing processes (std IV-B, std 3.1.6B)	
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B)	
3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, std 3.1.1B, 3.1.6B, 3.8B)	
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B)	
5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)	
6. Uses appropriate rate, pitch, and volume when interacting with patients or others	
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)	
8. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B)	
9. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B)	
10. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B)	
11. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B)	
12. Demonstrates professionalism (std 3.1.1B, 3.1.6B)	
13. Demonstrates openness and responsiveness to clinical supervision and suggestions	
14. Personal appearance is professional and appropriate for the clinical setting	
15. Displays organization and preparedness for all clinical sessions	

Number of items scored: 0 Number of items remaining: 15 Section Average: 0.00

Practicum Schedule Planning Information

Student: _____

Return this form (e-mail preferred) no later than DAY, DATE to the designated person below:

- **Speech Pathology Students: Dr. Barbara Jacobson**
- **Audiology Students: Dr. Mary Sue Fino-Szumski**

Note: Please indicate below your individual practicum scheduling needs by listing the **total number of hours you have gained in each category since you enrolled in the program**. Your calculations should be based on the number of hours you project you will have by the end of the current semester. Additional comments regarding your unique scheduling needs should be added. Anyone who has commitments related to their support from training grants should ensure those commitments have been met.

Summary of Clock Hours Gained (estimate as of the end of the current semester)

Audiology Students

_____Child Hearing Eval
_____Adult Hearing Eval
_____Child h/aid Select/Use
_____Adult h/aid Select/Use
_____Child or adult hearing disorder tx (habilitation or rehabilitation)
_____Sp/Lang Screening/Eval/Tx
_____Balance

Speech-Language Pathology Students

_____Child Speech Eval
_____Adult Speech Eval
_____Child Language Eval
_____Adult Language Eval
_____Child Speech Tx
_____Adult Speech Tx
_____Child Language Tx
_____Adult Language Tx
_____Hearing Screening/Eval/Tx

Previous Practicum Placements by Semester: (list in order below)

Considerations for scheduling:

_____ I do not have transportation for external placements.
_____ I have met all of training grant stipend support commitments.
_____ I have not met my training grant stipend support commitments; describe_____

Other comments: (specify any personal or other concerns that should be taken into consideration with practicum scheduling or any requests for placement for next semester)

Vanderbilt University
Department of Hearing and Speech Sciences
SLP INDIVIDUAL CLINICAL PRACTICUM SCHEDULE

Student:

Unless otherwise indicated:

First Day of Clinic is:

Last Day of Clinic is:

Assignment:

Other comments:

QUESTIONS ABOUT PRACTICUM ASSIGNMENT SCHEDULING SHOULD BE DIRECTED TO DR. BARBARA JACOBSON. QUESTIONS ABOUT ASSIGNMENT DETAILS SHOULD BE DIRECTED TO INDIVIDUAL SUPERVISORS

.

Appendix J1

Department of Hearing and Speech Sciences
Daily/Weekly Clinical Clock Hour Record

Audiology

Student:____

Supervisor: ____

Semester: Fall Spring Summer Year: ______________

			Clock Hours							Total per Entry
		Supervisor	Evaluation		Amplification		Treatment	Related	Speech-Language	
Date(s)	Site	Signature/ASHA #	Child	Adult	Child	Adult		Disorders	Scr/Eval/Tx	
		Total Per Category								

Page Total

	Child	Adult	Total
Observation	**HH:MM**	**HH:MM**	**HH:MM**
Evaluation			
Treatment			
Total Observation Hours			
Prevention & Identification	**HH:MM**	**HH:MM**	**HH:MM**
Hearing and Balance Screening			
Hearing Conservation			
Noise Measurements			
Total Prevention & Identification Hours			
Evaluation	**HH:MM**	**HH:MM**	**HH:MM**
Behavioral Assessment of Hearing			
Auditory-Related Processing Disorders			
Cerumen Management			
Electro-Physiological Assessment of Hearing			
Tinnitus Evaluation			
Assessment of Balance			
Total Evaluation Hours			
Treatment	**HH:MM**	**HH:MM**	**HH:MM**
Selection, Verification; use of Amplification			
Selection, Verification; use of ALDs			
Verification; use of Implants (cochlear, brainstem)			
Perceptual Training (auditory and/or visual)			
Counseling			
Vestibular Therapy			
Total Treatment Hours			
Other	**HH:MM**	**HH:MM**	**HH:MM**
Administration			
Consultation/Staffings			
Total Other Hours			
Speech and Language	**HH:MM**	**HH:MM**	**HH:MM**
Evaluation/Screening of Speech Disorders			
Evaluation/Screening of Language Disorders			
Treatment of Speech Disorders			
Treatment of Language Disorders			
Total Speech and Language Hours			
Total (non-Observation)			

Appendix J2

Department of Hearing and Speech Sciences
Daily/Weekly Clinical Clock Hour Record

Speech-Language Pathology

Student: ____

Supervisor: ____

Semester: Fall Spring Summer Year: _______________

			Clock Hours										
			Evaluation				Treatment				Related Disorders	Audiology Scr/Eval/Tx	Total per Entry
		Supervisor	Speech		Language		Speech		Language				
Date(s)	Site	Signature/ASHA #	Child	Adult	Child	Adult	Child	Adult	Child	Adult			
		Total Per Category											

Page Total

Speech-Language Pathology CALIPSO Clockhours Form

	Child	Adult	Total
Observation - Evaluation	**HH:MM**	**HH:MM**	**HH:MM**
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			
Total Observation - Evaluation Hours			
Observation - Treatment	**HH:MM**	**HH:MM**	**HH:MM**
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			
Total Observation - Treatment Hours			
Evaluation	**HH:MM**	**HH:MM**	**HH:MM**
Articulation			
Fluency			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing			
Cognitive aspects of communication			
Social aspects of communication			
AAC			
Total Evaluation Hours			
Treatment	**HH:MM**	**HH:MM**	**HH:MM**
Articulation			
Fluency			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing			
Cognitive aspects of communication			
Social aspects of communication			
AAC			
Total Treatment Hours			
Total (non-Observation)			

REVIEW OF CLINICAL TEACHER PERFORMANCE AND PRACTICUM PLACEMENT DEPARTMENT OF HEARING AND SPEECH SCIENCES VANDERBILT UNVERSITY

Supervisor Name: _____ Date: _____

School Term/Year: _____ Site: _____

Student Reviewer Name: _____

SECTION I. CLINICAL TEACHER PERFORMANCE

To Students: Based on your experiences over the last school term, please indicate the extent to which your clinical teacher (supervisor) demonstrated the competences stated here. Circle the appropriate number where: 1 = competency not demonstrated; 5 = competency consistently demonstrated; and X = not applicable or unable to answer.

1.	Facilitates the student's understanding of the clinical and supervisory processes	1 2 3 4 5 X
2.	Establishes joint communication regarding expectations and responsibilities in the clinical and supervisory process	1 2 3 4 5 X
3.	Participates with the student in goal-setting, progress-monitoring, and evaluation to facilitate the student's clinical and professional growth	1 2 3 4 5 X
4.	Applies interpersonal communication skills in the supervisory process	1 2 3 4 5 X
5.	Maintains a professional and supportive relationship that allows supervisor and student growth	1 2 3 4 5 X
6.	Evaluates, with the student, the effectiveness of the ongoing supervisory relationship	1 2 3 4 5 X
7.	Recognizes the continuum for student competency development and uses appropriate supervision levels	1 2 3 4 5 X
8.	Applies learning principles in the supervisory process	1 2 3 4 5 X
9.	Facilitates independent thinking and problem solving by the student	1 2 3 4 5 X
10.	Assists the student in developing client goals and objectives	1 2 3 4 5 X
11.	Assists the student in developing and refining diagnostic skills	1 2 3 4 5 X
12.	Assists the student in developing and refining treatment skills	1 2 3 4 5 X
13.	Assists the student in observing and analyzing diagnostic and treatment sessions	1 2 3 4 5 X

14. Assists the student in developing counseling and management 1 2 3 4 5 X

15. Assists the student in developing clinical report writing skills 1 2 3 4 5 X

16. Assists the student in developing and maintaining clinical and supervisory records 1 2 3 4 5 X

17. Shares relevant ethical, legal, regulatory, and reimbursement information with the student 1 2 3 4 5 X

18. Shares relevant clinical research information with the student 1 2 3 4 5 X

19. Models and facilitates professional conduct for the student 1 2 3 4 5 X

20. Interacts effectively with the student in supervisory conferences 1 2 3 4 5 X

21. Evaluates the student's clinical performance fairly and objectively 1 2 3 4 5 X

COMMENTS ABOUT CLINICAL TEACHER PERFORMANCE:

_____
_____
_____
_____
_____
_____
_____
_____

SECTION II. PRACTICUM PLACEMENT

To Students: Based on your experiences over the last school term, please indicate the extent of your agreement with the following statements about your practicum placement. Circle the appropriate number, where: 1 = strongly disagree; 5 = strongly agree; and X = not applicable or unable to answer.

22. This was an appropriate placement for me 1 2 3 4 5 X

23. The setting and population provided me with enriching learning experiences 1 2 3 4 5 X

24. The clinical environment was hospitable and conducive to student participation 1 2 3 4 5 X

COMMENTS ABOUT PRACTICUM PLACEMENT:

_____
_____
_____
_____
_____
_____
_____
_____

CALIPSO Supervisor Feedback Form

Home Logout List Supervisor Feedback

Supervisor Feedback

This feedback has been approved and is available to the supervisor.

* Supervisor: Undergraduate Supervisor,
* Site: Undergraduate University
* Semester: 2018 Summer

1. Provided an orientation to the facility and caseload.			
X N/A	No orientation provided. Student oriented him/herself.	Informal orientation provided.	Formal orientation provided with supplemental documentation.
2. Provided the student with feedback regarding the skills used in diagnostics.			
X N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	Comments were useful, specific, and constructive.
3. Provided the student with feedback regarding the skills used in interviewing.			
X N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	Comments were useful, specific, and constructive.
4. Provided the student with feedback regarding the skills used in conferences.			
X N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	Comments were useful, specific, and constructive.
5. Provided the student with feedback regarding the skills used in behavioral management.			
X N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	Comments were useful, specific, and constructive.
6. Provided the student with feedback regarding the skills used in therapy.			
X N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	Comments were useful, specific, and constructive.
7. Provided the student with feedback regarding his/her selection of diagnostic or therapy materials.			
X N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	Comments were useful, specific, and constructive.
8. Explained and/or demonstrated clinical procedures to assist student in clinical skills development.			
X N/A	Provided minimal explanations and/or demonstrations.	Provided adequate explanations and/or demonstrations when requested.	Provided thorough explanations and/or demonstrations for all clinical procedures.
9. Utilized evidence-based practice.			
X N/A	Rarely referenced current literature.	Occasionally referenced current literature.	Frequently referenced current literature.
10. Encouraged student independence and creativity.			
X N/A	Minimally receptive to new ideas and differing techniques.	Somewhat receptive to new ideas and differing techniques but did not encourage them.	Very receptive to new ideas and encouraged use of own techniques.
11. Provided positive reinforcement of student's successes and efforts.			
X N/A	Rarely commented on successes and efforts.	Occasionally commented on successes and efforts.	Frequently commented on successes and efforts.
12. Provided student with written and/or verbal recommendations for improvement.			
X N/A	Rarely provided written and/or verbal recommendations except on midterm and final evaluations.	Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations.	Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.
13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.			
X N/A	Enthusiasm and interest rarely observed; frequent negative comments.	Enthusiasm and interest occasionally observed; occasional negative comments.	Enthusiasm and interest regularly observed; frequent positive and optimistic comments.
14. Demonstrated effective interpersonal communication with student.			
X N/A	Seemed uninterested and/or unwilling to listen or respond to student's needs.	Some interest in student's needs shown, but communication lacked sensitivity.	Aware of and sensitive to student's needs; open and effective communication.
15. Receptive to questions.			
X N/A	Unwilling to take time to answer questions.	Answered questions inconsistently.	Answered questions with helpful information or additional resources which encouraged me to think for myself.
16. Available to me when I requested assistance.			
X N/A	Supervisor was rarely available.	Supervisor was occasionally available.	Supervisor was always available.
17. Utilized effective organizational and management skills.			
X N/A	Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.	Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.	Always organized; balanced supervisory and clinical responsibilities with ease.
18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)			
X N/A	Provided minimal or no additional resources.	Provided helpful resources upon student request.	Provided helpful resources without student request.
19. Realistically demanding of me as a student intern.			
X N/A	Expectations were either too high or too low for level of experience with no attempts to adjust.	Expectations were generally appropriate for my level of experience.	Expectations were individualized and adjusted according to my strengths and weaknesses.

Overall, how would you rate this clinical experience?

Additional comments?

Test

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

Test

KNOWLEDGE AND SKILLS ACQUISITION (KASA)

SUMMARY FORM

FOR CERTIFICATION IN AUDIOLOGY

School of Medicine

VANDERBILT UNIVERSITY

CALIPSO
Knowledge And Skills Acquisition (KASA) Summary Form
Doe, Jane

Standards	Knowledge/Skill Met? (check)	Course # and Title	Practicum Experiences # and Title	Other (e.g. labs, research) (include descriptions of activity)
Basic Sciences				
• Biological Sciences	X	AUD 5227, AUD 5233, AUD 5310, AUD 5327, AUD 5328, AUD 5332, AUD 5346, AUD 5347, AUD 5350, AUD 5354, HRSP 8383, MDE 5322	AUD 5346	AUD 5310, AUD 5327, AUD 5328, AUD 5346, AUD 5347, AUD 5354, AUD 5582
• Behavioral Sciences	X	AUD 5310, AUD 5318, AUD 5325, AUD 5327, AUD 5328, AUD 5332, AUD 5339, AUD 5340, AUD 5350, AUD 5354, AUD 5368, AUD 5581, HRSP 8383, MDE 5308, MDE 5322, SLP 5304	AUD 5581	AUD 5310, AUD 5318, AUD 5325, AUD 5327, AUD 5328, AUD 5339, AUD 5340, AUD 5354, AUD 5581, AUD 5582
• Physical Sciences	X	AUD 5227, AUD 5310, AUD 5327, AUD 5328, AUD 5354, AUD 5359		AUD 5310, AUD 5327, AUD 5328, AUD 5354, AUD 5582
• Mathematics	X	AUD 5227, AUD 5328, AUD 5354, AUD 5359, AUD 5368		AUD 5328, AUD 5354, AUD 5582
Standard IV-A: Foundations of Practice				
• A1. Embryology and development of the auditory and vestibular systems, anatomy and physioloty, neuroanatomy and neurophysiology, and pathophysiology	X	AUD 5227, AUD 5233, AUD 5325, AUD 5346, AUD 5347, AUD 5350, AUD 5581, HRSP 8383	AUD 5346, AUD 5581	AUD 5325, AUD 5346, AUD 5347, AUD 5581, AUD 5582
• A2. Genetics and associated syndromes related to hearing and balance	X	AUD 5233, AUD 5332, AUD 5347, HRSP 8383, MDE 5322		AUD 5347
• A3. Normal aspects of auditory physiology and behavior over the life span	X	AUD 5227, AUD 5233, AUD 5310, AUD 5327, AUD 5328, AUD 5332, AUD 5354, AUD 5581, HRSP 8383	AUD 5581	AUD 5310, AUD 5327, AUD 5328, AUD 5354, AUD 5581, AUD 5582
• A4. Normal development of speech and language	X	AUD 5325, AUD 5327, AUD 5354, HRSP 8383, MDE 5308, SLP 5304		AUD 5325, AUD 5327, AUD 5354
• A5. Language and speech characteristics and their development across the life span	X	AUD 5233, AUD 5354, AUD 5363, HRSP 8383, MDE 5308, SLP 5304		AUD 5354, AUD 5363
• A6. Phonologic, morphologic, syntactic, and pragmatic aspects of human communication associated with hearing impairment	X	AUD 5318, AUD 5354		AUD 5318, AUD 5354

• A7. Effects of hearing loss on communication and educational, vocational, social and psychological functioning	X	AUD 5227, AUD 5310, AUD 5318, AUD 5327, AUD 5339, AUD 5340, AUD 5345, AUD 5353, AUD 5354, AUD 5361, AUD 5363, HRSP 8383, MDE 5308		AUD 5310, AUD 5318, AUD 5327, AUD 5339, AUD 5340, AUD 5345, AUD 5353, AUD 5354, AUD 5363
• A8. Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems	X	AUD 5332, AUD 5346, AUD 5347, HRSP 8383	AUD 5346	AUD 5346, AUD 5347
• A9. Patient characteristics and how they relate to clinical services	X	AUD 5310, AUD 5318, AUD 5325, AUD 5327, AUD 5339, AUD 5340, AUD 5353, AUD 5361, AUD 5363		AUD 5310, AUD 5318, AUD 5325, AUD 5327, AUD 5339, AUD 5340, AUD 5353, AUD 5363
• A10. Pathologies related to hearing and balance and their medical diagnosis and treatment	X	AUD 5227, AUD 5233, AUD 5310, AUD 5327, AUD 5328, AUD 5332, AUD 5346, AUD 5347, AUD 5350, AUD 5581, HRSP 8383	AUD 5346, AUD 5581	AUD 5310, AUD 5327, AUD 5328, AUD 5346, AUD 5347, AUD 5581, AUD 5582
• A11. Principles, methods, and applications of psychometrics	X	AUD 5310, AUD 5327, AUD 5328, AUD 5368, AUD 5581	AUD 5581	AUD 5310, AUD 5327, AUD 5328, AUD 5581, AUD 5582
• A12. Principles, methods, and applications of psychoacoustics	X	AUD 5310, AUD 5327, AUD 5328, AUD 5345, AUD 5353, AUD 5354, AUD 5368, AUD 5581, HRSP 8383	AUD 5581	AUD 5310, AUD 5327, AUD 5328, AUD 5345, AUD 5353, AUD 5354, AUD 5581, AUD 5582
• A13. Instrumentation and bioelectrical hazards	X	AUD 5310, AUD 5327, AUD 5328, AUD 5337, AUD 5346, AUD 5347, AUD 5359	AUD 5346	AUD 5310, AUD 5327, AUD 5328, AUD 5337, AUD 5346, AUD 5347
• A14. Physical characteristics and measurement of electric and other nonacoustic stimuli	X	AUD 5310, AUD 5327, AUD 5328, AUD 5337, AUD 5339, AUD 5340, AUD 5346, AUD 5347, AUD 5354, AUD 5359	AUD 5346	AUD 5310, AUD 5327, AUD 5328, AUD 5337, AUD 5339, AUD 5340, AUD 5346, AUD 5347, AUD 5354
• A15. Assistive technology	X	AUD 5310, AUD 5318, AUD 5327, AUD 5339, AUD 5340, AUD 5345, AUD 5353, MDE 5322		AUD 5310, AUD 5318, AUD 5327, AUD 5339, AUD 5340, AUD 5345, AUD 5353
• A16. Effects of cultural diversity and family systems on professional practice	X	AUD 5318, AUD 5361, MDE 5322		AUD 5318
• A17. American Sign Language and other visual communication systems	X	AUD 5318, MDE 5308		AUD 5318
• A18. Principles and practices of research, including experimental design, statistical ethics, and application to clinical applications	X	AUD 5310, AUD 5327, AUD 5328, AUD 5368, AUD 5581, HRSP 8383	AUD 5581	AUD 5310, AUD 5327, AUD 5328, AUD 5581, AUD 5582
• A19. Legal and ethical practices	X	AUD 5216, AUD 5361, AUD 5365, AUD 5367		
• A20. Health care and educational delivery systems	X	AUD 5310, AUD 5318, AUD 5332, AUD 5345, AUD 5354, AUD 5361, AUD 5365, MDE 5322		AUD 5310, AUD 5318, AUD 5345, AUD 5354
• A21. Universal precautions and infectious/contagious diseases	X	AUD 5310, AUD 5332	AUD 5583-Sp1	AUD 5310

• A22. Oral and written forms of communication	X	AUD 5310, AUD 5327, AUD 5328, AUD 5339, AUD 5340, AUD 5361, AUD 5365, AUD 5367, AUD 5581, HRSP 8383, MDE 5308	AUD 5581, AUD 5583-Sp1	AUD 5310, AUD 5327, AUD 5328, AUD 5339, AUD 5340, AUD 5581, AUD 5582
• A23a. Principles, methods, and applications of acoustics (e.g. basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), **as applicable to occupational and industrial environments**	X	AUD 5310, AUD 5327, AUD 5328, AUD 5353, AUD 5359	AUD 5583-Sp1	AUD 5310, AUD 5327, AUD 5328, AUD 5353
• A23b. Principles, methods, and applications of acoustics (e.g. basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), **as applicable to community noise**	X	AUD 5327, AUD 5353, AUD 5359	AUD 5583-Sp1	AUD 5327, AUD 5353
• A23c. Principles, methods, and applications of acoustics (e.g. basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), **as applicable to classroom and other educational environments**	X	AUD 5310, AUD 5318, AUD 5327, AUD 5328, AUD 5345, AUD 5359	AUD 5583-Sp1	AUD 5310, AUD 5318, AUD 5327, AUD 5328, AUD 5345
• A23d. Principles, methods, and applications of acoustics (e.g. basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), **as applicable to workplace environments**	X	AUD 5310, AUD 5327, AUD 5328, AUD 5353	AUD 5583-Sp1	AUD 5310, AUD 5327, AUD 5328, AUD 5353
• A24. The use of instumentation according to manufacturer's specifications and recommendations	X	AUD 5310, AUD 5327, AUD 5339, AUD 5340, AUD 5345, AUD 5346, AUD 5347, AUD 5353, AUD 5359	AUD 5346, AUD 5583-Sp1	AUD 5310, AUD 5327, AUD 5339, AUD 5340, AUD 5345, AUD 5346, AUD 5347, AUD 5353
• A25. Determining whether instrumentation is in calibration according to accepted standards	X	AUD 5310, AUD 5327, AUD 5337, AUD 5345, AUD 5346, AUD 5347, AUD 5353, AUD 5359	AUD 5346, AUD 5583-Sp1	AUD 5310, AUD 5327, AUD 5337, AUD 5345, AUD 5346, AUD 5347, AUD 5353
• A26. Principles and applications of counseling	X	AUD 5310, AUD 5318, AUD 5325, AUD 5327, AUD 5339, AUD 5340, AUD 5345, AUD 5353, AUD 5361, MDE 5322	AUD 5583-Sp1	AUD 5310, AUD 5318, AUD 5325, AUD 5327, AUD 5339, AUD 5340, AUD 5345, AUD 5353
• A27. Use of interpreters and translators for both spoken and visual communication	X	AUD 5318, AUD 5367, MDE 5308	AUD 5583-Sp1	AUD 5318
• A28. Management and business practices, including but not limted to cost analysis, budgeting, coding and reimbursement, and patient management	X	AUD 5216, AUD 5365, AUD 5367	AUD 5583-Sp1	
• A29. Consultation with professionals in related and/or allied service areas	X	AUD 5310, AUD 5325, AUD 5332, AUD 5347, AUD 5361, AUD 5363, AUD 5365, AUD 5374, MDE 5322	AUD 5583-Sp1	AUD 5310, AUD 5325, AUD 5347, AUD 5363, AUD 5374

Standard IV-B: Prevention and Identification				
• B1. Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems	X	AUD 5310, AUD 5325, AUD 5327, AUD 5332, AUD 5346, AUD 5350	AUD 5346, AUD 5583-Sp1	AUD 5310, AUD 5325, AUD 5327, AUD 5346
• B2. Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs	X	AUD 5310	AUD 5583-Sp1	AUD 5310
• B3. Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures	X	AUD 5310, AUD 5337, AUD 5363	AUD 5583-Sp1	AUD 5310, AUD 5337, AUD 5363
• B4. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures	X	AUD 5325, AUD 5327, AUD 5363	AUD 5583-Sp1	AUD 5325, AUD 5327, AUD 5363
• B5. Educate individuals on potential causes and effects of vestibular loss	X	AUD 5346, AUD 5347	AUD 5346, AUD 5583-Sp1	AUD 5346, AUD 5347
• B6. Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services	X	AUD 5346, AUD 5347, AUD 5350	AUD 5346, AUD 5583-Sp1	AUD 5346, AUD 5347
Standard IV-C: Assessment				
• C1. Measuring and interpreting sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment	X	AUD 5325, AUD 5337, AUD 5346, AUD 5347, AUD 5374, AUD 5581	AUD 5346, AUD 5581	AUD 5325, AUD 5337, AUD 5346, AUD 5347, AUD 5374, AUD 5581, AUD 5582
• C2. Assessing individuals with suspected disorders of hearing, communication, balance, and related systems	X	AUD 5310, AUD 5325, AUD 5327, AUD 5345, AUD 5346, AUD 5347, AUD 5350, AUD 5353, AUD 5581	AUD 5346, AUD 5581, AUD 5583-Sp1	AUD 5310, AUD 5325, AUD 5327, AUD 5345, AUD 5346, AUD 5347, AUD 5353, AUD 5581, AUD 5582
• C3. Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning	X	AUD 5310, AUD 5325, AUD 5327, AUD 5332, AUD 5339, AUD 5340, AUD 5345, AUD 5346, AUD 5350, AUD 5353	AUD 5346, AUD 5583-Sp1	AUD 5310, AUD 5325, AUD 5327, AUD 5339, AUD 5340, AUD 5345, AUD 5346, AUD 5353
• C4. Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral	X	AUD 5310, AUD 5325, AUD 5327, AUD 5332, AUD 5339, AUD 5340, AUD 5345, AUD 5346, AUD 5581	AUD 5346, AUD 5581, AUD 5583-Sp1	AUD 5310, AUD 5325, AUD 5327, AUD 5339, AUD 5340, AUD 5345, AUD 5346, AUD 5581, AUD 5582
• C5. Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function	X	AUD 5310, AUD 5325, AUD 5327, AUD 5328, AUD 5332, AUD 5337, AUD 5339, AUD 5340, AUD 5581	AUD 5581, AUD 5583-Sp1	AUD 5310, AUD 5325, AUD 5327, AUD 5328, AUD 5337, AUD 5339, AUD 5340, AUD 5581, AUD 5582

• C6. Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems	X	AUD 5332, AUD 5337, AUD 5346, AUD 5347, AUD 5350	AUD 5346, AUD 5583-Sp1	AUD 5337, AUD 5346, AUD 5347
• C7. Conducting and interpreting otoacoustic emissions and acoustic immitance (reflexes)	X	AUD 5310, AUD 5325, AUD 5327, AUD 5332, AUD 5337, AUD 5581	AUD 5581, AUD 5583-Sp1	AUD 5310, AUD 5325, AUD 5327, AUD 5337, AUD 5581, AUD 5582
• C8. Evaluating auditory-related processing disorders	X	AUD 5310, AUD 5327, AUD 5332, AUD 5581	AUD 5581, AUD 5583-Sp1	AUD 5310, AUD 5327, AUD 5581, AUD 5582
• C9. Evaluating functional use of hearing	X	AUD 5310, AUD 5318, AUD 5327, AUD 5345, AUD 5353, AUD 5581	AUD 5581, AUD 5583-Sp1	AUD 5310, AUD 5318, AUD 5327, AUD 5345, AUD 5353, AUD 5581, AUD 5582
• C10. Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiologic treatment/management plan	X	AUD 5216, AUD 5310, AUD 5325, AUD 5337, AUD 5346, AUD 5365, AUD 5581	AUD 5346, AUD 5581, AUD 5583-Sp1	AUD 5310, AUD 5325, AUD 5337, AUD 5346, AUD 5581, AUD 5582
• C11. Referring to other professions, agencies, and/or consumer organizations	X	AUD 5310, AUD 5325, AUD 5332, AUD 5350, AUD 5361, AUD 5365	AUD 5583-Sp1	AUD 5310, AUD 5325
Standard IV-D: Intervention (Treatment)				
• D1. The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication	X	AUD 5318, AUD 5327, AUD 5347, AUD 5350, AUD 5354	AUD 5583-Sp1	AUD 5318, AUD 5327, AUD 5347, AUD 5354
• D2a. Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following: Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology	X	AUD 5318, AUD 5339, AUD 5340, AUD 5345, AUD 5353, AUD 5354, AUD 5361	AUD 5583-Sp1	AUD 5318, AUD 5339, AUD 5340, AUD 5345, AUD 5353, AUD 5354
• D2b. Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following: Determination of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiologic rehabilitation to optimize device use	X	AUD 5318, AUD 5354	AUD 5583-Sp1	AUD 5318, AUD 5354
• D2c. Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following: Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence	X	AUD 5318, AUD 5339, AUD 5340, AUD 5353, AUD 5354, AUD 5361, AUD 5363	AUD 5583-Sp1	AUD 5318, AUD 5339, AUD 5340, AUD 5353, AUD 5354, AUD 5363

• D2d. Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following: Provision of comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems	X	AUD 5318, AUD 5339, AUD 5340, AUD 5354, AUD 5363	AUD 5583-Sp1	AUD 5318, AUD 5339, AUD 5340, AUD 5354, AUD 5363
• D3. Determination of candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments	X	AUD 5346, AUD 5347, AUD 5350	AUD 5346, AUD 5583-Sp1	AUD 5346, AUD 5347
• D4. Treatment and audiologic management of tinnitus	X	AUD 5353	AUD 5583-Sp1	AUD 5353
• D5. Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)	X	AUD 5318, AUD 5361	AUD 5583-Sp1	AUD 5318
• D6. Management of the selection, purchase, installation, and evaluation of large-area amplification systems	X	AUD 5318, AUD 5345, AUD 5353	AUD 5583-Sp1	AUD 5318, AUD 5345, AUD 5353
• D7. Evaluation of the efficacy of intervention (treatment) services	X	AUD 5310, AUD 5354	AUD 5583-Sp1	AUD 5310, AUD 5354
Standard IV-E: Advocacy/Consultation				
• E1. Educating and advocating for communication needs of all individuals that may include advocating for the programmatic needs, rights, and funding of services for those with hearing loss, other auditory dysfunction, or vestibular disorders	X	AUD 5216, AUD 5310, AUD 5318, AUD 5327, AUD 5361, AUD 5363, AUD 5365, MDE 5308, MDE 5322	AUD 5583-Sp1	AUD 5310, AUD 5318, AUD 5327, AUD 5363
• E2. Consulting about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services	X	AUD 5310, AUD 5318, AUD 5365	AUD 5583-Sp1	AUD 5310, AUD 5318
• E3. Identifying underserved populations and promoting access to care	X		AUD 5583-Sp1	
Standard IV-F: Education/Research/Administration				
• F1. Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services	X	AUD 5216, AUD 5310, AUD 5327, AUD 5354, AUD 5361, AUD 5365	AUD 5583-Sp1	AUD 5310, AUD 5327, AUD 5354
• F2. Applying research findings in the provision of patient care (evidence-based practice)	X	AUD 5310, AUD 5325, AUD 5327, AUD 5328, AUD 5332, AUD 5337, AUD 5339, AUD 5340, AUD 5345, AUD 5346, AUD 5350, AUD 5353, AUD 5354, AUD 5361, AUD 5368	AUD 5346, AUD 5583-Sp1	AUD 5310, AUD 5325, AUD 5327, AUD 5328, AUD 5337, AUD 5339, AUD 5340, AUD 5345, AUD 5346, AUD 5353, AUD 5354

• F3. Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence	X	AUD 5310, AUD 5327, AUD 5328, AUD 5354, AUD 5368	AUD 5583-Sp1	AUD 5310, AUD 5327, AUD 5328, AUD 5354
• F4. Administering clinical programs and providing supervision of professionals as well as support personnel	X	AUD 5353, AUD 5365, AUD 5367	AUD 5583-Sp1	AUD 5353
• F5. Identifying internal programmatic needs and developing new programs	X	AUD 5365	AUD 5583-Sp1	
• F6. Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies	X	AUD 5216, AUD 5310, AUD 5365	AUD 5583-Sp1	AUD 5310

KNOWLEDGE AND SKILLS ACQUISITION (KASA)

SUMMARY FORM

FOR CERTIFICATION IN SPEECH-LANGUAGE PATHOLOGY

School of Medicine

VANDERBILT UNIVERSITY

CALIPSO
Knowledge And Skills Acquisition (KASA) Summary Form
Doe, Jane

Standards	Knowledge/Skill Met? (check)	Course # and Title	Practicum Experiences # and Title	Other (e.g. labs, research) (include descriptions of activity)
Standard IV-A. The applicant must demonstrate knowledge of the principles of:				
• Biological Sciences	X	MDE 5354, SLP 5305, SLP 5316, SLP 5317, SLP 5324, SLP 5326, SLP 5331, UG Pre-Requisite		MDE 5354
• Physical Sciences	X	MDE 5354, SLP 5301, SLP 5316, SLP 5317, SLP 5331, SLP 5335, UG Pre-Requisite		MDE 5354, SLP 5335
• Statistics	X	MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5314, SLP 5397, UG Pre-Requisite		MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5314
• Social/behavioral Sciences	X	MDE 5320, MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5305, SLP 5314, SLP 5316, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5397, UG Pre-Requisite		MDE 5320, MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5314, SLP 5335
Standard IV-B. The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases				
• Basic Human Communication Processes				
• Biological	X	MDE 5354, SLP 5235, SLP 5236, SLP 5301, SLP 5305, SLP 5311, SLP 5316, SLP 5317, SLP 5331, SLP 5335, UG A&P SL&Hrg		MDE 5354, SLP 5311, SLP 5335
• Neurological	X	MDE 5354, SLP 5235, SLP 5236, SLP 5301, SLP 5305, SLP 5311, SLP 5316, SLP 5317, SLP 5331, SLP 5335, SLP 5336		MDE 5354, SLP 5311, SLP 5335
• Acoustic	X	MDE 5320, MDE 5354, SLP 5301, SLP 5311, SLP 5316, SLP 5336		MDE 5320, MDE 5354, SLP 5311

• Psychological	X	MDE 5320, MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5301, SLP 5311, SLP 5314, SLP 5316, SLP 5317, SLP 5331, SLP 5335, SLP 5336, SLP 5397, UG A&P SL&Hrg		MDE 5320, MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5311, SLP 5314, SLP 5335
• Developmental/Lifespan	X	MDE 5354, MDE 5392, SLP 5290, SLP 5291, SLP 5292, SLP 5301, SLP 5304, SLP 5305, SLP 5311, SLP 5314, SLP 5316, SLP 5317, SLP 5335, SLP 5336, SLP 5397, UG Norm Lang		MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5311, SLP 5314, SLP 5335
• Linguistic	X	MDE 5308, MDE 5354, MDE 5393, SLP 5290, SLP 5291, SLP 5292, SLP 5301, SLP 5304, SLP 5311, SLP 5314, SLP 5316, SLP 5317, SLP 5331, SLP 5335, SLP 5397, UG Norm Lang		MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5311, SLP 5314, SLP 5335
• Cultural	X	MDE 5308, MDE 5354, MDE 5393, SLP 5290, SLP 5291, SLP 5292, SLP 5301, SLP 5304, SLP 5305, SLP 5311, SLP 5314, SLP 5316, SLP 5317, SLP 5331, SLP 5335, SLP 5338, SLP 5397, UG Norm Lang		MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5311, SLP 5314, SLP 5335, SLP 5338
• Swallowing Processes				
• Biological	X	SLP 5235, SLP 5236, SLP 5319		
• Neurological	X	SLP 5235, SLP 5236, SLP 5319		
• Psychological	X	SLP 5319		
• Developmental/Lifespan	X	SLP 5319		
• Cultural	X	SLP 5319		
Standard IV-C. The applicant must <u>demonstrate knowledge</u> of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:				
• Articulation				
• Etiologies	X	SLP 5301, SLP 5305, SLP 5314, SLP 5316, SLP 5397		SLP 5314
• Characteristics	X	SLP 5301, SLP 5305, SLP 5314, SLP 5316, SLP 5397		SLP 5314

• Fluency				
• Etiologies	X	SLP 5301, SLP 5305, SLP 5311		SLP 5311
• Characteristics	X	SLP 5301, SLP 5305, SLP 5311		SLP 5311
• Voice and resonance, including respiration and phonation				
• Etiologies	X	SLP 5301, SLP 5316, SLP 5326, SLP 5336, SLP 5360, SLP 5391		
• Characteristics	X	SLP 5301, SLP 5316, SLP 5326, SLP 5336, SLP 5360, SLP 5391		
• Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading and writing				
• Etiologies	X	SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5305, SLP 5317, SLP 5331, SLP 5335, SLP 5360, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Characteristics	X	SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5305, SLP 5317, SLP 5331, SLP 5335, SLP 5360, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Hearing, including the impact on speech and language				
• Etiologies	X	AUD 5318, MDE 5308, MDE 5320, MDE 5392, SLP 5292, SLP 5301, SLP 5305, SLP 5331, UG AR, UG Audiology		AUD 5318, MDE 5320, SLP 5292
• Characteristics	X	AUD 5318, MDE 5308, MDE 5320, MDE 5392, SLP 5292, SLP 5301, SLP 5305, SLP 5331, UG AR, UG Audiology		AUD 5318, MDE 5320, SLP 5292
• Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)				
• Etiologies	X	SLP 5319, SLP 5324, SLP 5360		
• Characteristics	X	SLP 5319, SLP 5324, SLP 5360		
• Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning,)				

• Etiologies	X	MDE 5308, SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5305, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Characteristics	X	MDE 5308, SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5305, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Social aspects of communication (e.g., behavioral and social skills affecting communication)				
• Etiologies	X	MDE 5308, SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5305, SLP 5316, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Characteristics	X	MDE 5308, SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5305, SLP 5316, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Augmentative and alternative communication modalities				
• Characteristics	X	MDE 5308, SLP 5323, SLP 5331, SLP 5335		SLP 5335
Standard IV-D: The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.				
• Articulation				
• Prevention	X	SLP 5301, SLP 5314, SLP 5316, SLP 5326, SLP 5397		SLP 5314
• Assessment	X	SLP 5301, SLP 5314, SLP 5316, SLP 5326, SLP 5397		SLP 5314
• Intervention	X	SLP 5301, SLP 5314, SLP 5316, SLP 5326, SLP 5397		SLP 5314
• Fluency				
• Prevention	X	SLP 5311		SLP 5311
• Assessment	X	SLP 5311		SLP 5311

• Intervention	X	SLP 5311		SLP 5311
• Voice and resonance				
• Prevention	X	SLP 5301, SLP 5316, SLP 5326, SLP 5336, SLP 5360, SLP 5391		
• Assessment	X	SLP 5301, SLP 5316, SLP 5326, SLP 5336, SLP 5360, SLP 5391		
• Intervention	X	SLP 5301, SLP 5316, SLP 5326, SLP 5336, SLP 5360, SLP 5391		
• Receptive and expressive language				
• Prevention	X	SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Assessment	X	SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Intervention	X	SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Hearing, including the impact on speech and language				
• Prevention	X	AUD 5318, MDE 5308, MDE 5320, MDE 5354, MDE 5392, MDE 5393, MDE 5394, SLP 5291, SLP 5314, SLP 5331, UG AR, UG Audiology		AUD 5318, MDE 5320, MDE 5354, SLP 5291, SLP 5314
• Assessment	X	AUD 5318, MDE 5308, MDE 5320, MDE 5354, MDE 5392, MDE 5393, MDE 5394, SLP 5291, SLP 5314, SLP 5331, UG AR, UG Audiology		AUD 5318, MDE 5320, MDE 5354, SLP 5291, SLP 5314
• Intervention	X	AUD 5318, MDE 5308, MDE 5320, MDE 5354, MDE 5392, MDE 5393, MDE 5394, SLP 5291, SLP 5314, SLP 5331, UG AR, UG Audiology		AUD 5318, MDE 5320, MDE 5354, SLP 5291, SLP 5314
• Swallowing				
• Prevention	X	SLP 5319, SLP 5360		
• Assessment	X	SLP 5319, SLP 5360		
• Intervention	X	SLP 5319, SLP 5360		
• Cognitive aspects of communication				

• Prevention	X	SLP 5290, SLP 5291, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5335
• Assessment	X	SLP 5290, SLP 5291, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5335
• Intervention	X	SLP 5290, SLP 5291, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360, SLP 5397, UG Norm Lang		SLP 5290, SLP 5291, SLP 5335
• Social aspects of communication				
• Prevention	X	MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5316, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5397, UG Norm Lang		MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Assessment	X	MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5316, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5397, UG Norm Lang		MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Intervention	X	MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5304, SLP 5316, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5397, UG Norm Lang		MDE 5354, SLP 5290, SLP 5291, SLP 5292, SLP 5335
• Augmentative and alternative communication modalities				
• Assessment	X	SLP 5323, SLP 5331, SLP 5335		SLP 5335
• Intervention	X	SLP 5323, SLP 5331, SLP 5335		SLP 5335
Standard V-B: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition to clinical experiences, skills may be demonstrated through successful performance on academic course work and examinations, independent projects, or other appropriate alternative methods):				
1. Evaluation (must include all skill outcomes listed in a-g below for each of the 9 major areas except that prevention does not apply to communication modalities)				
• Articulation				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	X	SLP 5316, SLP 5326		

Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	SLP 5292, SLP 5316, SLP 5326, SLP 5361		SLP 5292
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	SLP 5292, SLP 5301, SLP 5316		SLP 5292
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	X	SLP 5292, SLP 5301, SLP 5316, SLP 5361		SLP 5292
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5292, SLP 5301, SLP 5316		SLP 5292
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5292, SLP 5316		SLP 5292
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5292, SLP 5316, SLP 5361		SLP 5292
• Fluency				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	X	SLP 5311		SLP 5311
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	SLP 5311, SLP 5361		SLP 5311
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	SLP 5311		SLP 5311
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	X	SLP 5311, SLP 5361		SLP 5311
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5311		SLP 5311
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5311		SLP 5311
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5311, SLP 5361		SLP 5311
• Voice and resonance, including respiration and phonation				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	X	SLP 5316, SLP 5326		

Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	SLP 5316, SLP 5326, SLP 5360, SLP 5361		
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	SLP 5301, SLP 5316, SLP 5360		
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	X	SLP 5316, SLP 5360, SLP 5361		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5316, SLP 5360		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5316, SLP 5360		
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5316, SLP 5360, SLP 5361		
• Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading and writing				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	X	SLP 5317, SLP 5323, SLP 5331, SLP 5360		
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	SLP 5292, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360, SLP 5361		SLP 5292, SLP 5335
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	SLP 5292, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360		SLP 5292, SLP 5335
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	X	SLP 5292, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360, SLP 5361		SLP 5292, SLP 5335
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5292, SLP 5317, SLP 5323, SLP 5331, SLP 5335, SLP 5360		SLP 5292, SLP 5335
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5292, SLP 5317, SLP 5331, SLP 5335, SLP 5360		SLP 5292, SLP 5335
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5292, SLP 5317, SLP 5331, SLP 5335, SLP 5360, SLP 5361		SLP 5292, SLP 5335
• Hearing, including the impact on speech and language				

Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	X	AUD 5318, SLP 5331, UG AR, UG Audiology		AUD 5318
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	AUD 5318, MDE 5393, SLP 5331, SLP 5361, UG AR, UG Audiology		AUD 5318
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	AUD 5318, MDE 5308, MDE 5320, MDE 5393, SLP 5331, UG AR, UG Audiology		AUD 5318, MDE 5320
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	X	AUD 5318, MDE 5308, MDE 5393, SLP 5331, SLP 5361, UG AR, UG Audiology		AUD 5318
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	AUD 5318, MDE 5320, MDE 5354, MDE 5393, MDE 5394, SLP 5331, UG AR, UG Audiology		AUD 5318, MDE 5320, MDE 5354
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	AUD 5318, MDE 5393, SLP 5331, UG AR, UG Audiology		AUD 5318
Std. V-B 1g. Refer clients/patients for appropriate services	X	AUD 5318, SLP 5331, SLP 5361, UG AR, UG Audiology		AUD 5318
• Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	X	SLP 5360		
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	SLP 5324, SLP 5360, SLP 5361		
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	SLP 5324, SLP 5360		
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	X	SLP 5360, SLP 5361		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5360		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5360		
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5324, SLP 5361		

• Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	X	SLP 5317, SLP 5331, SLP 5360		
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	SLP 5292, SLP 5317, SLP 5331, SLP 5360, SLP 5361		SLP 5292
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	SLP 5292, SLP 5317, SLP 5331, SLP 5360		SLP 5292
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	X	SLP 5292, SLP 5317, SLP 5331, SLP 5360, SLP 5361		SLP 5292
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5292, SLP 5317, SLP 5331, SLP 5360		SLP 5292
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5292, SLP 5317, SLP 5331, SLP 5360		SLP 5292
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5292, SLP 5317, SLP 5331, SLP 5360, SLP 5361		SLP 5292
• Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	X	SLP 5316, SLP 5317, SLP 5323, SLP 5331		
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	SLP 5292, SLP 5316, SLP 5317, SLP 5323, SLP 5331, SLP 5361		SLP 5292
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	SLP 5292, SLP 5316, SLP 5317, SLP 5323, SLP 5331		SLP 5292
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	X	SLP 5292, SLP 5316, SLP 5317, SLP 5323, SLP 5331, SLP 5361		SLP 5292
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5292, SLP 5316, SLP 5317, SLP 5323, SLP 5331		SLP 5292
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5292, SLP 5316, SLP 5317, SLP 5331		SLP 5292

Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5292, SLP 5316, SLP 5317, SLP 5331, SLP 5361		SLP 5292
• Augmentative and alternative communication modalities				
Std. V-B 1a. Conduct screening procedures	X	SLP 5331, SLP 5335		SLP 5335
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	SLP 5331, SLP 5335, SLP 5361		SLP 5335
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	SLP 5331, SLP 5335		SLP 5335
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	X	SLP 5331, SLP 5335, SLP 5361		SLP 5335
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5331, SLP 5335		SLP 5335
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5331, SLP 5335		SLP 5335
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5331, SLP 5335, SLP 5361		SLP 5335
2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)				
• Articulation				
Std. V-B 2a. 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	X	SLP 5292, SLP 5316, SLP 5361		SLP 5292
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	X	SLP 5292, SLP 5316, SLP 5361		SLP 5292
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5292, SLP 5301, SLP 5316		SLP 5292
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5292, SLP 5301, SLP 5316		SLP 5292
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	SLP 5292, SLP 5316		SLP 5292

Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5292, SLP 5316		SLP 5292
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5292, SLP 5316, SLP 5361		SLP 5292
• Fluency				
Std. V-B 2a. 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	X	SLP 5311, SLP 5361		SLP 5311
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	X	SLP 5311, SLP 5361		SLP 5311
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5311		SLP 5311
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5311		SLP 5311
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	SLP 5311		SLP 5311
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5311		SLP 5311
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5311, SLP 5361		SLP 5311
• Voice and resonance, including respiration and phonation				
Std. V-B 2a. 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	X	SLP 5316, SLP 5361		
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	X	SLP 5361		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5301, SLP 5316		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5301, SLP 5316		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	SLP 5316		

Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5316		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5316, SLP 5361		
• Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading and writing				
Std. V-B 2a. 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	X	SLP 5292, SLP 5317, SLP 5323, SLP 5331, SLP 5361		SLP 5292
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	X	SLP 5292, SLP 5317, SLP 5323, SLP 5331, SLP 5361		SLP 5292
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5292, SLP 5317, SLP 5323, SLP 5331		SLP 5292
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5292, SLP 5317, SLP 5323, SLP 5331		SLP 5292
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	SLP 5292, SLP 5317, SLP 5323, SLP 5331		SLP 5292
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5292, SLP 5317, SLP 5331		SLP 5292
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5292, SLP 5317, SLP 5331, SLP 5360, SLP 5361		SLP 5292
• Hearing, including the impact on speech and language				
Std. V-B 2a. 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	X	AUD 5318, MDE 5308, MDE 5392, MDE 5394, SLP 5331, SLP 5361, UG AR, UG Audiology		AUD 5318
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	X	AUD 5318, MDE 5308, MDE 5392, SLP 5331, SLP 5361, UG AR, UG Audiology		AUD 5318
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	AUD 5318, MDE 5308, MDE 5392, SLP 5331, UG AR, UG Audiology		AUD 5318
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	AUD 5318, MDE 5308, MDE 5392, MDE 5393, SLP 5331, UG AR, UG Audiology		AUD 5318

Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	AUD 5318, MDE 5308, MDE 5354, MDE 5392, MDE 5393, SLP 5331, UG AR, UG Audiology		AUD 5318, MDE 5354
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	AUD 5318, MDE 5308, MDE 5354, MDE 5393, SLP 5331, UG AR, UG Audiology		AUD 5318, MDE 5354
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	AUD 5318, MDE 5308, MDE 5354, MDE 5394, SLP 5331, SLP 5361, UG AR, UG Audiology		AUD 5318, MDE 5354
• Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)				
Std. V-B 2a. 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	X	SLP 5324, SLP 5361		
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	X	SLP 5361		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	MDE 5320		MDE 5320
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5324		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	MDE 5320		MDE 5320
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5360, SLP 5361		
• Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)				
Std. V-B 2a. 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	X	SLP 5292, SLP 5317, SLP 5331, SLP 5361		SLP 5292
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	X	SLP 5292, SLP 5317, SLP 5331, SLP 5361		SLP 5292

Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5292, SLP 5317, SLP 5331		SLP 5292
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5292, SLP 5317, SLP 5331		SLP 5292
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	SLP 5292, SLP 5317, SLP 5331		SLP 5292
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5292, SLP 5317, SLP 5331		SLP 5292
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5292, SLP 5317, SLP 5331, SLP 5360, SLP 5361		SLP 5292
• Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)				
Std. V-B 2a. 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	X	SLP 5292, SLP 5316, SLP 5317, SLP 5323, SLP 5331, SLP 5361		SLP 5292
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	X	SLP 5316, SLP 5317, SLP 5323, SLP 5331, SLP 5361		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5292, SLP 5316, SLP 5317, SLP 5323, SLP 5331		SLP 5292
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5292, SLP 5316, SLP 5317, SLP 5331		SLP 5292
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	SLP 5292, SLP 5316, SLP 5317, SLP 5323, SLP 5331		SLP 5292
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5292, SLP 5316, SLP 5317, SLP 5331		SLP 5292
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5292, SLP 5316, SLP 5317, SLP 5331, SLP 5361		SLP 5292
• Augmentative and alternative communication modalities				
Std. V-B 2a. 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	X	SLP 5331, SLP 5335, SLP 5361		SLP 5335

Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	X	SLP 5331, SLP 5335, SLP 5361		SLP 5335
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5331, SLP 5335		SLP 5335
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5331, SLP 5335		SLP 5335
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	SLP 5331, SLP 5335		SLP 5335
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5331, SLP 5335		SLP 5335
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5331, SLP 5335, SLP 5361		SLP 5335
3. Interaction and Personal Qualities				
Std. V-B 3a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.	X	MDE 5394, SLP 5292, SLP 5305, SLP 5311, SLP 5316, SLP 5317, SLP 5323, SLP 5324, SLP 5326, SLP 5331, SLP 5335, SLP 5360, SLP 5361		SLP 5292, SLP 5311, SLP 5335
Std. V-B 3b. Collaborate with other professionals in case management.	X	MDE 5320, MDE 5392, MDE 5394, SLP 5305, SLP 5316, SLP 5317, SLP 5324, SLP 5326, SLP 5331, SLP 5335, SLP 5360		MDE 5320, SLP 5335
Std. V-B 3c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.	X	SLP 5305, SLP 5311, SLP 5316, SLP 5317, SLP 5331, SLP 5335, SLP 5360, SLP 5361		SLP 5311, SLP 5335
Std. V-B 3d. Adhere to the ASHA Code of Ethics and behave professionally.	X	SLP 5292, SLP 5305, SLP 5311, SLP 5316, SLP 5317, SLP 5323, SLP 5324, SLP 5326, SLP 5331, SLP 5335, SLP 5360, SLP 5361		SLP 5292, SLP 5311, SLP 5335