



2020-2021

Vanderbilt University School of Medicine
Department of Hearing and Speech Sciences
&
Vanderbilt Bill Wilkerson Center
Vanderbilt University Medical Center
(VUMC)

CLINIC HANDBOOK

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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. During 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. You will work with skilled clinical staff and faculty in a variety of settings. 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 you will identify areas of interest for your investigation and involvement in the future. It is our privilege to assist you in laying the foundation for your development as a professional, and we are confident you will find The Vanderbilt University Medical Center (VUMC) 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
Associate Professor and Director of Clinical Education

NONDISCRIMINATION STATEMENT

In compliance with federal law, including the provisions of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, the Vietnam Era Veterans Readjustment Assistance Act of 1974 as amended by the Jobs for Veterans Act, and the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, Vanderbilt University does not discriminate against individuals on the basis of their race, sex, sexual orientation, gender identity, religion, color, national or ethnic origin, age, disability, military service, covered veterans status, or genetic information in its administration of educational policies, programs, or activities; admissions policies; scholarship and loan programs; athletic or other university-administered programs; or employment. In addition, the university does not discriminate against individuals on the basis of their gender expression. Requests for information, inquiries or complaints should be directed to these offices: Equal Opportunity and Access Office, coa@vanderbilt.edu, telephone (615) 343-9336; Title IX Office, Title IX Coordinator, titleix@vanderbilt.edu, telephone (615) 343-9004, 110 21st Avenue South, Suite 975, Nashville TN 37203; Student Access Office, studentaccess@vanderbilt.edu telephone (615) 343-9727.

VUMC Non-Discrimination and Accessibility Notice is included in Appendix A of this handbook.

ACCREDITATION

The Master of Science (M.S.) education program in speech-language pathology and the Doctor of Audiology (Au.D.) education program in audiology at Vanderbilt University are accredited by the [Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association](#), 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700.

VANDERBILT UNIVERSITY MISSION

Vanderbilt University is, above all, a center for scholarly research, informed and creative teaching, and service to the community and the society at large. The University avows as its essential task the unique fusing of the quest for knowledge through scholarship with the dissemination of knowledge through teaching. Creative experimentation, the development of high standards, and an enhanced atmosphere of intellectual freedom are both evident and valued on this campus. In addition, the University has an inherent regional role. It recognizes that as a private institution it is almost unique in its offerings of advanced programs in the region. Moreover, the diversity of programs promotes an interchange manifested in a wide and rich curriculum both remarkable for its size and complexity. Vanderbilt values an environment conducive to the cultivation of liberal learning, logical thought, and disciplined

inquiry into the education of our youth and the training of creative professionals. Vanderbilt understands itself as self-contained and self-regulating, subject finally only to generally acknowledged standards of excellence and a sense of responsibility to the national community. High in priority among Vanderbilt's many goals is to have a diversified student population.

VUMC STATEMENT OF PURPOSE

Vanderbilt University Medical Center is one of the nation's longest serving and most prestigious academic medical centers. Through its historic bond with Vanderbilt University, VUMC cultivates distinguished research and educational programs to advance a clinical enterprise that provides compassionate and personalized care and support for millions of patients and family members each year. World-leading academic departments and comprehensive centers of excellence pursue scientific discoveries and transformational educational and clinical advances across the entire spectrum of health and disease. VUMC's leadership in the delivery of academically based health care is recognized by the nation's most trusted advisory bodies and reporting organizations including the National Academies, the Magnet Recognition Program, U.S. News & World Report, the Leapfrog Group, Truven Health Analytics and others. Our Schools of Medicine and Nursing and residency training programs are consistently among the most selective, and are valued for their diversity, innovation and capacity to transform the educational experience, while the breadth of our scientific discovery is propelled by a research enterprise that is consistently ranked among the nation's top 10.

VUMC MISSION

Through the exceptional capabilities and caring spirit of its people, Vanderbilt will lead in improving the healthcare of individuals and communities regionally, nationally, and internationally. We will combine our transformative learning programs and compelling discoveries to provide distinctive personalized care. www.vumc.org/Elevatesite/46643

VUMC STRATEGIC COMMITMENTS

- **We will sustain a collaborative community** fully committed to diversity and inclusion and to supporting one another, our patients, and their families.
- **We will deliver the highest quality and safest health care** in a seamless manner that always places our patients and their families first.
- **We will personalize the care of every patient**, fully leveraging our knowledge, values and strength in science and technology.
- **We will invest continuously in the capabilities of our people**, helping each of us realize our goals and potential.
- **We will advance the knowledge of human health** through a commitment to research, a passion for learning, and an unyielding pursuit of better ways to deliver care.
- **We will improve the effectiveness and efficiency of everything we do** to achieve greater value for those we serve.

- **We will provide prompt and continuous access** for our patients and colleagues throughout VUMC and the Vanderbilt Health Affiliated Network.

VUMC CREDO

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

- I make those I serve my highest priority.
- I respect privacy and confidentiality.
- I communicate effectively.
- I conduct myself professionally.
- I have a sense of ownership.
- I am committed to my colleagues.

THE VANDERBILT PATIENT & FAMILY PROMISE

Vanderbilt University Medical Center is committed to excellence.

We will:

- Include you as the most important member of your healthcare team
- Respect your right to privacy
- Work with you to coordinate your care
- Personalize your care with a focus on your values and needs
- Communicate clearly and regularly
- Serve you and your family with kindness and respect.

www.vumc.org/Elevatesite/53369

DEPARTMENT OF HEARING AND SPEECH SCIENCES MISSION

The Department of Hearing and Speech Sciences (DHSS) is dedicated to serving persons with communicative and related disorders through treatment, education, and research; enhance our knowledge of communicative and related disorders; shape the future of communication disorders and related disciplines through national and international leadership; promote public awareness and prevention of communicative and related disorders; ensure continuous improvement of operations through personal and professional development; and generate measurable benefits for our community, employees, students, clients and their families, and other customers.

RESPONSIBILITIES OF SUPERVISORS

Staff and faculty members in a clinical role have the primary responsibility for clinical patients. While providing patient care, clinical staff and faculty serve as clinical supervisors for graduate students. Their top priority is always to provide services to patients in an effective and efficient manner. They have responsibility and concern that the highest quality clinical services are provided, and patients and their families experience the best possible outcome. 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 (CCC) and meet ASHA requirements for supervisors 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.

Supervisors are responsible for guiding students to:

- Develop appropriate goals and strategies for evaluation and treatment using evidence-based practice
- 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 benefit from feedback regarding performance. Ongoing regular feedback is critical to the development of effective clinical skills.

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. (Appendix B, Appendix C)

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 placements site.
2. Midterm evaluations of clinical performance will be provided and discussed with the progress toward goals highlighted.
3. Final evaluation of clinical performance will be provided and discussed with the progress toward goals highlighted.

CALIPSO also allows students to complete self-evaluations. Supervisors are encouraged to have each student complete self-evaluations during their clinical assignments. The following times are encouraged for self-evaluations:

- Beginning of externship
- Prior to midterm
- Prior to each final evaluation

Once completed, students will share their self-evaluations with their supervisors.

The following performance rating scale is used in CALIPSO:

- 1 **Unacceptable performance:** Specific direction from supervisor does not alter unsatisfactory performance (skill/behavior is present <25% of the time).
- 2 **Needs Improvement in Performance/ Maximum Support:** The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively (skill/behavior is present 26-50% of the time).
- 3 **Moderately Acceptable Performance/ Moderate Support:** Inconsistently demonstrates clinical behavior/skill. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective. Moderate amount of direction from supervisor needed to perform effectively (skill/behavior is present 51-75% of the time).

- 4 **Acceptable Performance/ Minimal Support:** Displays minor technical problems which do not hinder the therapeutic process. Minimum amount of direction from supervisor needed to perform effectively (skill/behavior is present 76-90% of the time).
- 5 **Acceptable Performance/ Independent:** Adequately and effectively implements the clinical skill/behavior. Demonstrates independent and creative problem solving (skill/behavior is present >90% of the time).

Clinical supervisors are responsible for completing evaluations and rating students on evaluation items as accurately as possible using the performance rating scale.

The final semester grade is determined by the Director of Clinical Education. In CALIPSO, evaluation scores are weighted by the number of clock hours approved by the clinical supervisor. The Director of Clinical education reviews weightings and scores to assign a final semester grade. The following are possible grades:

- P - Pass
- F - Fail
- IP - In progress (temporary grade)

RESPONSIBILITIES OF STUDENT CLINICIANS

Register for Clinical Courses

All students are expected to register for the appropriate clinical course each semester. Course information for each semester is as follows:

M.S. Speech-Language Pathology Program – 5 semesters

Year	Semester	Course	Credits
1	Fall	SLP 5240 Intro to Clinical Practicum	1
	Spring	SLP 5583 Practicum and Clinical Case Conference	1
	Maymester	MDE 5356 Internship/Externship (specialty track)	2
	Summer	SLP 5583 Practicum and Clinical Case Conference	1
2	Fall	SLP 5583 Practicum and Clinical Case Conference	1
	Spring	SLP 5355 Externship (10 weeks)	6

M.S. Speech-Language Pathology Program – 6 semesters

Year	Semester	Course	Credits
1	Fall	SLP 5240 Intro to Clinical Practicum	1
	Spring	SLP 5583 Practicum and Clinical Case Conference	1
	Maymester	MDE 5356 Internship/Externship (specialty track)	2
	Summer	SLP 5583 Practicum and Clinical Case Conference	1
2	Fall	SLP 5583 Practicum and Clinical Case Conference	1
	Spring	SLP 5583 Practicum and Clinical Case Conference	1
	Summer	SLP 5355 Externship (10 weeks)	6

Clinical Doctorate (Au.D.) in Audiology – 11 semesters

Year	Semester	Course	Credits
1	Fall	AUD 5585-01 Practicum and Case Conference	3
	Spring	AUD 5585-01 Practicum and Case Conference	3
	Summer	AUD 5585-01 Practicum and Case Conference	3
2	Fall	AUD 5585-01 Practicum and Case Conference	3
	Spring	AUD 5585-01 Practicum and Case Conference	3
	Maymester	AUD 5357 Internship/Externship Audiology (specialty track) MDE 5356 Internship/Externship (specialty track)	1 2
	Summer	AUD 5585-01 Practicum and Case Conference	3
3	Fall	AUD 5585-02 Practicum and Case Conference	4
	Spring	AUD 5585-02 Practicum and Case Conference	4
	Summer	AUD 5355 Externship	3
4	Fall	AUD 5355 Externship	3
	Spring	AUD 5355 Externship	3

Provide Documentation of Health Screenings

Students are required to submit immunization records and tuberculosis (TB) information in order to register for classes prior to coming to Vanderbilt. Detailed information on requirements and submission instructions are found on the Student Health Center website:

<https://www.vumc.org/student-health/immunization-requirements-new-students>

Healthcare professional students in the School of Medicine (applies to speech-language pathology and audiology students) are required to have annual influenza vaccination if they are in a clinical setting between, October 1, 2020 and March 31, 2021. Consult the Student Health Center for information on the deadline and exemption request process <https://www.vumc.org/student-health/influenza-vaccinations-students>

Students are responsible for monitoring their immunization/health screening compliance and responding to the need to update information/compliance in a timely manner.

Complete Required Training

CPR

Students must have on file a current CPR card. If the card expires during enrollment in the training program at Vanderbilt, it is up to the student to obtain renewal training and provide documentation that it has been completed. Acceptable courses are instructor-led ***Basic Life Support (BLS) for Healthcare Providers*** CPR training class that covers both adults and children (**Red Cross, American Heart Association, or Military Training Network**). Further information on courses and acceptable certification are found on the Vanderbilt Resuscitation Program website: <https://www.vumc.org/Resuscitation/>

Initial Compliance Training

Incoming students are assigned “initial compliance” training in The VUMC Learning Exchange that consists of training modules on HIPPA, Cyber Security, Sexual Misconduct, Code of Conduct and Fraud, Waste, & Abuse. In addition, students are assigned training on Bloodborne Pathogens and Infectious Diseases. This training must be completed prior to beginning clinical practicum. This training is accessed on The Learning Exchange <https://learningexchange.vumc.org>

eStar Training (EMR)

eStar is the electronic medical record used at VUMC in hospital units and outpatient clinics. Students are required to complete eStar Live and eStar online training modules prior to be granted access to the system. Online modules are assigned, and live training is scheduled prior to the start of clinic assignments.

CALIPSO Training

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. Students receive training during orientation which includes the following: registering in the system, accessing the system, navigating the system, submitting clock hours, completing self-evaluations, site evaluations and supervisor evaluations.

Clinic Assignments

Clinic assignments are made prior to the start of each semester in coordination with clinic leaders. Potential clinical placements are based on supervisor and student availability each semester.

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. The Director of

Clinical Education sends an e-mail approximately 3 weeks prior to the end of each semester to solicit practicum planning information from students (Appendix D). Students are instructed to answer planning questions and return the information via e-mail to the appropriate person. These requests are considered in relation to the students' needs for knowledge and skill development as well as in regard to previous clinical assignments. Clinic assignments are sent to students via email.

Student Expectations

- 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.
- 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.
- Students are expected to fulfill all clinical assignments.
- Students will maintain a clinical clock hour record and enter clock hours into CALIPSO on a daily basis. Clock hours are submitted to the appropriate supervisor for approval at a frequency designated by the supervisor (daily, weekly, every-2 weeks, etc.). (Appendix E, Appendix F)
- At the conclusion of each semester, students complete the following in CALIPSO:
 - Self-evaluation – Complete a self-evaluation upon request of supervisor(s). Print out completed self-evaluation and provide a copy to requesting supervisor.
 - Supervisor Feedback Form – One form for each of the main supervisors for the semester. (Appendix G)
 - Student Evaluation of Off-Campus Placement: One form for each of the on- and off-campus practicum sites for the semester. (Appendix H)
- Students are expected to adhere to all policies and procedures, confidentiality and privacy guidelines for all sites where they are placed for clinical assignments.
- Students are required to abide by all PPE guidelines. (Appendix I, Appendix J, Appendix K)

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 each profession.

The clinical and academic components of the training programs are designed so that all students will achieve the skills and knowledge outcomes delineated on the Knowledge and Skills Acquisition forms (Appendix L, 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 use CALIPSO and 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 the following links:

Scope of Practice in Audiology : <https://www.asha.org/policy/SP2018-00353/>
American Speech-Language-Hearing Association. (2018). Scope of Practice in Audiology [Scope of Practice]. Available from www.asha.org/policy.

Scope of Practice in Speech-Language Pathology: <https://www.asha.org/policy/SP2016-00343/>
American Speech-Language-Hearing Association. (2016). Scope of Practice in Speech-Language Pathology [Scope of Practice]. Available from www.asha.org/policy.

In addition to the knowledge and skills outcomes within their own scope of practice, students will meet the other clinical and academic requirements for the Certificate of Clinical Competence awarded by ASHA.

Audiology

General Information

All Au.D. students are expected to participate and make consistent progress in developing clinical skills through clinical practicum assignments throughout their program. Enrollment in clinical practicum is required during each semester of the student's enrollment. The first semester of the clinical program in

audiology includes a weekly clinical case conference survey combined with observations, guidance, 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, 9th Floor Audiology clinic, Green Hills Audiology Clinic, or Franklin ENT Clinic) of the department during the semester.

A grade of Pass (P), Fail (F) or In Progress (IP) will be awarded for all semesters of practicum. The first-year grading is primarily based on attendance, punctuality, professionalism, and active engagement in the learning process. In subsequent semesters, clinical performance and learning will be the main areas of grading in addition to areas mentioned above. The Director of Clinical Education assigns grades based on the average of all evaluation scores completed by clinical supervisors. Clinic grades will be reduced for unexcused absences from either clinic or clinical case conference according to prevailing departmental guidelines.

Students should expect to have the following time commitments to clinic during enrollment in the Au.D. program. Amounts might be adjusted in years 1-3 based on supervisor availability and class schedule:

Semester/Year	Expected Clinic Time Per Week
1 st Semester (Fall 1)	1-2 half-days
2 nd Semester (Spring 1)	1-2 half -days
3 rd Semester (Summer 1)	2-3 half-days
4 th Semester (Fall 2)	2-3 half-days
5 th Semester (Spring 2)	2-3 half-days
6 th Semester (Summer 2)	3 half-days
7 th Semester (Fall 3)	4 half-days
8 th Semester (Spring 3)	4 half-days
9 th Semester (Summer 3)	Full-time (4-5 days)
10 th Semester (Fall 4)	Full-time (4-5 days)
11 th Semester (Spring 4)	Full-time (4-5 days)

4th-Year Externship

During the summer of the second year, Au.D. students begin the application process for 4th-year clinical externship placements. Students are guided through the externship application process by the Director of Clinical Education and faculty and staff in the audiology program. The Director of Clinical Education meets with all rising 3rd-year students prior to the summer of their second year and provides detailed information regarding 4th-year externships and the assistance provided by the department. Following this meeting, students complete a Request for 4th-Year Externship Form (Appendix N) where they generally describe the type of placement they are seeking (VUMC vs. external, city, state, employer, pediatrics/adults, private practice, schools, VA, outpatient, etc.) and list up to 6 sites in order of preference. Students may not contact sites directly at this point in the process. The Director of Clinical Education meets with each student individually to review their preferences and list of sites.

The Director of Clinical Education then contacts sites to obtain detailed information regarding availability of externships and the application process. The Director of Clinical Education completes this process and meets with students individually, again, to discuss the information and sites they wish to submit applications. It is recommended that students apply to at least 5 sites. Students are responsible for completing the applications and gathering all documentation needed for the applications. All placements are contingent upon a fully executed affiliation agreement.

Externships begin on or about July 1 (during the summer of the third year) and continue for a minimum of ten months (e.g. through Fall and Spring of the 4th year). Typical end dates for externships are around April 30 of the fourth year. Students may receive financial support from the externship facility during the fourth-year externship. Financial support provided by externship sites varies greatly, and this support is solely the responsibility of the externship site. Students are responsible for all expenses related to externship (travel, housing, transportation, background checks, etc.).

Speech-Language Pathology

General Information

All M.S. SLP students are expected to participate and make consistent progress in developing clinical skills through clinical practicum throughout their program. Enrollment in clinical practicum is required during each semester of the student's enrollment.

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, a typical weekly clinical assignment for the first-semester student is 2-3 half-days (9 to 12 clock hours) of clinical practicum under the 100% direction of a certified supervisor. While the course content 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 (14-20 hours) per week of clinical assignments. The 5th semester (or 6th semester, depending on admission qualifications) includes a 10-week full-time externship.

Students complete 25 clock hours of guided clinical observation supervised by a licensed clinician who holds the Certificate of Clinical Competence (CCC) in Speech-Language Pathology from the American Speech-Language-Hearing Association during clinical assignments and meets the requirements for supervisors established in the 2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology (www.asha.org/certification/2020-slp-certification-standards). Guided observation is integrated into each clinical placement prior to the student engaging in direct patient care.

A grade of Pass (P), Fail (F) or In Progress (IP) will be awarded for all semesters of practicum. The first-semester grading is primarily based on attendance, punctuality, professionalism, and active engagement in the

learning process. In subsequent semesters, clinical performance and learning will be the main areas of grading in addition to areas mentioned above. The Director of Clinical Education assigns grades based on the average of all evaluation scores completed by clinical supervisors.

Externship

Externship planning begins in the spring of the first year of the program. The Director of Clinical Education and Associate Director for Clinical Education meet with all 1st-year M.S. speech-language pathology students in February or March and provide detailed information regarding externships and the assistance provided by the department. Following the meeting, students complete a Request for SLP Externship Form (Appendix O) where they generally describe the type of placement they are seeking (VUMC vs. external, state, city, employer, pediatrics/adults, private practice, schools, VA, outpatient, etc.) and list up to three sites in order of preferences. Students may not contact sites directly at this point in the process. The Associate Director of Clinical Education then contacts sites to obtain detailed information regarding availability of externships and the application process (if any). The Associate Director of Clinical Education completes this process and meets with students individually to discuss the information and the sites they wish to pursue a placement. Students may only consider sites that will provide an experience that will lead to ASHA certification. Students are responsible for completing applications (if applicable) and gathering all documentation requested by the externship site for consideration for placement. They update the Associate Director of Clinical Education on the status of their applications and offers. If there is not a formal application and the Associate Director of Clinical Education is notified that a site would like to host a student, the Associate Director of Clinical Education notifies the student of confirmation of placement. All placements are contingent upon a fully executed affiliation agreement.

During the final semester of enrollment students will complete a 10-week full-time externship experience in a facility to be determined based on the student's interest and on facility availability. Students do not receive payment or salary during the externship period, but financial support (remitted tuition) in place for the regular academic semester will continue during the externship. Students are responsible for all expenses related to externship (travel, housing, transportation, background checks, etc.). Students are expected to have completed approximately 300 clinical clock hours (including guided observation hours) prior to initiation of the externship.

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 CALIPSO Evaluation Form guides supervisors in evaluating the professional behaviors of students (Appendix B, Appendix C), 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.

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 the following link:

ASHA Code of Ethics <https://www.asha.org/Code-of-Ethics/>

American Speech-Language-Hearing Association. (2016). Code of Ethics [Ethics]. Available from www.asha.org/policy

AAA Code of Ethics <https://www.audiology.org/sites/default/files/publications/resources/201910-CodeOfEthicsOf-AAA.pdf>

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.

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 (Appendix P).

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 Q) 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 R) 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 S).

STUDENT USE OF MEDICAL RECORDS

Introduction

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 obtaining 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 regarding 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 [with 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 [with 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).

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. (This applies to VUMC scrubs. Note: During COVID-19, wearing personal scrubs is acceptable, if permitted by the clinic.)
- 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 from 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, sweatpants, 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)

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 attendance at a 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 or using any other preferred communication method specified by the supervisor. 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 an assignment, a student's future clinical placement options may be limited, and they may not make expected progress in skills acquisition.

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.

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.

Bilingual Workforce Members must take a language fluency and healthcare terminology assessment in both English and the target language in order to communicate (within the key functions of his/her role), directly with patients in the target language. For nonmedical communication, Workforce Members are given an appropriate assessment coordinated by Vanderbilt Interpreter Services. None of these assessments result in permission for bilingual Workforce Members to interpret for other people, family members, colleagues, or patients. Once language fluency skills are assessed, if a passing score is received, the Workforce Member will be credentialed as a "Qualified Bilingual" (with language noted) and can then communicate directly with their own patients in the target language when facilitating care. This is not considered interpreting and does not enable that Workforce Member to interpret for his/her own patients or the patients of other Workforce Members.

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.

Vanderbilt University Medical Center Interpreter Services:

<https://www.vanderbilthealth.com/information/interpreter-services>

ASHA Resources:

<https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935334§ion=Overview>

TRANSPORTATION

Students may be placed for educational experiences in clinical sites located away from the Vanderbilt University campus and may be locations in counties surrounding Davidson County (Nashville). Generally speaking, students should be prepared to drive up to 60 miles (one way) from the Vanderbilt University campus to reach off-site placements. External placements may be up to three days per week for an entire semester. Students are responsible for their own transportation to and from all clinical sites for educational experiences, including all costs associated with that travel.

SERVICES FOR STUDENTS WITH DISABILITIES

Students seeking accommodations for any type of disability are encouraged to contact Student Access Services. Accommodations are tailored to meet the needs of each student with a documented disability. Specific concerns pertaining to services for people with disabilities or any disability issue should be directed to the Disability Program Director, Student Access Services. Mailing address: PMB 407726, 2301 Vanderbilt Place, Nashville, Tennessee 37240-7726. Walk-in address: 108 Baker Building. Phone (615) 343-9727; fax (615) 343-0671; <https://www.vanderbilt.edu/student-access/>. Step-by-step instructions for applying for accommodations through the [Commodore Access Portal's student application page](#) can be found here: https://www.vanderbilt.edu/student-access/how_to/get_accommodations/index.php.

Equal Opportunity and Access (EOA) and handles all discrimination issues for faculty, staff and students. EOA also processes disability accommodation for faculty and staff, as well as religious accommodation requests for all. Its website is: <https://www.vanderbilt.edu/ea/>

The Title IX and Student Discrimination office has changed its name to Title IX and handles sexual harassment issues. Its website is: <https://www.vanderbilt.edu/title-ix/>

Student Access Services remains responsible for student accommodation, excluding religious accommodation. <https://www.vanderbilt.edu/student-access/>

CENTER FOR STUDENT WELLBEING

The Center for Student Wellbeing seeks to create a campus culture that supports students in cultivating lifelong wellbeing practices. The center also works closely with campus partners, including the University Counseling Center (<https://www.vanderbilt.edu/ucc/>) the Student Health Center, the Office of Housing and Residential Education, and the academic deans to provide resources and support for students who may be facing personal or academic challenges. The Center for Student Wellbeing is centrally located on campus at 1211 Stevenson Center Lane, across from the Student Health Center, and is open Monday

through Friday, 8:00 a.m. to 5:00 p.m. For more information, please call (615) 322-0480 or visit <https://www.vanderbilt.edu/healthydores/>.

Additional resources are found in Appendix T.

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.

Vanderbilt University Complaint and Grievance Procedure:

https://www.vanderbilt.edu/student_handbook/university-policies-and-regulations/#complaint-and-grievance-procedures

If students have concerns regarding sexual harassment, discrimination, or intimidation, they are referred to the Vanderbilt University web site for Title IX and Student Access. These sites provides procedures for filing a complaint or formal grievance.

<https://www.vanderbilt.edu/student-access/grievances.php>
<https://www.vanderbilt.edu/title-ix/>

SUMMARY

This manual is a tool to help students to navigate their clinical responsibilities. Students should become familiar with its content as well as the appended documents and listed resources. 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.

Appendix A

VUMC Nondiscrimination and Accessibility Notice

Overview

Vanderbilt University Medical Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. VUMC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The medical center:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Employee and Labor Relations.

If you believe that VUMC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you may file a grievance in person or by mail, fax or email. If you need help filing a grievance, Rochelle Johnson, Director, Employee and Labor Relations, is available to help you. File your grievance with:

Rochelle Johnson, Director, Employee and Labor Relations
2525 West End Avenue, Suite 500
Nashville, TN 37203
615.343.4759 (phone)
615.343.2176 (fax)
Email: employeerelations.vumc@vumc.org

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the [Office for Civil Rights Complaint Portal](#), or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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

Performance Rating Scale

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

Severity of Disorders (check)	Interprofessional (or collaborative) practice (IPP)	Client(s)/Patient(s) Multicultural Aspects	Client(s)/Patient(s) Linguistic Diversity
<input checked="" type="checkbox"/> Within Normal Limits	<input checked="" type="checkbox"/> Dentist	<input checked="" type="checkbox"/> Ethnicity	<input checked="" type="checkbox"/> English
<input checked="" type="checkbox"/> Mild	<input checked="" type="checkbox"/> Dietitian	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> English Language Learner
<input checked="" type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Family Member	<input checked="" type="checkbox"/> Culture	<input checked="" type="checkbox"/> Primary English dialect
<input checked="" type="checkbox"/> Severe	<input checked="" type="checkbox"/> Nurse	<input checked="" type="checkbox"/> National origin	<input checked="" type="checkbox"/> Secondary English dialect
	<input checked="" type="checkbox"/> Occupational Therapist	<input checked="" type="checkbox"/> Socioeconomic status	<input checked="" type="checkbox"/> Bilingual
	<input checked="" type="checkbox"/> Pharmacist	<input checked="" type="checkbox"/> Gender identity	<input checked="" type="checkbox"/> Polyglot
	<input checked="" type="checkbox"/> Physical Therapist	<input checked="" type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> Gender identity
	<input checked="" type="checkbox"/> Physician	<input checked="" type="checkbox"/> Religion	<input checked="" type="checkbox"/> Sign Language (ASL or SEE)
	<input checked="" type="checkbox"/> Physician Assistant	<input checked="" type="checkbox"/> Exceptionality	<input checked="" type="checkbox"/> Cognitive / Physical Ability
	<input checked="" type="checkbox"/> Psychologist/School Psychologist	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Other
	<input checked="" type="checkbox"/> Recreational Therapist		
	<input checked="" type="checkbox"/> Social Worker		
	<input checked="" type="checkbox"/> Special Educator		
	<input checked="" type="checkbox"/> Speech-Language Pathologist		
	<input checked="" type="checkbox"/> Teacher (classroom, ESL, resource, Teacher of Deaf and		
	<input checked="" type="checkbox"/> Vocational Rehabilitation Counselor		
	<input checked="" type="checkbox"/> Other		

Prevention, Screening and Identification	Score
1. Educates the public/those at risk and promotes hearing wellness across the life span (std II-B1, II-B2)	
2. Participates in prevention/conservation programs (std II-B3, II-B4, II-B-7; std 3.1.3A-1, 3.1.3A-2, 3.1.3A-6, 3.1.3 A-9)	
3. Performs hearing screenings that are developmentally, culturally, linguistically and clinically appropriate across the life span (std II-B5, II-B6, II-B8, II-B9, II-B14; std 3.1.3A-3, 3.1.3A-5, 3.1.3A-7)	
4. Performs speech/language screenings and identifies individuals at risk, using clinically appropriate and culturally sensitive screening measures (std II-B10, II-B11, II-B12, II-B13, II-B14; std 3.1.3A-4, 3.1.3A-5, 3.1.3A-7)	

Number of items scored: 0 Number of items remaining: 4 Section Average: 0.00

Assessment	Score
1. Gathers/reviews/evaluates information from referral sources and obtains a case history and client/patient narrative to facilitate assessment, planning and identification of potential etiologic factors (std II-C1, II-C2, II-C3; std 3.1.4A-1, 3.1.4A-2)	
2. Performs an otoscopic examination (std 3.1.4A-3)	
3. Removes cerumen, when appropriate (std 3.1.4A-4)	
4. Selects, performs and interprets a complete immittance test battery based on patient need and other findings (std II-C7)	
5. Selects, performs, and interprets developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated (std II-C8)	
6. Selects, performs, and interprets developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated (std II-C9)	
7. Evaluates basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be performed (std II-C10)	
8. Selects, performs, and interprets tests for nonorganic hearing loss (std II-C13)	
9. Assesses tinnitus (std II-C5; std 3.1.4A-9, 3.1.6A-2, 3.1.6A-8)	
10. Provides assessment of sound tolerance problems to determine the presence of hyperacusis (std II-C6)	
11. Selects, performs, and interprets otoacoustic emissions testing (std II-C12)	
12. Selects, performs, and interprets physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing and click stimuli for neural diagnostic purposes (std II-C11)	
13. Selects, performs, and interprets vestibular testing, including for rehabilitation (std II-C14; std 3.1.4A-10, 3.1.6A-3)	
14. Selects, performs, and interprets tests to evaluate central auditory processing disorder (std II-C15)	
15. Identifies, describes, and differentiates among disorders of the peripheral and central auditory systems and the vestibular system (std II-C4)	
16. Performs assessment for aural (re)habilitation, which may include hearing aid, assistive listening device, and sensory aid assessment (std 3.1.6A-1, 3.1.6A-7)	
17. Selects and uses outcomes measures that are valid and reliable indicators of success in 1) assessment protocols that are used, and 2) determining the impact of changes in structure and function of the auditory and vestibular systems (std 3.1.4A-20, 3.1.5A-5)	
18. Performs audiologic assessment using behavioral, physiological (e.g. immittance, wideband reflectance, evoked potentials), psychophysical, and self-assessment tools (std 3.1.4A-6)	
19. Administers clinically appropriate and culturally sensitive functional assessment tools across the lifespan and the continuum of care (std 3.1.5A-1, 3.1.5A-3, 3.1.5A-4)	
20. Administers clinically appropriate and culturally sensitive assessment measures (std 3.1.4A-5)	
21. Uses techniques that are representative of the challenges listeners may face in everyday communication situations (std 3.1.4A-7)	
22. Performs assessment to plan for rehabilitation (std 3.1.4A-8)	
23. Interprets results of the evaluation to establish type and severity of disorder (std 3.1.4A-12)	
24. Generates recommendations and referrals resulting from the evaluation process (std 3.1.4A-13)	
25. Assigns the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s) after assessment (std 3.1.4A-18)	

Number of items scored: 0 Number of items remaining: 25 Section Average: 0.00

Audiologic (Re)habilitation	Score
1. Engages clients/patients, family members and other professionals in identification, assessment and treatment (std II-E1, II-E2, II-E3, II-E4, II-E5; std 3.1.6A-11)	
2. Develops and implements individualized intervention/treatment plans based on client/patient preferences, abilities, communication needs and problems, and related adjustment difficulties (std II-E6, II-E7; std 3.1.6A-4)	
3. Assesses efficacy of interventions for auditory and balance disorders (std II-E28; std 3.1.6A-14)	
4. Recommends, dispenses, and services prosthetic and assistive devices (std 3.1.6A-9)	
5. Provides hearing aid, assistive listening device and sensory aid orientation (std 3.1.6A-10)	
6. Selects, fits and manages appropriate amplification devices and assistive technologies (std II-E8, II-E9, II-E10, II-E11, II-E12, II-E13)	

Audiologic (Re)habilitation	Score
7. Identifies and counsels individuals who are candidates for cochlear implantation and other implantable devices a (std II-E14, II-E15)	
8. Provides programming and fitting adjustments, including postfitting counseling for cochlear implant clients/patients (std II-E16)	
9. Identifies, selects and fits electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit (std II-E17, II-E18, II-E19, II-E20)	
10. Provides auditory, visual, and auditory-visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication (std II-E21)	
11. Manages/treats tinnitus appropriately and assesses efficacy of interventions (std II-E22, II-E23, II-E24, II-E25; std 3.1.6A-8, 3.1.6A-14)	
12. Provides canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV) (std II-E26)	
13. Provides intervention for central and peripheral vestibular deficits (std II-E27)	
14. Selects and uses outcomes measures that are valid and reliable indicators of success in determining the impact of the interventions used to minimize the effects of changes in structure and function of the auditory and vestibular systems (std 3.1.6A-19)	

Number of items scored: 0 Number of items remaining: 14 Section Average: 0.00

Pediatric Audiology (Re)habilitation	Score
1. Selects appropriate amplification devices/HATS and instructs regarding use, care and maintenance in children (std II-F5, II-F6)	
2. Counsels, educates and supports children and their parents/caregivers regarding hearing impairment (std II-F1, II-F2, II-F3, II-F4, II-F7, II-F11)	
3. Provides intervention to ensure that speech and language development is age and developmentally appropriate (std II-F8)	
4. Evaluates acoustics of classroom settings and provides recommendations for modifications in children (std II-F12)	
5. Administers self-assessment, parental, and educational assessments to monitor treatment benefits and outcomes in children (std II-F9)	
6. Provides ongoing support for children by participating in IEP or IFSP processes (std II-F10)	
7. Provides interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals regarding children served (std II-F13)	

Number of items scored: 0 Number of items remaining: 7 Section Average: 0.00

Counseling	Score
1. Provides counseling based on client/patient/family needs (std II-D1, II-D2, II-D9; std 3.1.1A-14, 3.1.6A-5)	
2. Facilitates effective communication and coping skills for patients, while addressing implications of hearing impairment and enhancing well-being and quality of life (std II-D5, II-D6)	
3. Facilitates and enhances clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders, technologies and/or devices (std II-D3, II-D4)	
4. Promotes clients'/patients' self-efficacy beliefs and promotes self-management of communication and related adjustment problems (std II-D-7)	
5. Enhances adherence to treatment plans and optimizes treatment outcomes (std II-D8)	

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

Communication	Score
1. Uses effective communication skills to ensure the highest quality of care is delivered in a culturally competent manner (std 3.1.1A-Effective Communication Skills-a/b)	
2. Documents evaluation procedures and results, maintaining records consistent with legal and professional standards (std 3.1.4A-11, 3.1.6A-15)	
3. Documents treatment procedures and results, maintaining records consistent with legal and professional standards (std 3.1.6A-16, 3.1.6A-17)	
4. Communicates results, recommendations, and progress orally and in writing in a culturally sensitive and age-appropriate manner to the individual being served and other appropriate individual(s) (std 3.1.4A-16, 3.1.6A-13, 3.1.6A-18)	

Number of items scored: 0 Number of items remaining: 4 Section Average: 0.00

Professional Practice	Score
1. Practices following the professional code of ethics / scope of practice documents and adheres to federal, state, and institutional regulations and policies (std 3.1.1A-Accountability-a/b, 3.1.1A-Integrity-a/b, 3.1.1A-Professional Duty-e)	
2. Uses self-reflection/self-assessment to understand the effects of his or her actions/improve effectiveness and make changes accordingly in the delivery of clinical services (std 3.1.1A-Accountability-e, 3.1.1A Professional Duty-a)	
3. Facilitates and advocates for access to services (std 3.1.1A-Accountability-f, 3.1.1A-Professional Duty-b, 3.1.6A-12)	
4. Uses sound clinical reasoning in all aspects of care (std 3.1.1A-Clinical Reasoning-a/b/c)	
5. Makes clinical decisions based on evidence-based practice (std 3.1.1A-Evidence-Based Practice-a/b, 3.1.3A-8, 3.1.4A-19, 3.1.6A-15)	
6. Delivers the highest quality of effective care with cultural competence (std 3.1.1A-Cultural Competence-a/b/c/d/e, 3.1.6A-6)	
7. Understands collaborative practice (std 3.1.1A-Accountability-g, 3.1.1A-Professional Duty-d/f, 3.1.1A-Collaborative Practice, a/b, 3.1.4A-17)	
8. Shows concern for individuals served (std 3.1.1A-Concern for Individuals Served-a/b)	
9. Understands fiduciary responsibility for individuals served, models of delivery and the role of clinical teaching/supervision (std 3.1.1A-Accountability-c/d, 3.1.1A-Professional Duty-c)	

Number of items scored: 0 Number of items remaining: 9 Section Average: 0.00

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 - Acceptable Performance/ Minimal Support
5 - Acceptable Performance/ Independent

Severity of Disorders (check)	Interprofessional (or collaborative) practice (IPP)	Client(s)/Patient(s) Multicultural Aspects	Client(s)/Patient(s) Linguistic Diversity
<input checked="" type="checkbox"/> Within Normal Limits	<input checked="" type="checkbox"/> Audiologist	<input checked="" type="checkbox"/> Ethnicity	<input checked="" type="checkbox"/> English
<input checked="" type="checkbox"/> Mild	<input checked="" type="checkbox"/> Dentist	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> English Language Learner
<input checked="" type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Dietitian	<input checked="" type="checkbox"/> Culture	<input checked="" type="checkbox"/> Primary English dialect
<input checked="" type="checkbox"/> Severe	<input checked="" type="checkbox"/> Family Member	<input checked="" type="checkbox"/> National origin	<input checked="" type="checkbox"/> Secondary English dialect
	<input checked="" type="checkbox"/> Nurse/Nurse Practitioner	<input checked="" type="checkbox"/> Socioeconomic status	<input checked="" type="checkbox"/> Bilingual
	<input checked="" type="checkbox"/> Occupational Therapist	<input checked="" type="checkbox"/> Gender identity	<input checked="" type="checkbox"/> Polyglot
	<input checked="" type="checkbox"/> Pharmacist	<input checked="" type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> Gender identity
	<input checked="" type="checkbox"/> Physical Therapist	<input checked="" type="checkbox"/> Religion	<input checked="" type="checkbox"/> Sign Language (ASL or SEE)
	<input checked="" type="checkbox"/> Physician	<input checked="" type="checkbox"/> Exceptionality	<input checked="" type="checkbox"/> Cognitive / Physical Ability
	<input checked="" type="checkbox"/> Physician Assistant	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Other
	<input checked="" type="checkbox"/> Psychologist/School Psychologist		
	<input checked="" type="checkbox"/> Recreational Therapist		
	<input checked="" type="checkbox"/> Respiratory Therapist		
	<input checked="" type="checkbox"/> Social Worker		
	<input checked="" type="checkbox"/> Special Educator		
	<input checked="" type="checkbox"/> Teacher (classroom, ESL, resource, etc.)		
	<input checked="" type="checkbox"/> Vocational Rehabilitation Counselor		
	<input checked="" type="checkbox"/> Other		

Evaluation Skills	Speech Sound Production	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)									

Evaluation Skills	Speech Sound Production	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	AAC
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	Speech Sound Production	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)	

Professional Practice, Interaction and Personal Qualities	Score
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

Appendix D

PRACTICUM PLANNING FALL 2020

To follow are fall practicum planning instructions for all 1st year SLP students and 1st and 2nd year audiology students on CALIPSO.

Dr. Barbara Jacobson and Dr. Fino-Szumski cannot begin scheduling clinic assignments until everyone has completed fall class registration and we have an e-mail from each student regarding practicum planning.

To facilitate FALL practicum scheduling, please do the following:

Send an e-mail with the subject line “**Practicum Planning Fall 2020 for YOUR NAME**” no later than Friday, July 31, 2020 to the designated person below:

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

Cut and paste the following into the e-mail with your replies to the questions:

Considerations for scheduling:

NOTE: It is assumed that all students have transportation.

_____ 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 could potentially be taken into consideration with practicum scheduling.
- Specify any need for clock hours in a specific area of practice/setting/population for placement for next semester.

SPECIAL NOTE: The start date for fall clinic assignments will be Monday, August 31st.

Thank you for your attention to these matters and thank you for your help in completing another successful semester as well as the necessary documentation for your clinical records.

Please let me know if you have questions.

CALIPSO AUDIOLOGY CLOCK HOURS

	Child HH:MM	Adult HH:MM	Total
Evaluation			
Treatment			
Total Observation Hours			

Prevention & Identification

	Child HH:MM	Adult HH:MM	Total
Hearing and Balance Screening			
Hearing Conservation			
Noise Measurements			
Total Prevention & Identification Hours			

Evaluation

	Child HH:MM	Adult HH:MM	Total
Behavioral Assessment of Hearing			
Auditory-Related Processing Disorders			
Cerumen Management			
Electro-Physiological Assessment of Hearing			
Tinnitus Evaluation			
Assessment of Balance			
Total Evaluation Hours			

Treatment

	Child HH:MM	Adult HH:MM	Total
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

	Child HH:MM	Adult HH:MM	Total
Administration			
Consultation/Staffings			
Total Other Hours			

Speech and Language

	Child HH:MM	Adult HH:MM	Total
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)

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Supervisor Feedback by Doe, Jane

Student: Doe, Jane

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

* Supervisor: Graduate Supervisor,

* Site: Undergraduate University

* Semester: 2018 Spring

1. Provided an orientation to the facility and caseload.

N/A	No orientation provided. Student oriented him/herself.	Informal orientation provided.	Formal orientation provided with supplemental documentation.
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2. Provided the student with feedback regarding the skills used in diagnostics.

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.
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3. Provided the student with feedback regarding the skills used in interviewing.

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.
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4. Provided the student with feedback regarding the skills used in conferences.

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.
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5. Provided the student with feedback regarding the skills used in behavioral management.

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.
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6. Provided the student with feedback regarding the skills used in therapy.

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.

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.
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8. Explained and/or demonstrated clinical procedures to assist student in clinical skills development.

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.
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9. Utilized evidence-based practice.

N/A	Rarely referenced current literature.	Occasionally referenced current literature.	Frequently referenced current literature.
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10. Encouraged student independence and creativity.

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.

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.

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.
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13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.

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.
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14. Demonstrated effective interpersonal communication with student.

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.			
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.			
N/A	Supervisor was rarely available.	Supervisor was occasionally available.	Supervisor was always available.
17. Utilized effective organizational and management skills.			
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.)			
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.			
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

Off-campus Placement Evaluations

Site: Semester:

Using the following scale, rate your agreement: N/A 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

OVERALL

This practicum experience met my training goals and interests

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

This practicum experience met expectations regarding clinical population, workload, and documentation

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

The site furthered my efforts to achieve my professional goals

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

The site provided a reasonable balance between direct clinical contact hours vs. related clinical responsibilities

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

There were opportunities to discuss the process of ethical decision making

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Evidence-based clinical practice was utilized

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

In general, I felt welcomed at this site

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

I felt prepared to meet the challenges and expectations of this practicum site

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

I would recommend that this site be used for future practicum placements

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

THE PRACTICUM SITE PROVIDED ADEQUATE:

Supervision by clinical supervisor

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Training and orientation

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Physical facilities and work space

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Equipment and materials to engage in effective service delivery

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Administrative/clerical support

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

THE PRACTICUM SITE ALLOWED APPROPRIATE OPPORTUNITIES FOR:

Diagnostic experiences

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Treatment

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Client and family interactions

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Interactions with other professionals

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Interactions with culturally and linguistically diversified populations

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

PROVIDE COMMENTS ON THE FOLLOWING:

What were the strengths/positive aspects of this practicum site?

What might you suggest to strengthen the experience at this practicum site?

What advice would you give the next student placed at this site?

Personal Protective Equipment (PPE) Updates and Reminders

Personal protective equipment (PPE) is recommended to be worn to reduce the risk of contamination and germ dissemination. Masks, gowns, gloves, and eye protection are all PPE components that when used appropriately provide protection to everyone at VUMC.

Surgical/procedure masks must be worn at all times in any clinical areas of VUMC.

Eye protection must be worn by any personnel entering patient-occupied clinic exam/hospital rooms for any length of time regardless of COVID test results OR in other locations where the individual will have direct, prolonged (>5 min) contact with a patient

Masks should be worn at all times, this guidance applies to **everyone at VUMC**. The type of mask will depend on the environment and situation. Eye protection should be worn in all patient rooms, regardless of time spent with the patient.

It is important to note that PPE stocks continue to be secured to maintain a good supply; however, we should all do our part to prevent PPE waste. PPE must be worn according to Standard and CDC Isolation Precautions. Below are answers to Frequently Asked Questions with some examples on how to best optimize our PPE supplies.

Frequently Asked Questions

Why is Eye Protection Recommended for All Patient Interactions?"

If persons to whom you are exposed are wearing masks, then their respiratory droplets will be contained by their mask; however, patients are not always fully compliant with wearing masks properly. Though SARS-CoV-2 spreads primarily through a respiratory route, it is possible the virus could land in the eye and lead to infection even if your mouth and nose are covered by a mask. Rates of COVID-19 community transmission are increasing in our region, and the CDC has recommended the addition of eye protection in patient care settings/situations.

Where is Masking Required?

Masking is required in all areas of VUMC (including all clinical, non-clinical, research and public areas). This includes common public areas such as cafeteria/food courts, break rooms, research labs, conference rooms, bathrooms, elevators, and waiting rooms.

Masks should be worn while walking outdoors to and from VUMC buildings from parking areas, from the time of entering or exiting one's car. Masks may be removed ONLY if a person is sitting in their assigned workspace (e.g. office, cubicle, lab bench desk) AND can maintain at least 6 feet distance from all others.

Personal Protective Equipment (PPE) Updates and Reminders

What Type of Mask Should be Worn?

- Non-clinical, Research, and Public Areas: Wear a paper mask or cloth face covering
- Clinical Areas where one enters a patient room or has prolonged (>5 mins), direct patient contact: Wear a surgical/procedural mask and eye protection (see [Eye Protection & Surgical Mask](#))
- Other Clinical Areas/Situations: Wear a surgical/procedural mask.
- N95 respirators should NOT be worn in general clinical areas or for non-approved indications. For additional information refer to the [N95 Reminders](#) document.

Why are we recommending a procedure/surgical or cloth mask and not an N95 respirator?

Similar to influenza and other respiratory viruses, COVID-19 appears to be transmitted primarily through large respiratory droplets. Surgical/procedure masks provide protection against respiratory droplet spread. In contrast, N95 respirators provide a higher level of filtration and are important in clinical situations where infectious particles could become aerosolized. This primarily occurs in specific clinical situations such as when a patient is intubated or undergoes bronchoscopy. N95 respirators are also difficult to wear for long periods of time. **As the N95 respirator supply must be reserved for approved high-risk procedures, N95 respirators should NOT be worn in general clinical areas or for non-approved indications.**

What is the difference between a surgical and a procedural mask?

Both provide bacterial, particle, and pathogen filtration at comparable levels. Surgical masks, however, have a higher degree of impermeability to prevent blood/body fluid exposures one would anticipate in a surgical setting.

How can I eat/drink when I am supposed to wear a mask?

Perform hand hygiene, remove the mask, eat or drink in an approved location, and then replace your mask. Please follow the guidelines on appropriate doffing and maintain social distancing (e.g. space out in break rooms, at dining tables).

What if I feel like I cannot wear a mask?

You can request a medical accommodation through Employee Relations at employeerelations.vumc@vumc.org or you can call 615-343-4759 if you have questions. The following link provides information about the accommodation process <https://hr.vumc.org/Employee-Relations/Accommodations>.

Can masks or N95 respirators that have an external valve or vent (see picture) be used as part of universal masking at VUMC?

No. These types of masks do not protect others if the wearer has COVID-19 infection, and they are not permitted by [CDC guidelines](#). The external valves/vents are designed to release unfiltered air and do not effectively remove the virus from exhaled breath in the event the wearer has COVID-19 infection. This vent does not impair the device's filtration of inhaled air when worn as personal protective equipment to protect the wearer. For VUMC:



- A face mask with an external valve/vent should not be used. If any workforce member, patient, or visitor does not have a mask without a valve/vent, one will be provided to them.
- A VUMC provided N95 respirator with an external valve/vent should only be used if no other N95s are available, and, if used, a surgical mask should be worn over the vented N95.

Personal Protective Equipment (PPE) Updates and Reminders

What if I experience a burning sensation or skin irritation while wearing an N95 mask?

If you notice this type of discomfort from any PPE use, remove yourself from patient care, take off the PPE, fill out a VERITAS Report, and call Occupational Health for further instructions.

Who must wear eye protection with surgical masks?

- Anyone entering a patient-occupied clinic exam or hospital room **for any length of time** regardless of COVID test results.
- Anyone in other locations having direct, prolonged (>5 min) contact with a patient (i.e. outside of a patient room such as in the hallway, ancillary testing).
- This guidance **does not replace** recommended PPE for other specific isolation precautions.

Can I reuse the surgical mask and eye protection between patients?

Yes, with a few exceptions. The surgical mask and eye protection must be worn across multiple patient encounters without disposal. Surgical masks must be discarded if they become wet, torn, or soiled. Eye protection must be cleaned if it becomes contaminated or soiled. When exiting a contact or droplet precaution room, masks must be discarded and eye protection cleaned. **Staff should use a dedicated set of eye protection and should not share their eye protection with anyone else.**

How do I store my surgical mask?

Do not touch your surgical mask during direct patient care. Store your mask by folding it in half (clean interior sides together), place in a paper bag, labeled with your name. Continue to use across multiple shifts while in good condition. If your mask becomes wet, torn, or soiled, remove your mask holding the straps and discard.

What is considered “eye protection?”

Eye protection includes goggles, face shields, mask with splashguard, safety glasses, or shields that clip onto the sides of personal eyeglasses. Personal eyeglasses alone are not considered adequate eye protection.

Why are patients not required to wear eye protection?

Healthcare personnel have more interactions with individual patients who are sometimes unable to wear a mask due to intolerance or a need to remove the mask for patient care examinations; therefore, additional PPE is used by healthcare personnel. Patients do not have the same amount of interactions and will be protected from spread by the universal use of surgical masks and eye protection by our healthcare personnel.

How do I clean my eye protection?

Do not touch your eye protection during direct patient care. If your eye protection becomes contaminated or soiled, promptly remove, wipe down with hospital approved disinfectant, and allow to air dry. Perform hand hygiene. Store your eye protection in a bag, labeled with your name, and continue to use across multiple shifts while in good condition.

How do we obtain PPE?

Supplies are available in outpatient clinics and inpatient areas. You can request PPE through the area leadership teams or staffing leaders.

Personal Protective Equipment (PPE) Updates and Reminders

If my patient is in a double occupancy COVID + room, how does that change PPE use?

- Don PPE and provide care for patient #1
- At the end of that care, doff gloves, perform hand hygiene, don new gloves and provide care to patient #2.
- For dedicated COVID units, follow "[Cohorting PPE Guidelines](#)" remembering to change all PPE after 4 patient encounters (not 4 rooms).

If my patient is in a double occupancy COVID - room, how does that change PPE use?

- Don PPE (mask and eye protection) and provide care for patient #1
- At the end of patient #1's care, perform hand hygiene, and provide care to patient #2.
- When exiting the room, your masks can remain on unless damp, soiled or damaged.
- Eye protection is cleaned if soiled or contaminated.

When should someone wear a nitrile glove instead of a vinyl glove? Is there a difference?

Vinyl gloves provide standard barrier protection from COVID-19, are soft and comfortable, and are latex and powder free, whereas nitrile gloves are chemical and puncture resistant and have a higher degree of tactile sensation for sensitive work such as starting IVs.

There are patient encounters where vinyl gloves are a suitable and safe option, including transport, valet, guest services, and EVS. These departments have been asked to utilize vinyl gloves to help us use our nitrile glove supply properly going forward and ensure the safety of everyone.

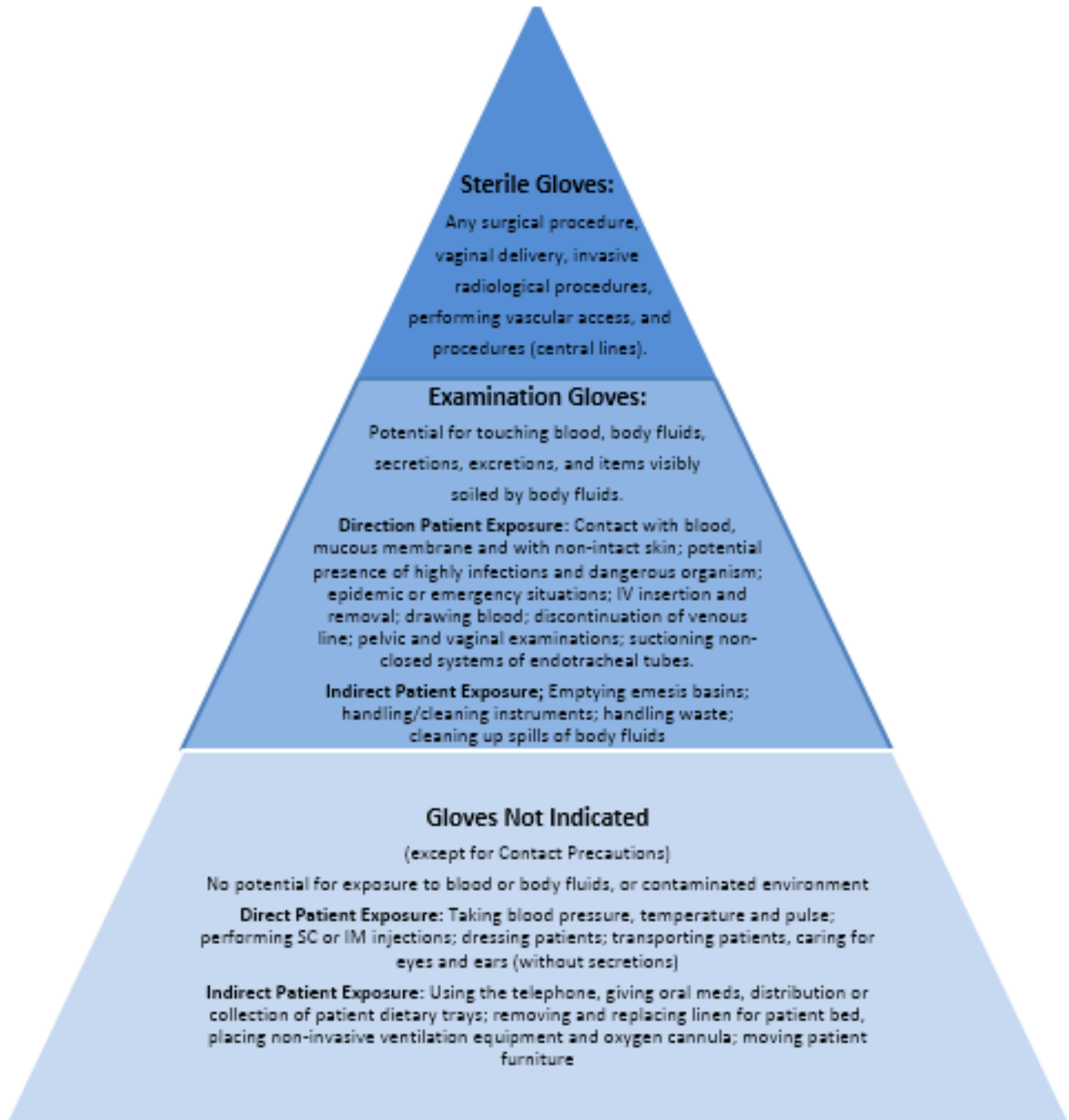
When should gloves be worn?

Medical gloves are recommended to be worn to reduce the risk of contamination of healthcare workers hands when blood and other body fluids are present. Wearing gloves also reduces the risk of germ dissemination.

Gloves should therefore be used during all patient-care activities that may involve exposure to blood and all other body fluid (including contact with mucous membrane and non-intact skin) and for patients on contact precautions.

Gloves must be worn according to Standard and Contact Precautions. The pyramid below describes situations when sterile and examination gloves should be worn and when gloves are not necessary. It is important that **gloves are never reused** between two patient encounters and are changed when they become soiled or torn.

Personal Protective Equipment (PPE) Updates and Reminders





EYE PROTECTION & SURGICAL MASK

Eye Protection & Surgical Mask Reminders

When to wear eye protection & surgical masks

Anyone entering a patient-occupied clinic exam or hospital room or having direct, prolonged (>5 min) contact with a patient. This guidance does not replace recommended PPE for other specific isolation precautions.

Can I reuse the surgical mask and eye protection between patients?

Yes, with a few exceptions. The surgical mask and eye protection should be worn across multiple patient encounters without disposal. Surgical masks should be discarded if they become wet, torn, or soiled. Eye protection should be cleaned if they become contaminated or soiled. When exiting a contact or droplet precaution room, masks should be discarded and eye protection cleaned.

Eye protection reminders *(prescription or reader eyeglasses are not proper protection)*

- Do not touch during direct patient care.
- Clean with a hospital approved disinfectant if it becomes contaminated or soiled.
- Wear while in good condition.
- Store and wear across multiple shifts.
- After entering the room of a patient on contact or droplet precautions, clean your eye protection.

Surgical mask reminders

- Do not touch during patient care.
- Discard if the mask is wet, torn, or soiled.
- Wear while in good condition.
- Store in a brown paper bag after use.
- Wear across multiple shifts.
- Change if conducting a sterile procedure (e.g. in the OR).
- Change after entering the room of a patient on contact or droplet precautions.

Required Masking of All VUMC Personnel (in Clinical, Non-Clinical, Research and Public Areas)

Rationale for Universal Masking Guidance

Our knowledge regarding COVID-19 is rapidly expanding. This allows us the opportunity to update PPE policies to incorporate the best evidence about issues like masking. Given what we have learned about COVID-19, universal masking, in addition to social distancing and frequent hand hygiene, will help prevent spread secondary to pre-symptomatic or asymptomatic infection.

To be successful, this approach will require support from all of us across the enterprise and will require the following:

- **Strict adherence to extended use/reuse of masks**
- **Meticulous adherence to hand hygiene (including before and after touching or removing masks)**
- **Proper mask use** and hygiene including wearing the mask as directed to cover the mouth and nose
- **Strict avoidance of manipulation/touching the mask** to reduce the risk of contamination

Where is Masking Required?

Masking is required in all areas of VUMC (including all clinical, non-clinical, research and public areas). This includes common public areas such as cafeteria/food courts, break rooms, research labs, conference rooms, bathrooms, elevators, and waiting rooms.

Masks should be worn while walking outdoors to and from VUMC buildings from parking areas, from the time of entering or exiting one's car. **Masks may be removed ONLY if a person is sitting in their assigned workspace (e.g. office, cubicle, lab bench desk) AND can maintain at least 6 feet distance from all others.**

What Type of Mask Should be Worn?

- **In non-clinical, research, and public areas:** Wear a paper mask or cloth face covering
- **In clinical areas where one enters a patient room or has prolonged (>5 mins), direct patient contact:** Wear a surgical/procedural mask and eye protection (see [Eye Protection & Surgical Mask](#))
- **In all other clinical areas/situations:** Wear a surgical/procedural mask.

As our current N95 respirator supply must be reserved for approved high-risk procedures, N95 respirators should NOT be worn in general clinical areas or for non-approved indications. [N95 Reminders](#)

DO:

- Wear masks in all VUMC areas as noted
- Follow guidance on reuse, donning and doffing
- Conserve masks
- Wear and store masks correctly

DO NOT:

- Wear N95 respirators unless performing an approved high-risk procedure
- Wear or store masks incorrectly

Required Masking of All VUMC Personnel (in Clinical, Non-Clinical, Research and Public Areas)

Process to Obtain Masks

Supply Chain will provide clinical areas with the appropriate masks. Masks will be issued by the clinical manager. Stock will be securely stored in each clinical setting. Should you need a replacement mask, you must request one from supervisory personnel in your clinical area. All personnel should make every effort to help preserve the supply of PPE and reduce the need for replacement masks whenever possible. Masks should not be diverted to persons outside VUMC.

Mask Reuse

In order to conserve masks, procedure/surgical masks **should be used throughout the shift/day and should be reused each day**. Surgical masks should be replaced once they become visibly soiled, damp or damaged. **Cloth masks should be laundered each night at home** and replaced when damaged or torn.

Guidance on Procedure/Surgical and Cloth Mask Use and Reuse

To remove mask:

1. **Perform hand hygiene**
2. **Remove mask**
 - Ear-Loop Mask Style: Remove mask by holding the ear loops. The front is contaminated, so remove slowly and carefully.
 - Tie Back Mask Style: Remove mask by untying lower tie FIRST. Untie upper tie last. The front is contaminated, so remove slowly and carefully. Ensure ties do not fall into clean interior side of mask.
 - Behind the Head Elastic Strap Style: Grasp both elastic straps at side of head. Pull mask away from face, then pull straps from back of head. The front is contaminated, so remove slowly and carefully. Ensure bands do not fall into clean interior side of mask.
3. After removing mask, **visually inspect** for contamination, distortion in shape/form. If soiled, torn, or saturated, procedure/surgical masks should be discarded. If torn or damaged, cloth masks should be discarded.
4. If the mask is to be reused, **carefully store in a bag**, by folding the mask in half (clean interior sides together) and place in a bag labelled with your name.
5. **Perform hand hygiene.**

To re-apply a used mask (that has not been laundered):

1. **Perform hand hygiene**
2. **Grasp mask**
 - Pinch mask at the ear loops or grasp upper ties
3. **Place over face**
 - For ear-loop style mask: Secure ear loops behind the ears. Secure mask.
 - For tie back style mask: Secure upper ties first, behind head. End by securing lower ties behind head.
 - For full head elastic band style: Stretch elastic bands at side of mask, secure both elastic bands to back of head, then guide mask onto face.
4. **Perform hand hygiene**

Required Masking of All VUMC Personnel (in Clinical, Non-Clinical, Research and Public Areas)

Frequently Asked Questions

Why are we recommending a procedure/surgical or cloth mask and not an N95 respirator?

Similar to influenza and other respiratory viruses, COVID-19 appears to be transmitted primarily through large respiratory droplets. Procedure masks provide protection against respiratory droplet spread. In contrast, N95 respirators provide a higher level of filtration and are important in clinical situations where infectious particles could become aerosolized. This primarily occurs in specific clinical situations such as when a patient is intubated or undergoes bronchoscopy. N95 respirators are also difficult to wear for long periods of time. **As the N95 respirator supply must be reserved for approved high-risk procedures, N95 respirators should NOT be worn in general clinical areas or for non-approved indications.**

Does this guidance apply to every member of the workforce?

Yes, this guidance applies to **everyone at VUMC.**

How can I eat/drink when I am supposed to wear a mask?

Perform hand hygiene, remove the mask, eat or drink in an approved location, and then replace your mask. Please follow the guidelines on appropriate doffing and maintain social distancing (e.g. space out in break rooms, at dining tables).

What if I feel like I cannot wear a mask?

You can request a medical accommodation through Employee Relations at employeerelations.vumc@vumc.org or you can call 615-343-4759 if you have questions. The following link provides information about the accommodation process <https://hr.vumc.org/Employee-Relations/Accommodations>.

Standards	Knowledge/Skill Met? (check)	Course # and Title	Practicum Experiences # and Title	Other (e.g. labs, research) (include descriptions of activity)
Scientific and Research Foundations				
• The basic sciences	X	AUD 5227, AUD 5233, AUD 5238, AUD 5310, AUD 5328, AUD 5332, AUD 5346, AUD 5354, AUD 5359		AUD 5310, AUD 5328, AUD 5346, AUD 5354, AUD 5359
• Basic science skills (e.g., scientific methods, critical thinking)	X	AUD 5227, AUD 5233, AUD 5238, AUD 5310, AUD 5328, AUD 5332, AUD 5337, AUD 5346, AUD 5347, AUD 5354, AUD 5359		AUD 5310, AUD 5328, AUD 5346, AUD 5347, AUD 5354, AUD 5359
• The basics of communication sciences (e.g., acoustics, psychoacoustics and neurological processes of speech, language, and hearing)	X	AUD 5227, AUD 5233, AUD 5310, AUD 5328, AUD 5337, AUD 5339, AUD 5345, AUD 5353, AUD 5354, AUD 5359, SLP 5304		AUD 5310, AUD 5328, AUD 5340, AUD 5345, AUD 5353, AUD 5354, AUD 5359
Standard II-A: Foundations of Practice				
• A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span	X	AUD 5227, AUD 5233, AUD 5325, AUD 5332, AUD 5346		AUD 5325, AUD 5346
• A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems	X	AUD 5227, AUD 5325, AUD 5332		AUD 5325
• A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span	X	AUD 5354, SLP 5304		AUD 5354
• A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span	X	AUD 5310, AUD 5328, AUD 5345, AUD 5354, AUD 5359		AUD 5310, AUD 5328, AUD 5345, AUD 5354, AUD 5359
• A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards	X	AUD 5310, AUD 5328, AUD 5346, AUD 5347, AUD 5353, AUD 5359		AUD 5310, AUD 5328, AUD 5346, AUD 5347, AUD 5353, AUD 5359

• A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases	X	AUD 5345, AUD 5346, AUD 5347, AUD 5353, AUD 5359		AUD 5345, AUD 5346, AUD 5347, AUD 5353, AUD 5359
• A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management	X	AUD 5310, AUD 5325, AUD 5332, AUD 5337, AUD 5339, AUD 5345, AUD 5353, AUD 5354, AUD 5361		AUD 5310, AUD 5325, AUD 5340, AUD 5345, AUD 5353, AUD 5354
• A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties	X	AUD 5310, AUD 5332, AUD 5339, AUD 5345, AUD 5353, AUD 5354, AUD 5361, AUD 5367		AUD 5310, AUD 5340, AUD 5345, AUD 5353, AUD 5354
• A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions	X	AUD 5310, AUD 5332, AUD 5347, AUD 5361		AUD 5310, AUD 5347
• A10. Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span	X	AUD 5310, AUD 5328, AUD 5339, AUD 5354, AUD 5361		AUD 5310, AUD 5328, AUD 5340, AUD 5354
• A11. Manual and visual communication systems and the use of interpreters/transliterators/translators	X	AUD 5367		
• A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication	X	AUD 5216, AUD 5238, AUD 5310, AUD 5325, AUD 5332, AUD 5339, AUD 5346, AUD 5361		AUD 5310, AUD 5325, AUD 5340, AUD 5346
• A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making	X	AUD 5233, AUD 5238, AUD 5310, AUD 5325, AUD 5328, AUD 5337, AUD 5339, AUD 5345, AUD 5346, AUD 5353, AUD 5354, AUD 5361		AUD 5310, AUD 5325, AUD 5328, AUD 5340, AUD 5345, AUD 5346, AUD 5353, AUD 5354
• A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)	X	AUD 5238, AUD 5310, AUD 5346, AUD 5347, AUD 5353, AUD 5361		AUD 5310, AUD 5346, AUD 5347, AUD 5353
• A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation	X	AUD 5325, AUD 5345, AUD 5347, AUD 5361		AUD 5325, AUD 5345, AUD 5347
• A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals	X	AUD 5238, AUD 5325, AUD 5339, AUD 5345, AUD 5354, AUD 5361		AUD 5325, AUD 5340, AUD 5345, AUD 5354
• A17. Importance, value, and role of interprofessional communication and practice in patient care	X	AUD 5238, AUD 5310, AUD 5325, AUD 5332, AUD 5339, AUD 5345, AUD 5361, AUD 5367		AUD 5310, AUD 5325, AUD 5340, AUD 5345

• A18. The role, scope of practice, and responsibilities of audiologists and other related professionals	X	AUD 5238, AUD 5310, AUD 5332, AUD 5337, AUD 5339, AUD 5346, AUD 5347, AUD 5354, AUD 5361, AUD 5365, AUD 5367		AUD 5310, AUD 5340, AUD 5346, AUD 5347, AUD 5354
• A19. Health care, private practice, and educational service delivery systems	X	AUD 5310, AUD 5332, AUD 5339, AUD 5365		AUD 5310, AUD 5340
• A20. Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management	X	AUD 5216, AUD 5346, AUD 5365		AUD 5346
• A21. Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served	X	AUD 5238, AUD 5345, AUD 5346, AUD 5361, AUD 5367		AUD 5345, AUD 5346
• A22. Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates	X	AUD 5216, AUD 5238, AUD 5310, AUD 5346, AUD 5361, AUD 5365, AUD 5367		AUD 5310, AUD 5346
• A23. Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel	X	AUD 5367		
Standard II-B: Prevention and Screening				
• B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders	X	AUD 5310, AUD 5346, AUD 5347		AUD 5310, AUD 5346, AUD 5347
• B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span	X	AUD 5310, AUD 5325, AUD 5353		AUD 5310, AUD 5325, AUD 5353
• B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems	X	AUD 5325, AUD 5353		AUD 5325, AUD 5353
• B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings	X	AUD 5310, AUD 5318, AUD 5325, AUD 5353, AUD 5359		AUD 5310, AUD 5318, AUD 5325, AUD 5353, AUD 5359
• B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening	X	AUD 5310, AUD 5325, AUD 5332		AUD 5310, AUD 5325
• B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements	X	AUD 5310, AUD 5318, AUD 5325		AUD 5310, AUD 5318, AUD 5325
• B7. Participating in occupational hearing conservation programs	X	AUD 5353		AUD 5353

• B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span	X	AUD 5310, AUD 5361		AUD 5310
• B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation	X	AUD 5310, AUD 5318, AUD 5325, AUD 5337		AUD 5310, AUD 5318, AUD 5325
• B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function				
• B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication	X	SLP 5304		
• B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)				
• B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate				
• B14. Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)	X	AUD 5238, AUD 5310, AUD 5339, AUD 5346		AUD 5310, AUD 5340, AUD 5346
Standard II-C: Audiologic Evaluation				
• C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors	X	AUD 5310, AUD 5325, AUD 5332, AUD 5339, AUD 5346		AUD 5310, AUD 5325, AUD 5340, AUD 5346
• C2. Obtaining a case history and client/patient narrative	X	AUD 5310, AUD 5325, AUD 5332, AUD 5339, AUD 5345, AUD 5346, AUD 5347, AUD 5361		AUD 5310, AUD 5325, AUD 5340, AUD 5345, AUD 5346, AUD 5347
• C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function	X	AUD 5310, AUD 5325, AUD 5345, AUD 5346, AUD 5347, AUD 5361		AUD 5310, AUD 5325, AUD 5345, AUD 5346, AUD 5347
• C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system	X	AUD 5310, AUD 5325, AUD 5332, AUD 5337, AUD 5347		AUD 5310, AUD 5325, AUD 5347
• C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life	X	AUD 5353, AUD 5361		AUD 5353
• C6. Providing assessment of tolerance problems to determine the presence of hyperacusis	X	AUD 5345, AUD 5353		AUD 5345, AUD 5353

• C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function	X	AUD 5310, AUD 5325, AUD 5332		AUD 5310, AUD 5325
• C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated	X	AUD 5310, AUD 5325, AUD 5332		AUD 5310, AUD 5325
• C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated	X	AUD 5310, AUD 5325, AUD 5332, AUD 5354		AUD 5310, AUD 5325, AUD 5354
• C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used	X	AUD 5310, AUD 5325, AUD 5332, AUD 5345, AUD 5354, AUD 5361		AUD 5310, AUD 5325, AUD 5345, AUD 5354
• C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes	X	AUD 5325, AUD 5332, AUD 5337, AUD 5346, AUD 5347		AUD 5325, AUD 5346, AUD 5347
• C12. Selecting, performing, and interpreting otoacoustic emissions testing	X	AUD 5310, AUD 5325, AUD 5332, AUD 5337		AUD 5310, AUD 5325
• C13. Selecting, performing, and interpreting tests for nonorganic hearing loss	X	AUD 5310, AUD 5325		AUD 5310, AUD 5325
• C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)	X	AUD 5346, AUD 5347		AUD 5346, AUD 5347
• C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder				
• C16. Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)	X	AUD 5337		
• C17. Posturography	X	AUD 5346, AUD 5347		AUD 5346, AUD 5347

• C18. Rotary chair tests	X	AUD 5346, AUD 5347		AUD 5346, AUD 5347
• C19. Video head impulse testing (vHIT)	X	AUD 5346, AUD 5347		AUD 5346, AUD 5347
Standard II-D: Counseling				
• D1. Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures	X	AUD 5310, AUD 5318, AUD 5325, AUD 5332, AUD 5339, AUD 5345, AUD 5346, AUD 5361		AUD 5310, AUD 5318, AUD 5325, AUD 5340, AUD 5345, AUD 5346
• D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs	X	AUD 5318, AUD 5325, AUD 5332, AUD 5339, AUD 5347, AUD 5353, AUD 5361		AUD 5318, AUD 5325, AUD 5340, AUD 5347, AUD 5353
• D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders	X	AUD 5318, AUD 5325, AUD 5332, AUD 5339, AUD 5346, AUD 5347, AUD 5361		AUD 5318, AUD 5325, AUD 5340, AUD 5346, AUD 5347
• D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices	X	AUD 5318, AUD 5332, AUD 5339, AUD 5345, AUD 5353, AUD 5361		AUD 5318, AUD 5340, AUD 5345, AUD 5353
• D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life	X	AUD 5318, AUD 5339, AUD 5361		AUD 5318, AUD 5340
• D6. Facilitating patients' acquisition of effective communication and coping skills	X	AUD 5318, AUD 5339, AUD 5361		AUD 5318, AUD 5340
• D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems	X	AUD 5318, AUD 5339, AUD 5353, AUD 5361		AUD 5318, AUD 5340, AUD 5353
• D8. Enhancing adherence to treatment plans and optimizing treatment outcomes	X	AUD 5339, AUD 5361		AUD 5340
• D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed	X	AUD 5339, AUD 5361		AUD 5340
Standard II-E: Audiologic Rehabilitation Across the Life Span				
• E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures	X	AUD 5310, AUD 5318, AUD 5339, AUD 5354, AUD 5361		AUD 5310, AUD 5318, AUD 5340, AUD 5354

• E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues	X	AUD 5325, AUD 5339, AUD 5346, AUD 5354, AUD 5361		AUD 5325, AUD 5340, AUD 5346, AUD 5354
• E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship	X	AUD 5310, AUD 5318, AUD 5325, AUD 5339, AUD 5353, AUD 5361		AUD 5310, AUD 5318, AUD 5325, AUD 5340, AUD 5353
• E4. Providing assessments of family members' perception of and reactions to communication difficulties	X	AUD 5318, AUD 5339, AUD 5361		AUD 5318, AUD 5340
• E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning	X	AUD 5310, AUD 5318, AUD 5339, AUD 5353, AUD 5361		AUD 5310, AUD 5318, AUD 5340, AUD 5353
• E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options	X	AUD 5238, AUD 5318, AUD 5339, AUD 5361		AUD 5318, AUD 5340
• E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties	X	AUD 5238, AUD 5318, AUD 5345, AUD 5346, AUD 5353, AUD 5361		AUD 5318, AUD 5345, AUD 5346, AUD 5353
• E8. Selecting and fitting appropriate amplification devices and assistive technologies	X	AUD 5318, AUD 5339, AUD 5345, AUD 5353, AUD 5354		AUD 5318, AUD 5340, AUD 5345, AUD 5353, AUD 5354
• E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input-output characteristics	X	AUD 5339, AUD 5345		AUD 5340, AUD 5345
• E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards	X	AUD 5339, AUD 5345		AUD 5340, AUD 5345
• E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance	X	AUD 5325, AUD 5339, AUD 5345, AUD 5353		AUD 5325, AUD 5340, AUD 5345, AUD 5353
• E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices	X	AUD 5339, AUD 5353, AUD 5354		AUD 5340, AUD 5353, AUD 5354
• E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately	X	AUD 5318, AUD 5339, AUD 5345, AUD 5361		AUD 5318, AUD 5340, AUD 5345

• E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices	X	AUD 5318, AUD 5354, AUD 5361		AUD 5318, AUD 5354
• E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options	X	AUD 5318, AUD 5354, AUD 5361		AUD 5318, AUD 5354
• E16. Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients	X	AUD 5318, AUD 5354		AUD 5318, AUD 5354
• E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit	X	AUD 5318, AUD 5345, AUD 5353, AUD 5354, AUD 5361		AUD 5318, AUD 5345, AUD 5353, AUD 5354
• E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations	X	AUD 5318, AUD 5339, AUD 5345		AUD 5318, AUD 5340, AUD 5345
• E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments	X	AUD 5339, AUD 5345, AUD 5353		AUD 5340, AUD 5345, AUD 5353
• E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)	X	AUD 5339, AUD 5361		AUD 5340
• E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication	X	AUD 5318, AUD 5339		AUD 5318, AUD 5340
• E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder	X	AUD 5353, AUD 5361		AUD 5353
• E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations	X	AUD 5353, AUD 5361		AUD 5353
• E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances	X	AUD 5353, AUD 5361		AUD 5353

• E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)	X	AUD 5353		AUD 5353
• E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)	X	AUD 5346, AUD 5347		AUD 5346, AUD 5347
• E27. Providing intervention for central and peripheral vestibular deficits	X	AUD 5346, AUD 5347		AUD 5346, AUD 5347
• E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome	X	AUD 5238, AUD 5347, AUD 5353		AUD 5347, AUD 5353
Standard II-F: Pediatric Audiologic (Re)habilitation				
• F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment	X	AUD 5318, AUD 5325, AUD 5332, AUD 5361		AUD 5318, AUD 5325
• F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment	X	AUD 5238, AUD 5318, AUD 5332, AUD 5361		AUD 5318
• F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social-emotional development and functioning	X	AUD 5318, AUD 5361, SLP 5304		AUD 5318
• F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth	X	AUD 5318, AUD 5361		AUD 5318
• F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation	X	AUD 5318, AUD 5339, AUD 5345, AUD 5353		AUD 5318, AUD 5340, AUD 5345, AUD 5353
• F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS	X	AUD 5318, AUD 5361		AUD 5318
• F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties	X	AUD 5318, AUD 5361		AUD 5318
• F8. Providing for intervention to ensure age/developmentally appropriate speech and language development	X	AUD 5318, AUD 5354		AUD 5318, AUD 5354
• F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome	X	AUD 5238, AUD 5318, AUD 5354, AUD 5361		AUD 5318, AUD 5354

• F10. Providing ongoing support for children by participating in IEP or IFSP processes	X	AUD 5318, AUD 5361		AUD 5318
• F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills	X	AUD 5318, AUD 5361		AUD 5318
• F12. Evaluating acoustics of classroom settings and providing recommendations for modifications	X	AUD 5318, AUD 5359		AUD 5318, AUD 5359
• F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals	X	AUD 5238, AUD 5318, AUD 5354, AUD 5361		AUD 5318, AUD 5354

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 have demonstrated knowledge of:				
• Biological Sciences (human or animal sciences)	X	SLP 5283, SLP 5305, SLP 5316, SLP 5317, SLP 5326, SLP 5331		
• Physical Sciences (physics or chemistry)	X	SLP 5301, SLP 5316, SLP 5317, SLP 5331, SLP 5335		SLP 5335
• Statistics (stand-alone course)	X	SLP 5238, SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5314		SLP 5280, SLP 5281, SLP 5282, SLP 5314
• Social/behavioral Sciences (psychology, sociology, anthropology, or public health)	X	SLP 5238, SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5305, SLP 5314, SLP 5316, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, 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. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.				
• Basic Human Communication Processes				
• Biological	X	SLP 5235, SLP 5236, SLP 5283, SLP 5301, SLP 5305, SLP 5311, SLP 5316, SLP 5317, SLP 5331, SLP 5335		SLP 5335
• Neurological	X	SLP 5235, SLP 5236, SLP 5283, SLP 5301, SLP 5305, SLP 5311, SLP 5316, SLP 5317, SLP 5331, SLP 5335, SLP 5336		SLP 5335
• Acoustic	X	SLP 5301, SLP 5311, SLP 5316, SLP 5336		

• Psychological	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5301, SLP 5311, SLP 5314, SLP 5316, SLP 5317, SLP 5331, SLP 5335, SLP 5336		SLP 5280, SLP 5281, SLP 5282, SLP 5314, SLP 5335
• Developmental/Lifespan	X	SLP 5280, SLP 5281, SLP 5282, SLP 5301, SLP 5305, SLP 5311, SLP 5314, SLP 5316, SLP 5317, SLP 5335, SLP 5336		SLP 5280, SLP 5281, SLP 5282, SLP 5314, SLP 5335
• Linguistic	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5301, SLP 5311, SLP 5314, SLP 5316, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, SLP 5314, SLP 5335
• Cultural	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5301, SLP 5305, SLP 5311, SLP 5314, SLP 5316, SLP 5317, SLP 5331, SLP 5335, SLP 5338		SLP 5280, SLP 5281, SLP 5282, 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 have <u>demonstrated knowledge</u> of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
• Etiologies	X	SLP 5301, SLP 5305, SLP 5314, SLP 5316		SLP 5314
• Characteristics	X	SLP 5301, SLP 5305, SLP 5314, SLP 5316		SLP 5314
• Fluency and fluency disorders				
• Etiologies	X	SLP 5301, SLP 5305, SLP 5311		
• Characteristics	X	SLP 5301, SLP 5305, SLP 5311		

• Voice and resonance, including respiration and phonation				
• Etiologies	X	SLP 5301, SLP 5316, SLP 5326, SLP 5336		
• Characteristics	X	SLP 5301, SLP 5316, SLP 5326, SLP 5336		
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
• Etiologies	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5305, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, SLP 5335
• Characteristics	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5305, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, SLP 5335
• Hearing, including the impact on speech and language				
• Etiologies	X	SLP 5283, SLP 5301, SLP 5305, SLP 5331		
• Characteristics	X	SLP 5283, SLP 5301, SLP 5305, SLP 5331		
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
• Etiologies	X	SLP 5319		
• Characteristics	X	SLP 5319		
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Etiologies	X	SLP 5283, SLP 5305, SLP 5317, SLP 5331, SLP 5335		SLP 5335
• Characteristics	X	SLP 5283, SLP 5305, SLP 5317, SLP 5331, SLP 5335		SLP 5335
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				

• Etiologies	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5305, SLP 5316, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, SLP 5335
• Characteristics	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5305, SLP 5316, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, SLP 5335
• Augmentative and alternative communication modalities				
• Characteristics	X	SLP 5331, SLP 5335		SLP 5335
Standard IV-D: The applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
• Prevention	X	SLP 5301, SLP 5314, SLP 5316, SLP 5326		SLP 5314
• Assessment	X	SLP 5301, SLP 5314, SLP 5316, SLP 5326		SLP 5314
• Intervention	X	SLP 5301, SLP 5314, SLP 5316, SLP 5326		SLP 5314
• Fluency and Fluency Disorders				
• Prevention	X	SLP 5311		
• Assessment	X	SLP 5311		
• Intervention	X	SLP 5311		
• Voice and resonance, including respiration and phonation				
• Prevention	X	SLP 5301, SLP 5316, SLP 5326, SLP 5336		
• Assessment	X	SLP 5301, SLP 5316, SLP 5326, SLP 5336		
• Intervention	X	SLP 5301, SLP 5316, SLP 5326, SLP 5336		

• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
• Prevention	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, SLP 5335
• Assessment	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, SLP 5335
• Intervention	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, SLP 5335
• Hearing, including the impact on speech and language				
• Prevention	X	SLP 5283, SLP 5314, SLP 5331		SLP 5314
• Assessment	X	SLP 5283, SLP 5314, SLP 5331		SLP 5314
• Intervention	X	SLP 5283, SLP 5314, SLP 5331		SLP 5314
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
• Prevention	X	SLP 5319		
• Assessment	X	SLP 5319		
• Intervention	X	SLP 5319		
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Prevention	X	SLP 5283, SLP 5317, SLP 5331, SLP 5335		SLP 5335
• Assessment	X	SLP 5283, SLP 5317, SLP 5331, SLP 5335		SLP 5335
• Intervention	X	SLP 5283, SLP 5317, SLP 5331, SLP 5335		SLP 5335
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				

• Prevention	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5316, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, SLP 5335
• Assessment	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5316, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, SLP 5335
• Intervention	X	SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5316, SLP 5317, SLP 5331, SLP 5335		SLP 5280, SLP 5281, SLP 5282, SLP 5335
• Augmentative and alternative communication modalities				
• Assessment	X	SLP 5331, SLP 5335		SLP 5335
• Intervention	X	SLP 5331, SLP 5335		SLP 5335
Standard IV-E: The applicant must have demonstrated knowledge of standards of ethical conduct.	X	SLP 5238, SLP 5283, SLP 5357		
Standard IV-F: The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.	X	SLP 5238, SLP 5280, SLP 5281, SLP 5282		SLP 5280, SLP 5281, SLP 5282
Standard IV-G: The applicant must have demonstrated knowledge of contemporary professional issues.	X	SLP 5238, SLP 5280, SLP 5281, SLP 5282, SLP 5283, SLP 5357		SLP 5280, SLP 5281, SLP 5282
Standard IV-H: The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.	X	SLP 5283, SLP 5357		
Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice (including Speech and Language skills in English, consistent with ASHA's position statement on students and professionals who speak English with accents and nonstandard dialects).	X	SLP 5238, SLP 5280, SLP 5281, SLP 5282, SLP 5283		SLP 5280, SLP 5281, SLP 5282
Standard V-B: The applicant must have completed a program of study that included supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes. (These skills may be developed and demonstrated through direct clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.)				
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)				

• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
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 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		
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	SLP 5301, SLP 5316, SLP 5361		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5238, SLP 5301, SLP 5316		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5316		
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5316, SLP 5361		
• Fluency and Fluency Disorders				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	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		
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	SLP 5311		
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	SLP 5311, SLP 5361		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5311		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5311		
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5311, SLP 5361		

• 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 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		
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	SLP 5316, SLP 5361		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5238, SLP 5316		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5316		
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5316, SLP 5361		
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	SLP 5317, 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 5317, 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 5317, SLP 5331, SLP 5335		SLP 5335
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	SLP 5317, 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 5238, SLP 5281, SLP 5282, SLP 5317, SLP 5331, SLP 5335		SLP 5281, SLP 5282, SLP 5335

Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5281, SLP 5282, SLP 5317, SLP 5331, SLP 5335		SLP 5281, SLP 5282, SLP 5335
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5317, SLP 5331, SLP 5335, SLP 5361		SLP 5335
• Hearing, including the impact on speech and language				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	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 5331, 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 5331		
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	SLP 5331, SLP 5361		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5238, SLP 5331		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5331		
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5331, SLP 5361		
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	SLP 5319		
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	SLP 5319, 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 5319		
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	SLP 5319, SLP 5361		

Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5238, SLP 5319		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5319		
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5319, SLP 5361		
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	SLP 5317, 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 5317, SLP 5331, 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 5317, SLP 5331		
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	SLP 5317, SLP 5331, SLP 5361		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5238, SLP 5281, SLP 5282, SLP 5317, SLP 5331		SLP 5281, SLP 5282
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5317, SLP 5331		
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5317, SLP 5331, SLP 5361		
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	SLP 5316, SLP 5317, 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 5316, SLP 5317, SLP 5331, 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 5316, SLP 5317, SLP 5331		

Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	SLP 5316, SLP 5317, SLP 5331, SLP 5361		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	SLP 5238, SLP 5281, SLP 5282, SLP 5316, SLP 5317, SLP 5331		SLP 5281, SLP 5282
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	SLP 5316, SLP 5317, SLP 5331		
Std. V-B 1g. Refer clients/patients for appropriate services	X	SLP 5316, SLP 5317, SLP 5331, SLP 5361		
• 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 the needs of individuals receiving services	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 5238, 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)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
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 5238, SLP 5316, SLP 5361		
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	SLP 5238, SLP 5316, SLP 5361		

Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5238, SLP 5301, SLP 5316		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5238, 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 5238, SLP 5316		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5238, SLP 5316		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5238, SLP 5316, SLP 5361		
• Fluency and Fluency Disorders				
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		
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	SLP 5311, SLP 5361		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5311		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	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		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5311		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5311, SLP 5361		
• 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 that 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 to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy 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 5283, SLP 5317, SLP 5331, SLP 5361		
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	SLP 5283, SLP 5317, SLP 5331, SLP 5361		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5283, SLP 5317, SLP 5331		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5283, SLP 5317, SLP 5331		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	SLP 5283, SLP 5317, SLP 5331		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5283, SLP 5317, SLP 5331		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5283, SLP 5317, SLP 5331, SLP 5361		
• 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	SLP 5331, SLP 5361		

Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	SLP 5331, SLP 5361		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5331		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5331		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	SLP 5331		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5331		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5331, SLP 5361		
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
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 5319, SLP 5361		
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	SLP 5319, SLP 5361		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5319		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5319		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	SLP 5319		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5319		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	SLP 5319, SLP 5361		
• Cognitive aspects of communication, including 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 5283, SLP 5317, SLP 5331, SLP 5361		
Std. V-B 2b. Implement intervention plans that involve clients'/patients and relevant others in the intervention process.	X	SLP 5283, SLP 5317, SLP 5331, SLP 5361		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5283, SLP 5317, SLP 5331		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5283, SLP 5317, SLP 5331		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients'/patients	X	SLP 5283, SLP 5317, SLP 5331		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5283, SLP 5317, SLP 5331		
Std. V-B 2g. Identify and refer clients'/patients for services as appropriate	X	SLP 5283, SLP 5317, SLP 5331, SLP 5361		
• Social aspects of communication, including challenging behavior, ineffective social skills, and 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 5283, SLP 5316, SLP 5317, SLP 5331, SLP 5361		
Std. V-B 2b. Implement intervention plans that involve clients'/patients and relevant others in the intervention process.	X	SLP 5283, SLP 5316, SLP 5317, SLP 5331, SLP 5361		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	SLP 5283, SLP 5316, SLP 5317, SLP 5331		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	SLP 5283, SLP 5316, SLP 5317, SLP 5331		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients'/patients	X	SLP 5283, SLP 5316, SLP 5317, SLP 5331		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	SLP 5283, SLP 5316, SLP 5317, SLP 5331		
Std. V-B 2g. Identify and refer clients'/patients for services as appropriate	X	SLP 5283, SLP 5316, SLP 5317, SLP 5331, SLP 5361		

• 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 that 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 individual(s) receiving services, family, caregivers, and relevant others.	X	SLP 5238, SLP 5283, SLP 5305, SLP 5311, SLP 5316, SLP 5317, SLP 5326, SLP 5331, SLP 5335, SLP 5361		SLP 5335
Std. V-B 3b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.	X	SLP 5238, SLP 5283, SLP 5305, SLP 5316, SLP 5317, SLP 5326, SLP 5331, SLP 5335, SLP 5357		SLP 5335
Std. V-B 3c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.	X	SLP 5238, SLP 5283, SLP 5305, SLP 5311, SLP 5316, SLP 5317, SLP 5331, SLP 5335, SLP 5361		SLP 5335
Std. V-B 3d. Adhere to the ASHA Code of Ethics and behave professionally.	X	SLP 5238, SLP 5283, SLP 5305, SLP 5311, SLP 5316, SLP 5317, SLP 5326, SLP 5331, SLP 5335, SLP 5357, SLP 5361		SLP 5335

Appendix N

2021 REQUEST FOR 4th YEAR Au.D. EXTERNSHIP

STUDENT INFORMATION

Name:
Address:
Phone Number:
Vanderbilt Email:

In general, describe your preferred placement (ex: VU vs. external, state, city, employer, pediatrics/adults, private practice, VA, school, outpatient, etc.):

PREFERRED PLACEMENT SITES (List up to 6 sites in order of preference.)

#1

Name of facility:
Name of contact (if known):
Address:
Website:
Phone #:

#2

Name of facility:
Name of contact (if known):
Address:
Website:
Phone #:

#3

Name of facility:
Name of contact (if known):
Address:
Website:
Phone #:

#4

Name of facility:

Name of contact (if known):

Address:

Website:

Phone #:

#5

Name of facility:

Name of contact (if known):

Address:

Website:

Phone #:

#6

Name of facility:

Name of contact (if known):

Address:

Website:

Phone #:

NOTES:

Submit this form *electronically* to Dr. Fino-Szumski before or during your scheduled appointment.

Appendix O

2021 REQUEST FOR M.S.-SLP EXTERNSHIP

STUDENT INFORMATION

Name:
Phone Number:
Vanderbilt Email:

Check One:

- I came into the program with a background and will complete my externship in the **spring semester of 2021**
- I came into the program without a background and will complete my externship in the **summer semester of 2021**

In general, describe your preferred placement (ex: VU vs. external, state, city, employer, acute, rehabilitation, school, outpatient, etc.):

PREFERRED EXTERNSHIP SITES (List up to 3 sites in order of preference.)

#1

Name of facility:
Name of contact (if known):
Address:
Website:
Phone #:

#2

Name of facility:
Name of contact (if known):
Address:
Website:
Phone #:

#3

Name of facility:
Name of contact (if known):
Address:
Website:
Phone #:

Submit this form electronically to Dr. Jacobson before or during your scheduled appointment. Scheduled meetings will begin on 03/11/2020.

2021 M.S.-SLP Externship Information

EXTERNSHIP DATES

Spring	Summer
Start: Monday, 02/15/2021* End: Friday, 04/23/2021	Start: Monday, 06/07/2021 End: Friday, 08/13/2021

Duration = 10 weeks (some sites require 12 weeks)

*School placements start earlier to allow for school closings for break.

Early start or late end dates, must be approved by Dr. Fino-Szumski.

PROCESS

1. Describe your preferred placement (VU vs. external, city, state, acute, rehabilitation, schools, outpatient, etc.).
2. Identify top 3 sites and research them.
3. Fill out *Request for M.S.-SLP Externship* form (Please type information).
4. Sign up for a time to meet and discuss your preferred sites with Dr. Jacobson.
5. Submit *Request for M.S.-SLP Externship* form electronically to Dr. Jacobson.
6. Meet with Dr. Jacobson.
7. Dr. Jacobson will make contact with sites and notify you if placements are available.
8. For available sites, Dr. Jacobson will advise of next steps (resume, cover letter, interview, application, etc.).
9. If we cannot secure a placement from initial list of preferred sites, Dr. Jacobson will setup another meeting to strategize next steps.
10. First offer for an externship is the one you are advised to take.

REQUIREMENTS (Dr. Fino-Szumski)

Must have the following in place to finalize/confirm an externship:

1. State Authorization (no longer issue)
2. Active Affiliation Agreement with VU.

DOCUMENTATION

This is the usual documentation required by our affiliation agreements:

- ✓ Immunization records (Student Health)
 - PPD tuberculin skin test or chest x-ray within one year of clinical experience;
 - Positive serology of immunity to Rubella and Rubeola or MMR vaccination;
 - Hepatitis B vaccinations or waiver indicating refusal;
 - Positive serology of immunity to varicella or immunization.
- ✓ CPR Training (check expiration date)
- ✓ Health Insurance in effect during the entire externship
- ✓ Training: OSHA/Blood Borne Pathogens
- ✓ Training: HIPAA regulations
- ✓ Background check within 1-year

- ✓ Fingerprint check – Varies and may be required for another state
- ✓ 10-panel drug screen – Varies and may need to be done in a specified timeframe
- ✓ VU liability insurance – Provided by VU as specified in the agreement

Other costs that may also be responsibility of student:

- Worker's compensation insurance;
- Liability insurance;
- Onboarding fee;
- Additional background screenings;
- Drug testing.

NOTES:

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

Notice of Privacy Practices

Effective August 1, 2019

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 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.

For Organized Health Care Arrangements

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
- Vanderbilt Wilson County Hospital (VWCH)
- 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 VWCH medical staff while practicing at VWCH
- 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
- Retail Health Clinics
- Spring Hill Imaging Center
- Vanderbilt Health and Williamson Medical Center Clinics and Services
- Vanderbilt Health Pharmacy Group
- Vanderbilt Home Care Services
- Vanderbilt Imaging Services (VIS)
- Vanderbilt Integrated Providers (VIP)
- Vanderbilt-Maury Radiation Oncology
- VIP MidSouth

Organized Health Care Arrangements

- Vanderbilt Health Affiliated Network (VHAN)
- VUMC Medical Staff
- VWCH Medical Staff

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@vumc.org

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

Vanderbilt Wilson County Hospital

Medical Information Services, 1411 Baddour Parkway, Lebanon, TN 37087; (615) 444-8262

Office for Civil Rights, Region IV, DHHS

Atlanta Federal Center, 61 Forsyth Street SW, Suite 3B70, Atlanta, GA 30323

HIPAA BASICS FOR PROVIDERS: PRIVACY, SECURITY, AND BREACH NOTIFICATION RULES



Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules protect the privacy and security of health information and provide individuals with certain rights to their health information. You play a vital role in protecting the privacy and security of patient information. This fact sheet discusses:

- The **Privacy Rule**, which sets national standards for when protected health information (PHI) may be used and disclosed
- The **Security Rule**, which specifies safeguards that covered entities and their business associates must implement to protect the confidentiality, integrity, and availability of electronic protected health information (ePHI)
- The **Breach Notification Rule**, which requires covered entities to notify affected individuals; U.S. Department of Health & Human Services (HHS); and, in some cases, the media of a breach of unsecured PHI

HIPAA PRIVACY RULE

The HIPAA Privacy Rule establishes standards to protect PHI held by these entities and their business associates:

- Health plans
- Health care clearinghouses
- Health care providers that conduct certain health care transactions electronically

When “you” is used in this fact sheet, we are referring to these entities and persons.

The Privacy Rule gives individuals important rights with respect to their protected PHI, including rights to examine and obtain a copy of their health records in the form and manner they request, and to ask for corrections to their information. Also, the Privacy Rule permits the use and disclosure of health information needed for patient care and other important purposes.

PHI

The Privacy Rule protects PHI held or transmitted by a covered entity or its business associate, in any form, whether electronic, paper, or verbal. PHI includes information that relates to all of the following:

- The individual’s past, present, or future physical or mental health or condition
- The provision of health care to the individual
- The past, present, or future payment for the provision of health care to the individual

PHI includes many common identifiers, such as name, address, birth date, and Social Security number.

Visit the HHS [HIPAA Guidance](#) webpage for guidance on:

- De-identifying PHI to meet HIPAA Privacy Rule requirements
- Individuals’ right to access health information
- Permitted uses and disclosures of PHI

HIPAA SECURITY RULE

The HIPAA Security Rule specifies safeguards that covered entities and their business associates must implement to protect ePHI confidentiality, integrity, and availability.

Covered entities and business associates must develop and implement reasonable and appropriate security measures through policies and procedures to protect the security of ePHI they create, receive, maintain, or transmit. Each entity must analyze the risks to ePHI in its environment and create solutions appropriate for its own situation. What is reasonable and appropriate depends on

the nature of the entity's business as well as its size, complexity, and resources. Specifically, covered entities must:

- Ensure the confidentiality, integrity, and availability of all ePHI they create, receive, maintain, or transmit
- Identify and protect against reasonably anticipated threats to the security or integrity of the ePHI
- Protect against reasonably anticipated, impermissible uses or disclosures
- Ensure compliance by their workforce

When developing and implementing Security Rule compliant safeguards, covered entities and their business associates may consider all of the following:

- Size, complexity, and capabilities
- Technical, hardware, and software infrastructure
- The costs of security measures
- The likelihood and possible impact of risks to ePHI

Covered entities must review and modify security measures to continue protecting ePHI in a changing environment.

Visit the HHS [HIPAA Guidance](#) webpage for guidance on:

- Administrative, physical, and technical safeguards
- Cybersecurity
- Remote and mobile use of ePHI

HIPAA BREACH NOTIFICATION RULE

The HIPAA Breach Notification Rule requires covered entities to notify affected individuals; HHS; and, in some cases, the media of a breach of unsecured PHI. Generally, a breach is an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of PHI. The impermissible use or disclosure of PHI is presumed to be a breach unless you demonstrate there is a low probability the PHI has been compromised based on a risk assessment of at least the following factors:

- The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification
- The unauthorized person who used the PHI or to whom the disclosure was made

Confidentiality: ePHI is not available or disclosed to unauthorized persons or processes

Integrity: ePHI is not altered or destroyed in an unauthorized manner

Availability: ePHI is accessible and usable on demand by authorized persons

- Whether the PHI was actually acquired or viewed
- The extent to which the risk to the PHI has been mitigated.

Most notifications must be provided without unreasonable delay and no later than 60 days following the breach discovery. Notifications of smaller breaches affecting fewer than 500 individuals may be submitted to HHS annually. The Breach Notification Rule also requires business associates of covered entities to notify the covered entity of breaches at or by the business associate.

Visit the HHS [HIPAA Breach Notification Rule](#) webpage for guidance on:

- Administrative requirements and burden of proof
- How to make unsecured PHI unusable, unreadable, or indecipherable to unauthorized individuals
- Reporting requirements

WHO MUST COMPLY WITH HIPAA RULES?

Covered entities and business associates, as applicable, must follow HIPAA rules. If an entity does not meet the definition of a covered entity or business associate, it does not have to comply with the HIPAA rules. For the definitions of “covered entity” and “business associate,” see the [Code of Federal Regulations \(CFR\) Title 45, Section 160.103](#).

Covered Entities

The following covered entities must follow HIPAA standards and requirements:

- **Covered Health Care Provider:** Any provider of medical or other health care services or supplies who transmits any health information in electronic form in connection with a transaction for which HHS has adopted a standard, such as:
 - Chiropractors
 - Clinics
 - Dentists
 - Doctors
 - Nursing homes
 - Pharmacies
 - Psychologists
- **Health Plan:** Any individual or group plan that provides or pays the cost of health care, such as:
 - Company health plans
 - Government programs that pay for health care, such as Medicare, Medicaid, and the military and veterans' health care programs
 - Health insurance companies
 - Health maintenance organizations (HMOs)



- **Health Care Clearinghouse:** A public or private entity that processes another entity's health care transactions from a standard format to a non-standard format, or vice versa, such as:
 - Billing services
 - Repricing companies
 - Community health management information systems
 - Value-added networks

Business Associates

A business associate is a person or organization, other than a workforce member of a covered entity, that performs certain functions on behalf of, or provides certain services to, a covered entity that involve access to PHI. A business associate can also be a subcontractor responsible for creating, receiving, maintaining, or transmitting PHI on behalf of another business associate. Business associates provide services to covered entities that include:

- Accreditation
- Billing
- Claims processing
- Consulting
- Data analysis
- Financial services
- Legal services
- Management administration
- Utilization review

NOTE: A covered entity can be a business associate of another covered entity.

If a covered entity enlists the help of a business associate, then a written contract or other arrangement between the two must:

- Detail the uses and disclosures of PHI the business associate may make
- Require the business associate safeguard the PHI

Visit the HHS [HIPAA Covered Entities and Business Associates](#) webpage for more information.

Enforcement

The HHS Office for Civil Rights enforces the HIPAA Privacy, Security, and Breach Notification Rules. Violations may result in civil monetary penalties. In some cases, criminal penalties enforced by the U.S. Department of Justice may apply.

Common violations include:

- Impermissible PHI use and disclosure
- Use or disclosure of more than the minimum necessary PHI
- Lack of PHI safeguards
- Lack of administrative, technical, or physical ePHI safeguards
- Lack of individuals' access to their PHI

The following are actual case examples:

- **HIPAA Privacy and Security Rule:** A wireless health service provider (remote mobile monitoring) agreed to pay \$2.5 million and implement a corrective action plan to settle potential violations of the HIPAA Privacy and Security Rules. A laptop with 1,391 individuals' ePHI was stolen from an employee's vehicle. The investigation revealed insufficient risk analysis and risk management processes in place at the time of the theft. Additionally, the organization's policies and procedures implementing HIPAA Security Rule standards were in draft form and had not been implemented. Further, the organization was unable to produce any final policies or procedures regarding the implementation of safeguards for ePHI, including those for mobile devices.
- **HIPAA Breach Notification Rule:** A specialty clinic agreed to pay \$150,000 to settle potential violations of the HIPAA rules. An unencrypted thumb drive with the ePHI of about 2,200 individuals was stolen from a clinic employee's vehicle. The investigation revealed the clinic had not accurately or thoroughly analyzed the potential risks and vulnerabilities to the confidentiality of ePHI as part of its security management process. Further, the clinic did not fully comply with requirements of the Breach Notification Rule to have written policies and procedures in place and train workforce members. This case was the first settlement with a covered entity for not having policies and procedures to address the HIPAA Breach Notification Rule.
- **Criminal prosecution:** A former hospital employee pleaded guilty to criminal HIPAA charges after obtaining PHI with the intent to use it for personal gain. He was sentenced to 18 months in Federal prison.

Visit the HHS [HIPAA Compliance and Enforcement](#) webpage for more information.

Resources

Refer to the [HHS Special Topics in Health Information Privacy](#) webpage for information on:

- Cloud computing
- Mobile apps
- HIPAA regulation history

Table 1. HIPAA Privacy, Security, and Breach Notification Resources

For More Information About...	Resource
Covered Entities	Covered Entity Guidance CMS.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/Downloads/CoveredEntitiesChart20160617.pdf Fast Facts HHS.gov/hipaa/for-professionals/covered-entities/fast-facts
Business Associates	Contracts HHS.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions Frequently Asked Questions HHS.gov/hipaa/for-professionals/faq/business-associates
Communicating with a Patient's Family, Friends, or Others Involved in the Patient's Care	HHS.gov/sites/default/files/provider_ffg.pdf HHS.gov/hipaa/for-professionals/special-topics/mental-health
Emergency Situations: Preparedness, Planning, and Response	HHS.gov/hipaa/for-professionals/special-topics/emergency-preparedness
PHI Disposal	HHS.gov/sites/default/files/ocr/privacy/hipaa/enforcement/examples/disposalfaq.pdf
Privacy and Security of Electronic Health Records (EHR)	HealthIT.gov/topic/privacy-security-and-hipaa
Model Notices of Privacy Practices	HHS.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices

Table 1. HIPAA Privacy, Security, and Breach Notification Resources (cont.)

For More Information About...	Resource
Omnibus HIPAA Final Rule (2013 Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules)	GPO.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf
Security Rule Guidance Material	HHS.gov/hipaa/for-professionals/security/guidance
Training Materials	HHS.gov/hipaa/for-professionals/training

Table 2. Hyperlink Table

Embedded Hyperlink	Complete URL
Code of Federal Regulations (CFR) Title 45, Section 160.103	https://www.ecfr.gov/cgi-bin/text-idx?SID=2e74ee451fc72a29cdf7e67af5219ce6&mc=true&node=pt45.1.160&rgn=div5#se45.1.160_1103
HHS Special Topics in Health Information Privacy	https://www.hhs.gov/hipaa/for-professionals/special-topics
HIPAA Breach Notification Rule	https://www.hhs.gov/hipaa/for-professionals/breach-notification
HIPAA Compliance and Enforcement	https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement
HIPAA Covered Entities and Business Associates	https://www.hhs.gov/hipaa/for-professionals/covered-entities
HIPAA Guidance	https://www.hhs.gov/hipaa/for-professionals/privacy/guidance

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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, or other authorized 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.

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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.

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- 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: _____



Health & Safety RESOURCES

The VUMC/Vanderbilt Community is akin to an extended family. We have a strong commitment to caring and supporting one another. This philosophy extends to and includes students. Because of this, there are many resources and support services available, including supports when unforeseen situations arise.

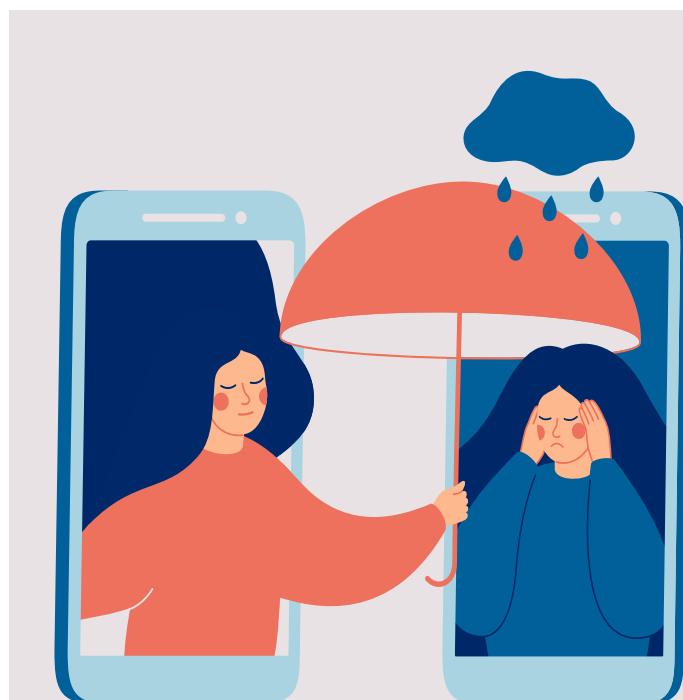
We hope your graduate career is smooth sailing. But, things can happen. Situations change. Just being in school can cause stress, aggravating underlying physical or emotional problems.

If you start to feel your health, safety, or stability is in trouble, don't try to push through on your own. Getting the assistance you need sooner rather than later is the key to getting your problem solved and your life back on track. Here are some resources that you might find helpful. There are multiple levels of support that can be accessed, including crisis situations.

If you encounter harassment or discrimination of any kind, or if you are having trouble with relationships, class work, finances, or physical or emotional distress, please talk to the Vice Chair of Graduate Studies (Dr. Todd Ricketts), your faculty advisor, or another trusted member of the department. We are all committed to supporting your needs and your safety.

For concerns with research or clinical supervisors that can not be resolved by speaking directly to the individual, please reach out to Drs. Duff, Fino-Szumski, or Ricketts, or other trusted faculty or staff. They can guide you toward the best resources to help you. We also respect your privacy. Any and all personal information is yours and is, by law, protected. Although your faculty and staff are always ready to listen, please know that you do not have to share any personal details with anyone in the department if you do not wish to do so. You can seek support directly from the resources provided below. However, if you choose to report your concerns to a department employee, we will not share personal information you disclose to us with anyone else unless required to do so by law.

In the case of sexual or other harassment, please be aware that staff and faculty are obligated to report your concerns to VUPD, Title IX and Discrimination Office, and/or the School of Medicine. Please understand that when these offices are informed, they take the lead in supporting you. Because of this, the department is no longer directly involved in the process - we often receive no information unless it is provided to us by the student. Likewise, if you go directly to one of the resources below, and we encourage you to do so when necessary, it is important to note that the department will not be notified unless further information from us is required. You are free to report information to the department and/or advisor, and you are also free to not do so if you want the information to remain confidential. But, the VUPD, Title IX and Discrimination Office, and/or the School of Medicine will not automatically provide information to the department or advisor.



DIRECT RESOURCES



PHYSICAL SAFETY AND EMOTIONAL HEALTH

Download site for SafeVU cell phone app:
<https://police.vanderbilt.edu/services/safevu.php>

University Counseling Center
(615-322-2571), x 22571
<https://www.vanderbilt.edu/ucc/>

Project Safe Center (24/7 hotline available, 615-322-SAFE)
<http://vanderbilt.edu/projectsafe/staff/>

Student Care Coordination Network
<https://www.vanderbilt.edu/studentcarenetwork/>

COMPLAINT PROCEDURES AND INFORMATION FOR FACULTY, STAFF, AND STUDENTS

Sexual Harassment/Misconduct
<https://www.vanderbilt.edu/eo/sexual-harassment/>

Student handbook (Chapter 7)
Sexual misconduct and intimate partner violence
https://www.vanderbilt.edu/student_handbook/sexual-misconduct/

ACCESS AND DISCRIMINATION

Title IX and Student Discrimination Office
(615)343-9004, x39004
<https://www.vanderbilt.edu/title-ix/>

Student Access Services
(615) 343-9727, x39727
<https://www.vanderbilt.edu/student-access/>

Equal Employment Opportunity Office
(615)343-9336, x39336
<https://www.vanderbilt.edu/eo/>

NON-EMERGENCY

VUPD non-emergency
615-322-2745, x22745

Nashville police non-emergency
615-862-8600

IN AN EMERGENCY

On-campus to the VUPD
615-421-1911 or x11911

Off-campus dial 911

Suicide Prevention Lifeline
1-800-273-8255