NORTHERN ARIZONA UNIVERSITY

Department of Communication Sciences and Disorders

Speech-Language-Hearing Clinic Manual

2016-2017
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GENERAL INFORMATION

The Speech-Language-Hearing Clinic at Northern Arizona University is located on the third floor of the Health Professions Building (#66). The clinic comprises child and adult assessment and treatment rooms, observation areas, an audiology testing suite and laboratory, a clinic reception area and waiting room, a voice clinic, an infant/toddler research laboratory, and a student clinician workroom.

Standardized assessments and protocols are located in Room 338A. Therapy materials are located in three large cabinets in the “Spa” (Room 336), along with an inventory of all the materials contained in those cabinets.

The NAU Speech-Language-Hearing Clinic provides assessment and treatment services for children and adults with communication and/or hearing impairments from birth through 80+ years of age. Clients are typically referred by physicians, healthcare agencies, school professionals, private practitioners, and by self-referral.

Evaluation and treatment services are provided to adults and children in the following areas:

- Accent Modification
- Aphasia
- Audiology Services
- Auditory Processing Disorders
- Child Language Disorders
- Cognitive Communication Disorders
- Feeding and Dysphagia (swallowing)
- Fluency Disorders
- Literacy
- Motor Speech Disorders
- Speech Sound Disorders
- Voice Disorders

Fees for clinical services vary and are dependent on the nature of the individual’s disorder and the type of services rendered. Fees are provided on the NAU Speech-Language-Hearing Clinic Encounter Form located in the clinic office.

The NAU Speech-Language-Hearing Clinic follows the academic calendar for Northern Arizona University.
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA) CODE OF ETHICS

Student clinicians are expected to adhere to the ASHA Code of Ethics and ensure the welfare of clients at all times.

The principles of the ASHA Code of Ethics will be addressed throughout the graduate program in academic coursework and clinical rotations. Students are expected to become well-acquainted with the Code of Ethics. Any questions or concerns regarding ASHA’s Code of Ethics can be discussed with the Clinic Director or other faculty member.

Principle of Ethics I

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

Rules of Ethics

A. Individuals shall provide all clinical services and scientific activities competently.

B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

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

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

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services. The responsibility for the welfare of those being served remains with the certified individual.

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

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

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

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

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

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

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

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

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

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

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

R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

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

**Principle of Ethics II**

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

**Rules of Ethics**

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

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

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

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

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

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

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

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

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

Rules of Ethics

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

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

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

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

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

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

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

Principle of Ethics IV

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

Rules of Ethics

A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

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

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

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

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

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

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

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

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

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

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

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

N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

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

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

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

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

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

The complete version of ASHA’s Code of Ethics can be found at http://www.asha.org/Code-of-Ethics/
ASHA CLOCK HOUR REQUIREMENTS

According to the 2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology, students must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact. At least 325 of the 400 clock hours must be completed while the student is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology. ASHA specifies that supervised practicum must include experience with client populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client populations with various types and severities of communication and/or related disorders, differences, and disabilities.

In addition, students must demonstrate, as outlined in the Knowledge and Skills Acquisition (KASA) Form, including knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases, and must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.

Specific knowledge must be demonstrated in the following areas:

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- hearing, including the impact on speech and language
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
- communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies).

Students must also possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

Specific coursework requirements are detailed in the CSD Graduate Student Handbook found online at http://nau.edu/uploadedFiles/Academic/CHHS/CSD/Forms/CSD_Graduate_Student_Handbook.pdf

Students are required to document clinical clock hours electronically in CALIPSO. Also, confirmation of clinical clock hours is required when applying for ASHA certification; therefore, it is important to maintain accurate daily logs.

Clinical clock hours may only be obtained when providing direct evaluation or treatment services to clients and their families. Other related clinical activities such as writing lesson plans, scoring tests, transcribing language samples, meeting with clinical supervisors, and planning therapy activities cannot be counted as clock hours.
ARIZONA STATE REQUIREMENTS

The Arizona Department of Health Services (ADHS) requires speech-language pathologists to hold an Arizona Department of Health Services Speech-Language Pathology license.

To apply for a temporary CFY Arizona license in speech-language pathology, the following documentation is required:

- Official transcript with master’s degree conferred
- Documentation of completion of a clinical practicum (clock hours)
- Documentation of a passing grade on the ETSNESPA (PRAXIS)
- Copy of the Clinical Fellowship Report signed by the Clinical Fellow Supervisor

OR

- A copy of a Certificate of Clinical Competency and current ASHA Membership Card

Students who decide to work in the public school setting in the state of Arizona after graduation must obtain an Arizona Department of Education Speech-Language Pathologist Certificate. The applicant for this certificate must have a master’s degree in speech-language pathology or communication sciences and disorders from an accredited institution. The applicant does not need to have ASHA’s Certificate of Clinical Competence (CCC-SLP). The Arizona Department of Education certificate may be renewed with completion of 60 clock hours of professional development in the field of speech-language pathology, or professional development in the areas of articulation, voice, fluency, language, low incidence disabilities, curriculum and instruction, professional issues and ethics, or service delivery models.

CLINICAL SUPERVISION AND STUDENT EXPECTATIONS

Clinical practicum hours must be supervised by individuals who hold a current CCC in the area in which the observation or practicum hours are being obtained. A minimum of 25% of total contact time with each client must be observed directly by the clinical supervisor; however, more or less supervision will be provided depending on which Practicum rotation is being completed.

The following student expectation guidelines apply:

PRACTICUM I Clinic Graduate Student Expectations:
1. Supervision level 50-100% of the time (high).
2. Write SOAP/contact log in timely manner (typically same day) with editing.
3. Write SOAP/therapy plan with editing.
4. Write an evaluation plan with supervision and editing.
5. Carry out therapy sessions without supervisor in the room.
6. Collaborate with other professionals, peers, and team members.

PRACTICUM II Clinic Graduate Student Expectations:
1. Supervision level 25-50% of the time (moderate).
2. Write SOAP/contact log in timely manner (typically same day).
3. Write SOAP/therapy plan with moderate supervision and/or consultation.
4. Choose an appropriate evaluation tool with rationale.
5. Write evaluation plan and report with moderate supervision and/or consultation.
6. Self-critique therapy sessions to predict the next therapy plan with moderate supervision.
7. Initiate collaboration and team lead roles with other professionals, peers, and team members.
PRACTICUM III Clinic Graduate Student Expectations:
1. Supervision level 25% of the time (minimal).
2. Carry out therapy sessions with minimal supervision.
3. Carry out evaluations and write evaluation reports with minimal supervision/consultation.
4. Be a mentor to other graduate students with regard to evaluation/therapy teams.
5. Lead collaboration and team discussions with other professionals, peers, and team members.

Team Lead Student Expectations

EVALUATIONS: Team leads are responsible for:
- Providing suggestions and rationales for selection of assessment tools.
- Delegating team roles and responsibilities.
- Compiling and summarizing report information.
- Providing additional assessment and treatment recommendations.
- Editing and filing the final report.

TREATMENT: Team leads are responsible for:
- Writing lesson plans and SOAP notes.
- Completing encounter logs and filing all paperwork.

Major decisions regarding evaluation, treatment, and follow-up of a client are implemented or communicated to the client and/or parent only after approval from the clinical supervisor is obtained.

NORTHERN ARIZONA SPEECH-LANGUAGE-Hearing CLINIC

Graduate students rotate through the various NAU clinics throughout their program. All clinic assignments are made by the Clinic Director. Some clinical practicum sites require a strong recommendation from the Clinic Director for the student to participate. This holds true for most hospital rotations. Prior to starting CSD 602 or CSD 608, students must sign an agreement stating that they understand and will adhere to the terms of the Clinical Manual and the CSD Student Handbook. In addition, students must also sign an agreement stating that they can perform all items specified in the “Essential Functions for the SLP Graduate Student” document (refer to pages 24 – 27).

CSD 602: Clinical Practicum in Speech-Language Pathology
Students participate in a variety of on-campus clinical experiences totaling 9 credit hours over 3 semesters (3 credits of CSD 602 per semester = minimum of 9 on-site hours). The following clinical rotations are offered in the NAU Speech-Language-Hearing Clinic:

Adult Neurogenic Clinic Rotation:
The Adult Neurogenic Clinic at NAU provides services for speech, language, and cognitive-communication following strokes, traumatic brain injury, and the diagnosis of dementia. Clinicians assigned to this clinic rotation can expect to work with various supervisors to evaluate and treat: apraxia of speech, different forms of dysarthria, expressive and receptive language skills, reading comprehension, writing, calculation, pragmatic or social communication, and all areas of cognitive abilities related to communication (attention, memory, organization/sequencing, problem solving/judgment and executive functions). Additionally, clinicians are expected to write medical reports (SOAPs and full reports), participate in weekly progress meetings, and counsel clients about their disorders and progress.

Accent Modification Rotation:
The accent modification clinic provides clinicians with the training and opportunity to work with individuals from a variety of culturally and linguistically diverse backgrounds who are motivated to improve their
overall pronunciation, stress, rhythm, and intonation of American English. Clinicians have the opportunity to provide accent modification services one on one or in a group instruction format. The group instruction is provided at The Literacy Volunteers of Coconino County. The mission of Literacy Volunteers of Coconino County is to increase the basic English language and literacy skills of teens and adults in order to improve the quality of personal, economic and community life for all. Their services are delivered by professionally trained volunteers in the community and at their facility, The Literacy Center. They strive to be a resource for the study of adolescent and adult literacy learning.

**Voice & Fluency Clinic Rotation:**
Students may participate in a 4-6-week voice clinic rotation with Dr. King. Students may also be assigned to participate in evaluations and/or treatment in Dr. King’s fluency clinic at same time. Students assigned to this rotation are expected to demonstrate the necessary competencies using laryngeal videostroboscopy instrumentation to perform voice evaluations on normal and disordered clients, and participate in the interpretation and written documentation of results.

**Audiology Clinic Rotation:**
Students may participate in an audiology rotation with Dr. Skelton. This might involve seeing audiology clients in the NAU Speech-Language-Hearing Clinic, or at the Northern Arizona Ear Nose and Throat Clinic. Students participating in this rotation are expected to meet all clinical competencies with regard to assisting Dr. Skelton with comprehensive audiologic evaluations, tympanometry, hearing aid fittings, as well as participate in report writing.

**Off-campus Medical Placements:**
When available, some students may participate in a medically-based CSD 602 rotation. Rotations include Flagstaff Medical Center, Verde Valley Medical Center, Mountain Valley Rehabilitation Hospital, The Peaks (Flagstaff), and Haven of Flagstaff. Medically-based practicum rotations require strong letters of recommendation from academic and clinical faculty.

**Medically-Based Externship Placements:**
Most students obtain their medical speech-language pathology experience during their 12 or 15-week externship experience (CSD 608). It is not necessary to have prior medical experience to complete a hospital externship. Rather, students must be in good academic and clinical standing and obtain permission from the Clinic Director to apply for a hospital externship. Students who have struggled academically or clinically throughout their program may be denied a hospital externship. In addition, full-time students applying to certain hospitals (i.e., St. Joseph’s, Phoenix Children’s, Banner), as well as those applying to medically-based placements out-of-state, must pass an oral examination with academic and clinical faculty with expertise in the medical speech-language pathology setting.

**GENERAL CLINIC PROCEDURES**

**Assessment Board**
Assessment Board is located in the Assessment room 338A. Board is used to reserve rooms for therapy; evaluation and ongoing sessions. For evaluations, add the date of evaluation and the room. For ongoing sessions, add client initials, clinician initials, supervisor initials, time and the room. For example:
1:00pm-1:30pm-Juniper
SE/TL/KF-Juniper/Adult TX

**Client Database**
This database is the collection of all client names and file numbers. The database stores the clients name and file number for ease of use. The Client database and files are located in the Clinic office. This is what
you will use to locate files if you do not know/have the file number. For example:

Client Name     File Number
Doe, Jane     12-100

**Signing Files Out**

Client files must always be signed out by the clinician when removed from the clinic office for therapy and all other uses. Client files cannot leave the CSD department. Remember to sign the file back in when finished. File checkout log is located in a binder in the Clinic office.

**Encounter Forms**

After pulling the client’s file, paper clip an Encounter form to file. The Encounter form is a checklist of procedures and diagnoses used to indicate the procedures that are performed during a client visit. Once the form is completed, it becomes the basis for a transaction entry. The transaction entry is the recording of procedures and accounting procedures to depict patient accounting procedures. An Encounter form must be completed for each session. Complete the following on every Encounter form.

- Client’s name
- File number
- Date of Session (double check the date and make sure it matches the contact log)
- Clinician’s signature
- Supervisors signature
- CPT & DX codes

**Assigning CPT & ICD-10-CM codes**

CPT (Current Procedural Terminology) is a set of codes, descriptions and guidelines intended to describe procedures and services performed by healthcare providers. Each procedure or service is identified with a five digit code i.e. 92506.

ICD-10-CM (International Classification of Diseases) is designed for the classification of morbidity and mortality information for statistical purposes and medical care review. This is the diagnosis code for the procedure performed. You may submit up to four diagnosis codes for each visit.

Both the CPT and ICD-10 codes need to be completed on the Encounter form. Always be consistent with the use of the codes, unless instructed otherwise by your supervisor.

**Greet your client(s)**

Greet your client's in the clinic reception area (Rm 339) before appointments. Introduce yourself if this is your first time meeting with client(s). Be on time and wear your name badge.

**Payment**

After each session, clinician should accompany client to the clinic window (located in clinic reception room, Rm 339) to pay for services. The Client file, with the completed Encounter form will be given to Teri for check out.

**Stacey’s In-Box**

When Teri has completed the check-out process, the client’s file will be placed in Stacey’s In-Box for processing. Client's paperwork will be processed and file will be placed in Out-Box or filed.
HIPAA Tutorial/ Client Confidentiality

The HIPAA privacy rule is the national standard for protecting the privacy of health information. The Privacy Rule regulates how covered entities, such as the NAU Speech-Language and Hearing Clinic can use and disclose individually identifiable health information or protected health information. Protected health information can be transmitted or maintained in any form of medium i.e. electronic, paper, or oral. Make sure you have completed the required HIPAA tutorial, [http://nau.edu/CHHS/CSD/Student-Resources/Forms/](http://nau.edu/CHHS/CSD/Student-Resources/Forms/). Do not discuss clients outside of the clinic. Never copy client’s medical records from a file.

Email/Phone

Be sure to check your email daily. You and your supervisor will be informed of client cancellations via email. Please use the clinician workroom phone (not personal phone) when calling clients. To remain complaint with HIPPA standards, do not use a client’s full name in emails. When referring to clients use their file number. For example, file number 12-100.

Clinic Appointments

Always confirm appointment dates and times with your clients. Make reminder calls if needed.

Contact Log

After every session (Evaluation & Therapy), update the contact log in the Client file. The contact log date must match the Encounter form date.

Name Badge

Clinicians are required to wear name badges when meeting with clients. The clinic will order and pay for one badge. Please email the clinic at shclinic@nau.edu to order. You will need to provide first and last name and the highest degree completed i.e. B.S., M.A., etc...

TREATMENT PROCEDURES

Client therapy assignments

Clinical speech and language therapy assignments are assigned through e-mail by the Clinic Director with feedback from other clinical supervisors. Should you be assigned to a clinic client for speech and language services, the following role responsibilities and information will be relevant.

Clinical Mentorship Program

At the end of the previous semester after the clinical assignments are made, a transition period will be provided for consultation/joint therapy sessions with the client’s current clinician. A future Practicum II or III clinician serves as a peer mentor to a future Practicum I graduate clinician, in the following capacity:

1. Managing a client (individual session) or client’s (group sessions)
2. Providing insight as to the nature of the client’s disorder
3. Sharing information from relevant academic coursework
4. Demonstrating the application of treatment procedures
5. Demonstrating clinic procedures and paperwork responsibilities
Team Lead for Team Therapy Sessions
On occasion in treatment, and almost always for evaluations, the Practicum I clinician may be assigned to share a client with a Practicum II or III graduate clinician. For these team treatment sessions, the Practicum II or III clinician would serve as the “team lead” with the following responsibilities:
1. All clinical paperwork: therapy plans, SOAPS and contact logs in the client's file with the assistance of the Practicum I clinician
2. Managing a client with the assistance of the Practicum I clinician
3. Implementing treatment procedures with the assistance of the Practicum I clinician
4. Collaboration with the Practicum I clinician on all levels of treatment including the clinical supervisor and other relevant professionals

Co-Clinician Therapy Sessions
On occasion in treatment, and almost always for evaluations, you may be assigned to share management with a peer. In such situations, the two clinicians will share joint responsibility for the following aspects of treatment:
1. All clinical paperwork: therapy plans, SOAPS and contact logs in the client's file
2. Client management
3. Implementing treatment procedures
4. Collaboration with team members including the clinical supervisor and other relevant professionals

Treatment Session Preparation
1. The treatment team or clinician will review the client’s file for history, past evaluations and treatment information one to two weeks prior to the first therapy session
2. The treatment team or clinician will research the client’s disorder and be prepared to provide relevant academic coursework one to two weeks prior to the first therapy session
3. The treatment team/clinician will confirm with supervisor and client/family in regard to date/time for therapy sessions one week prior to the first therapy session
4. The treatment team/clinician will sign out a treatment room in the clinic on the Clinic Schedule Board as soon as possible to ensure an appropriate therapy room per client
5. One week prior to the first therapy session and perhaps, on an ongoing basis depending on your supervisor, treatment team/clinician should schedule a meeting with the clinical supervisor to discuss client history, type of disorder and future therapy plans.
6. Clinicians should be setting up their therapy rooms 30 minutes prior to each session
7. Clinicians should check out the client’s file and relevant therapy materials prior to each therapy session
8. Clinicians should provide individual clinical supervisors with a copy of the therapy plan 24 hours prior to each session in either the narrative or graph form
9. Clinicians should fill out and encounter/billing form for each client therapy session and provide for the clinical supervisor to sign
10. Clinicians should confirm with the client/family in regard to having a parking permit

After Treatment Sessions
1. Immediately following the therapy session, clinicians will walk the client/family to the office with their file and encounter form for payment
2. Your clinical supervisor will give team/clinician written and/or oral feedback after the therapy sessions
3. Depending on supervisor and/or clinician need, a weekly debriefing meeting and therapy planning meeting may be scheduled
4. Team/clinician will fill out contact log in file and put the file into the billing in box in the office
5. Team/clinician will check in and put therapy materials back where they obtained them
6. Team/clinician will also provide a SOAP note within 24 hours of the therapy session in the file with either the narrative or graph form
7. Clinical supervisors will initial or sign the SOAP notes at their convenience
EVALUATION PROCEDURES

EVALUATION TEAM ASSIGNMENTS:

Clinical speech and language evaluations are usually conducted in team settings that include a team lead and 1-2 other team members. Should you be assigned to a team evaluation, the following role responsibilities and information will be relevant. You will be notified of evaluation assignments by e-mail from the supervising clinical professor.

Team Lead for Evaluations
1. All paperwork including clinical procedures, evaluation plans and evaluation reports completed in a timely manner
2. Lead test tool options, selection and rationale discussions per client need
3. Facilitating team role selection and responsibilities
4. Compiling report information including a comprehensive summary and recommendations
5. Final report editing, team signatures and distributing copies of report to client, family and/or appropriate agencies
6. Participate in all other aspects of the evaluation process as a team member

Team Members for Evaluations
1. Participate in all paperwork including clinical procedures, evaluation plans and evaluation reports.
2. Participate in test tool options, selection and rationale discussions per client need
3. Participate in team role selection and carry out responsibilities
4. Participate in compiling report information including a comprehensive summary and recommendations
5. Participate in the report editing process
6. Collaboration with other team members, appropriate professionals and agencies

Team Evaluation Meeting
1. One week prior to the scheduled clinical evaluation session a team meeting will be scheduled by your clinical supervisor
2. Review client records in the clinical file prior to the team evaluation meeting
3. Meet with your clinical supervisor as a team to discuss file/client information, team diagnostic questions, family interview questions and the scope and sequence of the evaluation session
4. Sign out a clinic room and appropriate equipment for the evaluation session
5. The team will write an evaluation plan to include the above elements and decide about team member responsibilities
6. The team will give the clinical supervisor and all members of the team a copy of the evaluation plan 24 hours prior to the evaluation session for feedback purposes

Evaluation Preparation
1. The team will “check in” with their clinical supervisor for a brief review
2. The team will “check out” all equipment and test tools.
3. Evaluation sessions should last approximately 1.5 hours
4. At the conclusion of the evaluation, the team will participate in an oral discussion of evaluation summary and recommendation with client/family
5. After the evaluation session is completed, the team will briefly discuss the evaluation results, summary and recommendations for report writing purposes

After Evaluation
1. Schedule a team meeting within one week of the evaluation with your supervisor to edit the first draft
2. Meet as a team to compile report information and write a comprehensive summary and recommendations
3. Send the first draft to your supervisor 24 hours prior to the team meeting
4. Meet with your supervisor to review edits/report
5. Have second draft to supervisor within 3 days of first draft meeting
6. The final report is due exactly within 2 weeks from the date of the evaluation session including sending copies of report to family and appropriate agencies

PRIVACY AND CONFIDENTIALITY POLICIES

The NAU Speech-Language-Hearing Clinic is committed to protecting client confidentiality and privacy. Discussion of a client’s evaluation and/or treatment plan will be conducted in academic settings or in private faculty offices only. Be aware that discussions in the hallway or in clinic rooms may be overheard through the observation system.

ASHA’s Code of Ethics involves the protection of a client’s rights to confidentiality. This involves maintaining client records, release of information, and video and/or audio taping client sessions.

Client Files
All client files are located in locked file cabinets in the clinic office (Rm 327). Graduate student clinicians have access to these files Monday – Friday from 8am – 5pm. It is the student’s responsibility to return files to the clinic office by 5:00pm.

- Client files must be signed in and out.
- All information contained in a client's file is confidential and may not be shared with anyone who is not directly involved with the NAU Speech-Language-Hearing Clinic.
- Client files cannot be photocopied, nor can they leave the clinic area. Files are never to be taken home.
- Student clinicians are responsible for placing clinic reports, signed release forms, and other pertinent documents in the client’s file.

Client Reports

- No identifying information should be on rough drafts of evaluation or progress reports. Use the client’s file number only. All rough drafts should be shredded at the end of each semester.
- Student clinicians are responsible for placing clinic reports in the client’s file under the appropriate tab.
- Reports may not be transmitted electronically.

Release of Information

- Exchange of information will occur only with a signed Request for Release Form (located in the clinic office).
- All signed release forms should be current and placed in the client’s file under the appropriate tab.
- The NAU Speech-Language-Hearing Clinic Fax Cover Sheet is to be used when faxing information.
- There should be no electronic exchange of information.

Video and Audio Taping

- Clients will sign and date the Video/Audio Agreement form (located in the clinic office) each academic year. The signed form will be placed in the client’s file by the graduate student clinician under the appropriate tab.
- Video/DVDs/Audio recordings are the property of the NAU Speech-Language-Hearing Clinic and are to be collected by the clinical faculty at the end of each semester. Video/Audio recordings not collected by the clinical faculty must be destroyed/deleted at the end of each semester.
Clients are not to be audio/video recorded using a personal recording device (i.e., cell phones; laptops). Please sign out a clinic iPad or other recording device for this purpose, only if clients and/or families have signed the Video/Audio Agreement form.

OBSERVATIONS

It is a requirement for ASHA certification to have a total of 25 observation hours. CSD requires that these 25 observation hours be documented and submitted to the CSD office before you register for your first practicum (CSD 602). These hours should represent a variety of clinical disorders and client ages.

The Department of Communication Sciences and Disorders only endorses the 25 required observation hours. We do not facilitate acquisition or approval of additional hours to meet other licensing/certifying organizations.

To obtain your 25 required observation hours, please follow these guidelines:

- Request permission from the clinical supervisor at least one week ahead of time for the client you’d like to observe. The clinic schedule, supervisor, graduate student clinician, and session room name are located in the white board in the Assessment Room (Rm 338A).

- Sign-up for the observation in the Observation Log 3-ring binder located in the Assessment Room (Rm 338A).

- Complete the required forms (Observation of Treatment Session – NAU Clinic or Observation of Evaluation Session – NAU Clinic) located in the 3-ring binder along with the Observations at the NAU Clinic log form. If observing at a non-NAU site, record your observations on the Observations at a non-NAU site log form. In addition, all forms can be found on the CSD website: http://nau.edu/CHHS/CSD/Student-Resources/Forms/. All forms must be turned in to the CSD office prior to beginning the first Practicum experience (CSD 602 Practicum I).

- The supervisor’s signature and ASHA I.D. # must be on all required forms prior to submitting to the CSD office. It is your responsibility to keep a copy of all signed logs.

- You must wear the “Observer” name badge located in the 3-ring binder during all observations.

- Observers are asked to be considerate of family members and offer them chairs closest to the observation window.

- Observers are encouraged to quietly introduce themselves to the family members and indicate that they are students in the Department.

- Observers are asked not to talk or ask questions of family members when observing. A faculty member may take the opportunity to talk about the clinical session and to answer questions of student observers as appropriate.

- No food or beverages are allowed in the observation rooms!

INFECTION CONTROL POLICIES AND PROCEDURES

Graduate student clinicians are susceptible to contracting illnesses due to working in close proximity to clients (e.g., droplet transfer of small particles of moisture such as those expelled during speech or a sneeze). Routine use of aseptic procedures reduces the probability of disease transmission. Students have an ethical and legal obligation to provide a safe environment for their clients, themselves, and fellow
student clinicians and clinical staff. Below is a list of aseptic procedures that should be used in the NAU Speech-Language-Hearing Clinic.

**Hand Washing**
Student clinicians will wash their hands thoroughly prior to and after contact with clients. The prescribed hand-washing procedure is as follows:

- Moisten hands completely with warm water and scrub vigorously with a liquid antibacterial soap.
- Lather hands, wrists, and forearms.
- Rub vigorously, interlacing fingers. Rinse thoroughly, allowing water to drain from fingertips to forearms.
- Repeat entire procedure and dry hands with a paper towel.

**Wearing Disposable Gloves**
Student clinicians will wear disposable gloves whenever contact with body/fluid substances (e.g. saliva, cerumen) is anticipated. This is typically during an oral or otoscopic exam. Gloves are available in the clinic workroom. Removal and disposal of gloves should be as follows:

- Remove one glove so that it is inside-out when removed with fingertips from the other hand.
- Hold the removed glove that is inside-out in the non-gloved hand and use it to remove the remaining glove so that it is also inside-out and includes the first glove inside of it.
- Place used gloves in a plastic bag and dispose of in a covered waste can outside of the clinic room.

**Handling of Contaminated Items**
Student clinicians may come into contact with consumable and non-consumable contaminated items. Consumable items include disposable gloves, tongue depressors, and otoscope specula. Non-consumable items include ear tips and toys. Plastic bags with twist ties are available in the clinic rooms. Disposal and decontamination of these items should be as follows:

- Consumable items which have been in contact with body fluids should be placed in a plastic bag, sealed with a twist tie and disposed of in a covered waste can outside of the treatment room.
- Non-consumable items which have been in contact with body fluids should be decontaminated according to prescribed procedures. Toys should be washed with disinfectant detergent and rinsed in hot water.
- Student clinicians should notify a clinical faculty member or the clinic receptionist whenever bodily fluids such as urine or vomit need to be removed and the area cleaned. The university facilities department will be notified and they will clean the area. The area should be vacated until cleaning is completed.

**Disinfecting Clinical Areas, Equipment and Materials**
Student clinicians should disinfect tables, doorknobs, chairs, materials, toys, equipment, etc. following each clinic session. Disinfectant is available in the Clinic Lab. The following procedures should be followed:

- The surface to be disinfected should be wiped with a strong rubbing action using the disinfectant provided or with disinfectant wipes provided in the clinic rooms and/or Clinic Lab.
Disinfectant procedures should be implemented after the client leaves the clinic room. Wear a disposable glove on the hand engaged in wiping down the surfaces.
- Toys and other clinic materials should be disinfected using the designated disinfected solution in the Clinic Lab.
- Items should be sprayed with the solution and wiped down with a paper towel. After use, dispose of the paper towels in a covered waste can outside of the clinic room.

**Injuries, Illness, or other Contagions**

Any injuries that occur in the clinic area must be reported according to university guidelines. The injury should also be reported to the clinical faculty. The following procedures should be followed in the case of illness:

- Student clinicians should not provide clinical services if they have a body temperature of 99.9+ degrees, of if they have a bad cough, cold or other illness.
- Clients and their caregivers will be requested not to attend the clinic if they have a body temperature of 99.9 degrees or higher or if they have a bad cough, cold or other illness.
- Student clinicians should cover their mouth with their elbow or tissue when coughing.
- If a student has a concern about a contagious condition, he/she should contact the clinical supervisor or Clinic Director.

**PROFESSIONALISM AND DRESS CODE**

The NAU Speech-Language-Hearing Clinic maintains high professional standards at all times. Failure to comply with any of the rules of professionalism may result in a significant lowering of your CSD 602 practicum grade. Please follow these guidelines:

**Professional Etiquette**

Appropriate conduct during clinical sessions and while in the clinic area is expected at all times. This includes:

- Respect for client confidentiality
- Appropriate conversation
- Appropriate tone and loudness in the clinic area
- Respectful communication (in person, or by phone or email) with clinical supervisors, academic faculty, and clinical staff
- Promptness for all clinic sessions
- Ending sessions on time and leaving rooms **clean** and ready for the next session
- Putting all therapy materials back exactly where you found them in an orderly fashion.
- Informing the clinic office and the client, family, and/or caregivers of any changes in the schedule such as illness or unplanned absences
- Offering the client and family make-up sessions due to absences
- No cell phones during clinic sessions
- No food or drink in the treatment or evaluation rooms except bottled water.

**Dress Code**
Professional dress is mandatory in the NAU Speech-Language-Hearing Clinic. Please note that off-campus clinical sites may have a specific guidelines and/or dress code for student clinicians. Please adhere to the following when participating in on-campus clinical rotations:
- No jeans, shorts, or athletic wear (sweat pants and sweat shirts)
- No tank/tube tops
- No visible midriffs or underwear
- No athletic shoes or flip flops
- No excessive ear piercing
- No over-sized earrings
- No tongue or facial ornaments

**ABSENCES AND CANCELLATIONS**

**Clinician Absence**
- Student clinicians are required to inform their clinical supervisor if they will be absent for a clinical session.
- Student clinicians should notify the clients as far in advance as possible regarding known absences
- Clinicians are responsible for contacting each of their clients, as well as the Clinic Office, to cancel or reschedule clinical sessions for that day
- Clinicians are required to offer make-up sessions for those that were cancelled. Students must consult their clinical supervisor in advance before scheduling make-up sessions

**Client Absence**
- Student clinicians are to instruct clients or parents to call the NAU Speech-Language-Hearing Clinic office (928-523-8110) to cancel clinical sessions
- Student clinicians are responsible for notifying their clinical supervisor and for recording absences on the Daily Log form in the client’s file
- Clinicians may offer make-up sessions but must first check their supervisor’s availability
- When the University closes due to inclement weather, all clinical sessions are cancelled and graduate student clinicians are responsible for contacting clients

**TESTS, EQUIPMENT, & MATERIALS**
- Standardized tests are stored in alphabetical order in the metal cabinets located in the Assessment Room (Rm 338A). Larger items are located on the shelves in alphabetical order. An
All standardized assessment protocol forms are located in the metal cabinets in Room 338A. Please do not photocopy test protocols as this violates copyright laws. Inform the Graduate Assistant for the clinic when only one copy of a protocol is left. Do not use the last protocol.

The student clinician workroom is located in Room 323. The printers are to be used for clinic-related activities only. The amount of toner cartridges and paper are determined prior to each semester; therefore, when the allotment of toner cartridges and paper is used up, no additional supplies will be purchased until the following semester.

Electronic equipment, such as flip video cameras, is located in the CSD office and must be signed out and returned by 5:00pm.

Treatment materials are located in the large wooden cabinet in the main observation area, the two large cabinets in the Acorn room, and the three wooden cabinets in the Spa area (Room 336). Materials are to be signed out and returned within 24 hours. Materials are for use in the NAU Speech-Language-Hearing Clinic only unless special permission is obtained from the Clinic Director.

SUPERVISOR EVALUATION OF GRADUATE STUDENT CLINICIAN

Clinical Competency Evaluation (CCE)
A midterm and final CCE form must be completed by each clinical supervisor for each clinical rotation (both on and off-campus) in CALIPSO. The areas that students must demonstrate competency are detailed on the online CCE form in CALIPSO. The final grade for practicum is determined by the Clinic Director with feedback from the clinical and academic faculty. Clinic grades may be lowered if CSD faculty members determine that the student demonstrated a lack of professionalism during a clinical rotation. Clinical competency expectations are based upon the practicum for which the student is completing (Practicum I, III, IIII or Externship).

Graduate student clinicians must receive a grade of “B” or better in order to pass the clinical practicum rotation. A grade of “C” equates to failure of the practicum and requires repetition of the entire rotation.

CLINIC PERFORMANCE PLANS

Graduate student clinicians who experience difficulty acquiring and/or demonstrating satisfactory clinical skills may be required to develop a clinic performance plan. These plans are individualized for the student. The goals and objectives of the plan are determined based on specific feedback from the clinical faculty. The process for remediation is as follows:

- The need for a clinic performance plan will be determined at midterm. Student clinicians who earn an overall grade of B- or lower with any clinical supervisor will be required to develop a clinic performance plan.
- During the CCE midterm grading meetings, the student’s clinical supervisor(s) will provide specific input regarding areas of concern.
- The student will develop his/her own remediation/support plan goals, objectives, and procedures for meeting these goals based on feedback from all clinical supervisors. The timeline for meeting
the goals and objectives will be included in the plan.

- The student will meet with the Clinic Director to discuss the details of the clinic performance plan and any necessary changes that may need to be made.
- The final plan will be signed and dated by the student and all members of the remediation/support team.
- At the end of the semester, the student will turn in detailed, type-written feedback detailing how each goal and objective was met, along with progress as determined by self-evaluation.
- The remediation team will meet with the student at the final grade CCE meeting to discuss whether or not the goals and objectives of the clinic performance plan were met by the student.
- If the goals and objectives of the clinic performance plan were not met in the specified timeline, and the student receives an overall final grade below a B- (even if the student receives grades of “A” from other clinical supervisors), the student will be required to repeat the clinical rotation (and thus, re-register for the same CSD 602 practicum).

**STUDENT GRIEVANCE POLICY**

There may be times when a student disagrees with a faculty member or clinical supervisor to the extent that action must be taken to reach a resolution. The following procedures have been established to help guide students and faculty members in such instances:

- Students are encouraged to meet with the specific clinical supervisor directly involved in the disagreement. Both parties will discuss the concerns and attempt to reach an agreement appropriate to the situation. The student and/or clinical supervisor may invite the Clinic Director to the meeting.

- If the issues cannot be adequately resolved at this level, the student should meet with the Clinic Director to discuss his/her concerns. The student and Clinic Director can then attempt to reach an agreement appropriate to the situation.

- If the student is still dissatisfied, he/she can schedule a meeting with the Department Chairperson, Dr. Lindstedt, to discuss further options in reaching an agreement.

**ESSENTIAL FUNCTIONS FOR THE SLP GRADUATE STUDENT**

The Graduate Program in Clinical Speech-Language Pathology makes every effort to enroll and prepare students to become competent speech-language pathologists. The program requires rigorous academic training and intense clinical preparation. To acquire the knowledge and skills necessary to the practice of speech-language pathology, individuals must have knowledge, skills, and attributes that represent the Essential Functions of graduate education. The Essential Functions relate to knowledge, skills, and attributes in six areas, including physical health, communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. The knowledge, skills, and attributes in each area must be met and maintained by the graduate student to fulfill the essential functions of the graduate student training program in Clinical Speech-Language Pathology, and to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred items (*), however, are skills that represent intrinsic capacities or abilities, and should be present when a student begins the graduate program. Failure to meet or maintain the Essential Functions may result in action, including but not limited to dismissal from the graduate program.

Each Essential Function is described below:
1. PHYSICAL HEALTH

A student must possess the physical health and stamina to:

- Continuously sit or stand for several hours.

2. COMMUNICATION

A student must possess adequate communication skills to:

- Communicate proficiently in both oral and written English language. *
- Possess reading and writing skills sufficient to meet curricular and clinical demands.*
- Perceive and demonstrate appropriate non-verbal communication for culture and context.*
- Modify communication style to meet the communication needs of clients, caregivers, and other persons served.*
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally, effectively, logically, and in a professional manner on patient documentation, reports, and scholarly papers required as a part of course work and professional practice.
- Convey information accurately with relevance and cultural sensitivity to clients and colleagues.
- Comprehend technical, procedural, and professional materials; and follow instructions.
- Model desired exemplars of voice, fluency, articulation, and oral/nasal resonance, as well as features of English grammar and syntax, consistent with the objectives for clients in treatment.

3. MOTOR

A student must possess adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities.*
- Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.*
- Access transportation to clinical and academic placements.*
- Participate in classroom and clinical activities for the defined workday.*
- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g. Durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (i.e. billing, charting, therapy programs, etc.)

4. INTELLECTUAL/COGNITIVE

A student must possess adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.*
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
• Self-evaluate, identify, and communicate limits of one's own knowledge and skill (relative to level of experience), and be able to identify and use resources in order to increase knowledge and skills.
• Use detailed written and verbal instruction when making decisions.

5. SENSORY/OBSERVATIONAL

A student must possess sufficient vision (aided or unaided vision must be sufficient to allow for processing of written materials, projected video segments, laboratory demonstrations, and demonstrations during clinical training) and hearing (aided or unaided hearing must be functional for the speech frequencies) to:

• Observe effectively in classroom, laboratory, and clinical settings.
• Observe a client sufficiently from varying distances to identify nonverbal communication signals (e.g., body orientation, joint attention, facial expressions, conventional gestures, manual signs, proxemics cues) when performing clinical evaluations and treatments.
• Read a case history and perform a visual examination of various oral, manual, and craniofacial structures (e.g., ear, throat, oral cavity, skull, etc.) and functions (e.g., individual oral-motor movements, swallow patterns, articulatory gestures, manual gestures, facial expressions, visual gaze patterns, body postures, etc.)
• Master information presented in course work through lectures, and recorded audio signals, including subtle discriminations involving individual phonemes, phoneme sequences, words, larger language segments, and suprasegmental features of speech.
• Identify normal and disordered speech, language and cognition through vision, hearing and touch (fluency, articulation, voice, resonance, respiratory function, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing, cognition, social interaction related to communication).
• Identify the need for alternative modalities of communication.
• Visualize and identify anatomic structures.
• Visualize and discriminate imaging findings.
• Identify and discriminate findings on imaging studies.
• Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
• Recognize when a client's family member does or does not understand the clinician's written and or oral communication.

6. BEHAVIORAL/EMOTIONAL/SOCIAL

A student must possess the emotional health required for the full utilization of his/her intellectual abilities and adequate social attributes to:

• Exercise good judgment and the ability to manage the use of time.
• Promptly complete all responsibilities attendant to the diagnosis and treatment of communication disorders.
• Display mature and effective professional relationships by exhibiting compassion, integrity, and concern for others.*
• Maintain mature, sensitive, and effective relationships with clients, students, faculty, staff, and other professionals under all conditions including highly stressful situations that may be associated with some clinical contexts.
• Be adaptable, possessing sufficient flexibility to function in new and stressful environments. *
• Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, races/ethnicities, religions, sexual orientations, and cultural and socioeconomic backgrounds.*
• Possess the emotional stability to function effectively under typical stresses of clinical settings and to adapt to an environment that may change rapidly without warning or in unpredictable ways.

• Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics, and university, state, and federal compliance policies.

• Be willing and able to examine and change his/her behavior when it interferes with productive individual or team relationships.

• Accept appropriate suggestions and constructive criticism and respond by modifying behaviors independently or per the direction of supervisors.

• Be able to critically evaluate his/her own performance, be forthright about errors, accept constructive criticism, and determine ways to improve academic and clinical performance.

• Possess skills and experience necessary for effective and harmonious relationships in diverse learning and working environments.

• Demonstrate excellent interpersonal skills to engage and motivate clients and families.

• Demonstrate creative problem-solving skills and be able to manage multiple tasks and demands.

• Maintain general good mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical settings.

• Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).

• Exhibit professional behavior by conforming to appropriate standards of dress, appearance, language, and public behavior.

**Oral Communication Proficiency Policy**

Speech-language pathologists working with individuals who have communication disorders must demonstrate excellent oral communication skills. Speech-language pathology students are expected to model all aspects of Standard American English including phonology, morphology, syntax, semantics, pragmatics, and suprasegmental aspects of speech.

The NAU Speech-Language-Hearing Clinic adheres to ASHA’s guidelines (see highlighted link below) regarding clinical services provided in a non-English language and graduate clinicians who are English Language Learners providing clinical services in English.