



Communication  
Sciences and Disorders

***Speech-Language-Hearing Clinic Manual***

**2021 – 2022**

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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 (SPA).

Standardized assessments and protocols can be found in the Assessment Room (338A); an inventory of assessment tools is available in a 3-ringed binder on the worktable in this room. More commonly used assessments are located in Room 319. Therapy materials are located on shelves in the assessment room, and in the “Spa” (Room 336). No materials or tests are to leave the building unless explicit permission is granted by the Clinic Director.

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 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
- Spanish Bilingual Evaluation and Treatment
- Speech Sound Disorders
- Voice and Resonance 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. Patient scholarships are available for those clients who may qualify. You may request a scholarship application for your client from the clinic office. The NAU Speech-Language-Hearing Clinic follows the academic calendar for Northern Arizona University, as well as guidance provided on the Jacks are Back website regarding COVID: <https://nau.edu/jacks-are-back/lumberjack-responsibilities>.

### **AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA) CODE OF ETHICS**

Student clinicians are expected to adhere to ASHA’s Code of Ethics, and to ensure the welfare of clients. 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. Students are required to review ASHA's Code of Ethics prior to each clinical rotation.

### **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 inter-professional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished

decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

## **Principle of Ethics II**

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

## **Rules of Ethics**

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

### **Principle of Ethics III**

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

#### **Rules of Ethics**

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

### **Principle of Ethics IV**

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

#### **Rules of Ethics**

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

- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for

personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

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

### **ASHA CLOCK HOUR REQUIREMENTS**

According to the **2020 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 guided 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.

**The 2020 ASHA Standards and Implementation Procedures pertaining to graduate clinical experiences for purposes of clinical certification are as follows:**

#### **Standard V-A**

*Students must demonstrate skills in oral and written or other forms of communication sufficient for entry into professional practice.*

Implementation: you are eligible to apply for certification once you have completed all graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

According to ASHA, students must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others. For oral communication, you must demonstrate speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, you must demonstrate the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

### **Standard V-B**

*The student must complete a program of study that includes experiences sufficient in breadth and depth to achieve the following skills outcomes:*

#### **1. Evaluation**

- a. Conduct screening and prevention procedures, including prevention activities.
- b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
- c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
- d. Adapt evaluation procedures to meet the needs of individuals receiving services.
- e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- f. Complete administrative and reporting functions necessary to support evaluation.
- g. Refer clients/patients for appropriate services.

#### **2. Intervention**

- a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.
- c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- d. Measure and evaluate clients'/patients' performance and progress.
- e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- f. Complete administrative and reporting functions necessary to support intervention.
- g. Identify and refer clients/patients for services, as appropriate.

### 3. Interaction and Personal Qualities

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
- b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the ASHA *Code of Ethics*, and behave professionally.

Implementation: you are eligible to apply for certification once you have acquired the skills listed in this standard, and applied them across the nine major areas (speech sound production, fluency and fluency disorders, voice and resonance, receptive and expressive language, hearing, swallowing/feeding, cognitive communication aspects, social aspects of communication, and augmentative and alternative communication). These skills may be developed and demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.

You must obtain a sufficient variety of supervised clinical experiences in different work settings and with different populations so that you can demonstrate skills across the ASHA *Scope of Practice in Speech-Language Pathology*. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA *Scope of Practice in Speech-Language Pathology*.

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice, and should include experiences with related professionals that enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

Clinical simulations (CS) may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations.

Clinical educators of clinical experiences must hold current ASHA certification in the appropriate area of practice during the time of supervision. The supervised activities must be

within the ASHA *Scope of Practice in Speech-Language Pathology* in order to count toward the student's ASHA certification requirements.

### **Standard V-C**

*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 guided clinical observation, and 375 hours must be spent in direct client/patient contact.*

Implementation: Guided clinical observation hours generally precede direct contact with clients/patients. Examples of guided observations may include but are not limited to the following activities: debriefing of a video recording with a clinical educator who holds the CCC-SLP, discussion of therapy or evaluation procedures that had been observed, debriefings of observations that meet course requirements, or written records of the observations. It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. It is encouraged that the student observes live and recorded sessions across settings with individuals receiving services with a variety of disorders and completes debriefing activities as described above.

The observation and direct client/patient contact hours must be within the ASHA *Scope of Practice in Speech-Language Pathology* and must be under the supervision of a qualified professional who holds a current ASHA certification in the appropriate practice area. Guided clinical supervision may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes.

You will be assigned practicum only after you have acquired a base of knowledge sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the individual receiving services or the individual's family. Typically, only one student at a time should be working with a client in order to count the practicum hours. Several students working as a team may receive credit for the same session, depending on the specific responsibilities that each student is assigned when working directly with the individual receiving services. Students must maintain

documentation of their time spent in supervised practicum, and this documentation must be verified by the program in accordance with ASHA's Standards.

#### **Standard V-D**

*At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in speech-language pathology by the CAA.*

Implementation: A minimum of 325 clock hours of supervised clinical practicum must be completed while you are enrolled in the graduate program. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

#### **Standard V-E**

*Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification.*

The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.

Implementation: Effective January 1, 2020, supervisors for ASHA certification must complete two hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

In the case of CS, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.

#### **Standard V-F**

*Supervised practicum must include experience with individuals across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with individuals with various types and severities of communication and/or related disorders, differences, and disabilities.*

Implementation: You must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences across the nine major areas.

Reference: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology*. Retrieved from <https://www.asha.org/certification/2020-SLP-Certification-Standards>.

See <https://www.asha.org/certification/2020-slp-certification-standards/> for the complete list of ASHA certification Standards and Implementation Procedures for 2020.

### 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  
<https://www.azdhs.gov/documents/licensing/special/speech-hearing/forms/initial-license-temporary-speech-language-pathologist.pdf>

**OR**

- A copy of a Certificate of Clinical Competency and current ASHA Membership Card  
<https://www.azdhs.gov/documents/licensing/special/speech-hearing/forms/initial-license-speech-language-pathologist.pdf>

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 is valid for 12 years and may be renewed following completion of the necessary amount of continuing education hours in the field of speech-language pathology. The application can be accessed by the following link:  
<https://cms.azed.gov/home/GetDocumentFile?id=58fe4fd61130c01f0c1cfd3e>

### 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** Graduate Student Expectations:

- Supervision level 50-100% of the time (high).
- Write SOAP/contact log in timely manner (typically same day) with editing.
- Write SOAP/therapy plan with editing.
- Write an evaluation plan with supervision and editing.
- Carry out therapy sessions without supervisor in the room.
- Collaborate with other professionals, peers, and team members.

**PRACTICUM II** Graduate Student Expectations:

- Supervision level 25-50% of the time (moderate).
- Write SOAP/contact log in timely manner (typically same day).
- Write SOAP/therapy plan with moderate supervision and/or consultation.
- Choose an appropriate evaluation tool with rationale.
- Write evaluation plan and report with moderate supervision and/or consultation.
- Self-critique therapy sessions to predict the next therapy plan with moderate supervision.
- Initiate collaboration and team lead roles with other professionals, peers, and team members.

**PRACTICUM III** Graduate Student Expectations:

- Supervision level 25% of the time (minimal).
- Carry out therapy sessions with minimal supervision.
- Carry out evaluations and write evaluation reports with minimal supervision/consultation.
- Be a mentor to other graduate students with regard to evaluation/therapy teams.
- Lead collaboration and team discussions with other professionals, peers, and team members.

**Team Lead Student Expectations**

**EVALUATIONS:** Team leads are responsible for the following:

- 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 the following:

- Writing lesson plans and SOAP notes.
- Completing encounter logs and all relevant professional documentation.

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.

### **Student/Supervisor Contracts**

Different supervisors may have different expectations. To ensure students understand the expectations with a particular clinical supervisor, the supervisor may develop a semester contract with you to ensure you fully understand what is expected. This contract may be similar to independent study contracts. You may also request such a contract if a supervisor does not require one. The purpose of these contracts is clarify in writing any expectations that may differ slightly, particularly when different governing bodies are involved in the clinical process (e.g., Department of Economic Security; Medicare), and to help reduce any possible confusion between different practicum experiences and different supervisors.

### **NORTHERN ARIZONA UNIVERSITY SPEECH-LANGUAGE-HEARING CLINIC**

Graduate students rotate through the various NAU clinics throughout their program according to the clinical competency requirements required by ASHA. 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 34 – 37).

### **General Information about Clinic Rotations:**

Most students will participate in the adult-focused Voice, Fluency, and Audiology Clinics (ages 18+) on-site, and in the on-site pediatric clinic (birth to age 18). Students earn approximately 10 – 25 hours of direct clinical contact time in each of these rotations in one semester (i.e., Summer, Fall, or Spring). Each in-house rotation involves evaluation and treatment of adult or pediatric clients; documentation (i.e., evaluation report write-ups, SOAP notes, ICD-10/CPT code encounter/billing forms) is required for each client, and approved/finalized by the student’s clinical faculty supervisor.

Students also participate in outside rotations in one of the following per fall and spring semesters of their 2<sup>nd</sup> year: school (preschool, K – 5, middle, or high school), residential program, home health, or skilled nursing facility. Finally, all students participate in a 12- or 15-week externship that requires 540 on-site hours (not necessarily direct clinical contact), five days/week, for 45 hour per week for 12 weeks, or three days/week, 36 hours per week for 15 weeks. Externships are usually in a medical setting or private clinic setting. Some students participate in a full-time school externship placement in the fall semester of their final year. The externship is designed to provide the student with a learning experience that is similar to the

full-time CF or work experience he/she will experience immediately following graduation. Regardless of the external site, students are required to complete all necessary documentation (i.e., evaluation reports, SOAP notes, medical billing) for each client at each particular site.

### **CSD 602: Clinical Practicum in Speech-Language Pathology**

Students participate in a variety of on-campus clinical experiences totaling nine credit hours over 3 semesters (3 credits of CSD 602 per semester = minimum of 9 on-site hours). There are numerous opportunities available to work with clients with a variety of disorders or differences across the life span in the NAU Speech-Language-Hearing Clinic:

#### **CSD 602: On-Campus Rotations**

##### **Adult Neurogenic Clinic**

Two to three students per fall, spring, and summer semesters participate in the on-site Adult Neurological Clinic that involves evaluation and treatment of adults with acquired neurological disorders (e.g., aphasia, TBI, apraxia). The Adult Neurological Clinic is two days/week for 15 weeks; adult clients are generally between the ages of 30 and 60 years of age.

##### **Interprofessional Practice Clinics (IPC)**

Students may participate in the IPC Adult or Pediatric Focused Clinics collaborating with physical therapy students and supervisors on Wednesdays during their spring semester. Students must participate in the mandatory training during the fall semester prior to this rotation.

##### **Voice and Fluency Clinic**

Most students participate in the Voice and Fluency Team Clinic, which also includes transgender clients. Students evaluate and treat voice and resonance in adult clients using various instrumental measurements and instruments (e.g. laryngeal videostroboscopy). Pediatric and adult clients participate in the Fluency clinic. Students work on the Voice/Fluency Team for a minimum of 6 weeks during one clinical semester.

##### **Audiology Clinic Rotation:**

Most students participate in the Audiology Clinic rotation which is an adult-focused (ages 60+) rotation involving comprehensive audiological evaluation, hearing aid fittings, and aural rehabilitation with our in-house audiologist/clinical faculty member. The audiology rotation is one morning or afternoon per week for 8 or 15 weeks during one clinical semester.

##### **Mountain Tremors Choir**

Two to four students participate weekly in the Parkinson Choir/Parkinson LSVT group treatment in conjunction with students from the music department. There are four to eight adult clients with moderate to advance-staged Parkinson disease, aphasia, and/or dementia. Students evaluate clients pre- and post-treatment, mainly using patient reported outcome measures for quality of life, and informal and formal measurements of loudness. Some clients are also seen individually for LSVT during the 15-week semester.

### **Augmentative/Alternative Communication Clinics**

One or two students per fall, spring, and summer semesters have the opportunity to participate in weekly augmentative and alternative evaluations through collaboration with Northern Arizona University's Institute of Human Development. Clients are mainly school-aged through late adolescence/early adulthood with complex, severe developmental disabilities.

### **Accent Modification Clinic**

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 may provide accent modification services one on one or in a group instruction format.

### **Pediatric Feeding/Swallowing Clinic**

The pediatric feeding and swallowing clinic provide graduate students opportunities to evaluate and treat children of all ages who have feeding and swallowing disorders within the NAU Speech-Language-Hearing Clinic and in the surrounding community. Students who participate in this clinical rotation are encouraged to participate in the 8-week pediatric feeding and swallowing training modules.

### **Clinical Research**

Students may participate in research with academic faculty that involves direct clinical contact experience. Opportunities exist in all clinical areas across the lifespan, depending on the area of expertise of the academic faculty member.

## **CSD 602: Off-Campus Rotations**

### **School Placements**

Most students participate in a school-based clinical rotation in the Flagstaff area, or surrounding Northern Arizona region either in-person, or via telepractice. Students assigned to this rotation will screen, evaluate, and treat pediatric and/or adult (ages 18-22) clients in a self-contained/life skills classroom, preschool, K-5<sup>th</sup> grade, middle school, and/or high school setting. Students will also participate in team meetings related to client services.

### **Adult-Focused Placements**

Students may participate in an adult-focused off-campus rotation (e.g., skilled nursing facility; residential facility for adults with developmental disabilities). Placements are determined by the student's academic schedule and clinical hours/competencies needed.

### **Bilingual Evaluation Team**

Students may request to participate on the Bilingual Evaluation Team; fluency in a language other than English is desirable but not a prerequisite for participation in this rotation. Most of the evaluations occur in the Flagstaff community and surrounding region. Students who

participate in this clinic rotation are encouraged to take the CSD course, *Seminar in Bilingual Language Development and Disorders* as an elective.

### **Culturally and Linguistically Diverse Populations**

The location of Northern Arizona University in Flagstaff, Arizona lends itself to a significant number of opportunities for students to evaluate and treat clients from culturally and linguistically diverse backgrounds. The NAU Speech-Language-Hearing Clinic evaluates clients weekly for the Department of Economic Security (DES). The majority of pediatric and adult clients are from the surrounding areas of Northern Arizona, particularly the Navajo and Hopi reservations.

Students have many opportunities to evaluate and treat bilingual (e.g., English/Spanish; English/Navajo) and ELL students in Flagstaff area schools and school districts in the surrounding Northern Arizona region, including schools on the Hopi and Navajo reservations. Students may also work with pediatric clients in schools with significantly low socioeconomic status. The same cultural and linguistically diverse profile exists at the children's rehabilitation hospital in Flagstaff, Arizona. Full-time students participate in at least one school rotation in Flagstaff or the surrounding region, or a pediatric hospital experience in Flagstaff, or both.

Students also work with bilingual adults (e.g., English/Spanish; English/Navajo) in medical settings in Flagstaff and the surrounding region (e.g., Prescott Valley, Camp Verde, Sedona). Students who participate in the clinical rotation at the Hozhoni Foundation in Flagstaff work mostly with Native American adults with developmental disabilities. Finally, some students have the opportunity to obtain direct clinical contact hours with adults participating in accent modification treatment both in-house, and at Literacy Volunteers of America. Full-time students will likely participate in at least one of these adult clinical rotations.

### **CSD 608: EXTERNSHIP IN SPEECH-LANGUAGE PATHOLOGY**

The graduate fieldwork Externship experience in Clinical Speech-Language Pathology requires the graduate student to spend one session of full-time clinical practice in a pre-arranged clinical site approved by the course instructor. This experience allows the student to finish accumulating the clinical clock hours necessary for application for ASHA's Certificate of Clinical Competence, as well as develop the knowledge and skills necessary for entering the job market in clinical speech-language pathology. Students enrolled in CSD 608 will participate in the evaluation and management of individuals with speech, language, and hearing disorders on a full-time basis, at a site identified to meet the requirements of competencies in child/adult hours, evaluation/treatment, and all disorders from ASHA's nine categories.

### **Medical 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 academic advisor and 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 who plan to apply

for a medical externship must achieve a score of 80% **on each of the 17 parameters** on the MBSImp training in CSD 558 (Dysphagia).

### **Externship Search/Application Process**

- Obtain approval from the clinic coordinator regarding placements for externship. This step generally happens 6-8 months prior to applying for externships (usually early Fall semester for full-time students).
- Call the externship site of interest (for out-of-state placements) and find out if they accept externs for summer placement. Then ask what the actual application process is, and if it is okay to submit an application packet to the site (essential for medical externships). Student asks with whom the site prefers to be in contact with, either the student directly, the clinic coordinator, or both.
- Develop a resume and very specific letter of intent for the sites of interest, along with ensuring three individuals can provide either phone references or write a letter of recommendation (this is especially true for a medical site). Please contact the NAU Career Development Center to help you with your resume and/or letter of intent: <https://nau.edu/career/resumes-and-cover-letters/>; once your resume and letter of intent are completed/polished, you may send them via email yourself to the site (if allowable by the site), or through the clinical coordinator along with other requested application materials. When emailing the clinical coordinator with your resume and letter of intent, please certify the following at the bottom of your email: “I, **\_\_(your name)**\_\_\_\_\_, certify that my resume and letter of intent are clean, clear, and error-free, and are in accordance with examples provided on ASHA’s website or other professional writing sites.”
- Clinic coordinator submits the application packet via email and then discusses the affiliation agreement. If not a medical site, student can usually submit resume and letter of intent directly via email. Hospitals usually require unofficial graduate transcript, resume, letter of intent, and 2-3 letters of recommendation.
- California, as well as many other states, have become extraordinarily difficult to place students at hospitals for which we do not already have a non-standard agreement in place. If you are seeking a medical placement in California (or Colorado, Kansas, Washington, etc.) that will require a new, non-standard affiliation agreement, you will need to provide written justification (other than my family lives in the area); the justification should pertain to the level of training and experience you will obtain at that particular site. Otherwise, it behooves you to select a medical placement in California for which we already have an agreement in place, or seek a medical placement in Arizona.
- Site might ask for a phone interview, in-person interview (or both), or might just accept you (this happens usually for a non-medical externship) after receiving the resume and letter of intent.
- Clinic coordinator routes the affiliation agreement after obtaining “Affiliation Agreement Information Needed from Site” document. NEW non-standard contracts require 6-9 months (most if not all hospitals). No new non-standard contracts will be

routed after February 15 for a summer externship start date. Standard contracts can be developed within 48 hours. We have thousands of contracts so new contracts are often unnecessary.

- Clinic coordinator, student, and site discuss start/end dates, and supervisor is added to CALIPSO after CSD 608 registration (no later than April 15<sup>th</sup> for full-time students).

### **Guided Medical Setting Observation Hours**

Students may request to participate in guided observation hours in a hospital or other medical setting in Flagstaff or the Northern Arizona area; this depends on supervisor availability.

Students are permitted to observe in a hospital for a maximum of 24 hours. The student is familiarized with medical staff and staff team-based interactions (including the role of the SLP) regarding patient care, medical billing/chart review and documentation, and patient evaluation and treatment. The student and mentor debrief after each observation experience using a guided series of questions (e.g., “Were the speech-language characteristics observed during the evaluation consistent with the patient’s medical diagnosis?”) (Warner, Karlberg, & Purdy, 2018).

Warner, H., Karlberg, A., & Purdy, M. (2018). Effectiveness of a pre-externship hospital orientation program for graduate students in speech-language pathology. *Perspectives of the ASHA Special Interest Groups*, 3(11), 21 – 35.

Guided medical setting observation hours involve familiarization and exposure with the following:

- Facility, employee workstations/computers, intensive care unit (if there is one), radiology suite (if there is one), patient units/rooms, equipment, tracheotomy tubes and speaking valves, ventilators, endoscopes
- Interdisciplinary Care and the role of the following team members:
  - Doctor
  - Nurse
  - Occupational and physical therapists
  - Social worker
  - Respiratory therapist
  - Dietician
- Medical record review including identifying relevant information, becoming familiar with medical abbreviations; hospital documentation
- Discussion (with supervisor) of central issues, role of speech-language pathologist in setting, and plan for evaluation/treatment for patient
- Observation of the following:
  - Evaluation/intervention
  - Interview with patient
  - Formal/informal diagnostics and treatments (swallowing, language, cognitive, voice)
  - Review results/recommendations with patient/family/team

- Following each evaluation or treatment session, student is to share his/her clinical observations with the supervisor, and answer the following questions:
  - Were the symptoms consistent with the medical diagnosis?
  - What was the communication or swallowing diagnosis? Severity?
  - What were other management issues such as ethics, discharge barriers, and transdisciplinary care?

### **CALIPSO**

Following admission into the graduate program, each student must register in CALIPSO prior to starting his/her clinical practicum experience. Practicum registration requirements, observation hours, direct contact hours, and academic competencies are all tracked in CALIPSO. Students are expected to follow the CALIPSO Student Instructions provided during Clinical Orientation, which provide detailed instructions about how to register in CALIPSO, enter daily clock hours, and view performance and cumulative evaluations.

### **POINT AND CLICK**

The NAU Speech-Language-Hearing Clinic adopted the electronic medical health record system, Point and Click; students view client schedules in Point and Click, and submit all evaluation and treatment documentation into this electronic system. Students are required to specify ICD-10 and CPT codes for every client they evaluate and/or treat in the NAU Speech-Language-Hearing Clinic in the EMR system. Students are given access to Point and Click during their first practicum experience (either 510L or CSD 602: Practicum I). Point and Click should be accessed on-campus using an NAU encrypted computer located in the SPA if it is possible to do so.

### **GENERAL NAU CLINIC PROCEDURES**

#### **Scheduling Therapy Suites**

Therapy suites may be signed out via the CSD 602 Shared Google Drive; a new sign-out sheet is uploaded every semester. It is important to sign out therapy suites devoted to telepractice services also.

#### **Assigning CPT and 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 must be indicated for each client in the electronic EMR system for billing purposes. Always be consistent with the use of the codes, unless instructed otherwise by your supervisor.

### **Greet your client(s)**

Greet your clients 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. For telepractice appointments, ensure you are located in a professional space, or use a professional background, particularly when meeting a client on Zoom for the first time.

### **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 office 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 rotations and in-house client assignments are provided to students through Google Drive. Assignments are determined by the Clinic Director with input/feedback from the academic and clinical faculty.

### **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 including therapy plans, SOAPS and contact logs in the client’s file in Point and Click 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 frequently 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 in Point and Click for history, past evaluations, and treatment information at least two weeks prior to the first therapy session.

2. The treatment team or clinician will research the client's disorder and be prepared to apply relevant academic coursework at least two weeks prior to the first therapy session.
3. The treatment team/clinician will confirm with supervisor and client/family the date/time for therapy sessions one week prior to the first therapy session.
4. The treatment team/clinician will sign out a treatment suite in the clinic using the Clinic Schedule White Board (or sign-out sheet in Google Drive) as soon as possible to ensure an appropriate therapy room for your 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 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 the HIPAA secure shared Google Drive.
9. Clinicians, with the help of the front office, should confirm with the client/family the parking kiosk code prior to the session. This code changes monthly.

#### **After Treatment Sessions**

1. Immediately following the therapy session, clinicians will walk the client/family to the front office window for check-out, if services were provided in-person.
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 (likely via Zoom).
4. Team/clinician will check in and put therapy materials back where they belong.
5. Team/clinician will disinfect clinic workspace and all materials using proper procedures.
6. Team/clinician will provide a SOAP note within 24 hours of the therapy session in Point and Click.
7. Clinical supervisors will edit/comment on SOAP note in Point and Click. Students are responsible for making edits in a timely manner.

### **EVALUATION PROCEDURES**

#### **EVALUATION TEAM ASSIGNMENTS:**

Speech-language evaluations may occur 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. The team lead is responsible for correctly implementing all clinical procedures, evaluation plans, and writing the evaluation report. Reports are due two weeks from the evaluation date.

2. Team leads are responsible for selecting the appropriate standardized assessment tool, indirect assessment procedures, and explaining the rationale and justification for all tools and procedures to the clinical supervisor.
3. Team leads are responsible for compiling report information, including a comprehensive summary and treatment recommendations.
4. Team leads are responsible for final report editing, team signatures, and distributing copies of report to client, family and/ or appropriate agencies.
5. Team leads are to participate in all other aspects of the evaluation process as a team member.

### **Team Members for Evaluations**

1. Implement all clinical procedures and the evaluation plan, and contribute to the evaluation report.
2. Participate in selection and rationale for test tool options.
3. Participate in compiling report information including a comprehensive summary and treatment recommendations.
4. Participate in the report editing process.
5. Collaborate 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 with your clinical supervisor.
2. Review client records in Point and Click prior to the team evaluation meeting.
3. Meet with your clinical supervisor as a team to discuss 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 team member responsibilities. The evaluation plan must be uploaded to the team Google drive 24 hours before the evaluation session.

### **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 not exceed 90 minutes.

### **After Evaluation**

1. At the conclusion of the evaluation, the team will debrief with the clinical supervisor, and then provide a brief summary and initial recommendation to the client/family.
2. After the evaluation session is completed, the team will briefly discuss the evaluation results and discuss recommendations for report writing purposes.
3. The team will schedule a meeting within one week of the evaluation with the supervisor to edit the first draft of the evaluation report.

4. The team should meet together to compile report information and write the comprehensive evaluation summary and treatment recommendations.
5. Provide the first draft to the supervisor 24 hours prior to the team meeting.
6. Meet with your supervisor to review/edit the report.
7. Have second draft to supervisor within 3 days of first draft meeting.
8. The final report is due exactly two weeks from the date of the evaluation session, including sending copies of report to family and appropriate agencies.

### **CSD 510L CLINICAL AND EDUCATIONAL METHODS – LAB**

Clinical and Educational Methods – Lab (CSD 510L) is designed to provide students an opportunity to develop the foundational skills needed by graduate clinicians prior to starting their first clinical practicum. Students enrolled in CSD 510L will gain familiarity with the processes and procedures for effective clinical management of individuals with communication disorders, including planning and implementing treatment, collecting data and documenting progress, and completing clinical paperwork. CSD 510L students are assigned one client in the NAU Speech-Language-Hearing Clinic, and generally co-treat alongside a Practicum II or III student mentor. For students who still may need observation hours prior to starting Practicum I, CSD 510L hours may be accounted toward ASHA's guided observation requirement.

### **GUIDED CLINICAL OBSERVATIONS**

It is a requirement for ASHA certification that you have 25 guided clinical observations hours as part of your clinical training in speech-language pathology. All 25 of these observation hours must be documented, along with documentation of communication between student and clinical educator. These hours should represent a variety of clinical disorders across the lifespan.

There are two forms that you need to use when documenting your observations onsite and at off-campus locations; these forms can be accessed from our website.

- **Guided Observation of Treatment Session**
- **Guided Observation of Evaluation Session**

#### **Please acknowledge these guidelines:**

- Email the supervisor at least one week prior to request permission to observe a session.
- Wear a name badge.
- Maximum of two observers per client (may depend on the supervisor)
- Dress professionally (see dress code).
- Be on time.
- Stay for the entire session.
- Be a listener. Do not give advice to other observers.

- Do not ask the supervisor questions during the session. Wait until after the session or schedule a time to debrief with the supervisor.
- Chairs are first for family members and the supervisor. If necessary, you may need to stand.

After you obtain the supervisor's signature on the Guided Observation forms, and have completed all 25 hours, submit your guided observation forms and clinical observation log (also on the CSD website) to the Clinic Director to review and approve. Please submit them all at one time! The Clinic Director will return your Clinical Observation log, and you will then enter your observation hours into CALIPSO under the appropriate supervisor (or Clinic Director) for electronic signature. Your guided observation session forms will be placed in your CSD office file. You must have 25 guided observation hours logged into CALIPSO prior to starting the first practicum.

### **Undergraduate Observation Hours**

If your observation hours were determined by your academic advisor to meet the ASHA 2020 standards, you may input them into CALIPSO and list "Undergraduate Supervisor" for the supervisor, and "Undergraduate Program" as the site. In the comments box on the left hand side, put in all specific information for each supervisor, supervisor's ASHA number, and site. Be sure to input your hours into the correct "treatment" or "evaluation" observation sections of the CALIPSO clockhour record.

### **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 recording client sessions.**

### **NAU Google Drive (NAU Cloud Storage)**

Supervisors and staff may communicate with you about your client using shared NAU Google drives accessed using your NAU authenticated credentials. Session plans and SOAP notes may be initially drafted, and edited in NAU Google Drive.

### **Email**

NAU email is not to be used to communicate about clients or sharing/editing client-related documents.

### **Audio and Video Recordings**

No personal devices shall be used in the NAU Speech-Language-Hearing Clinic to audio or video

record clients. Digital audio recording devices or iPads can be signed out in the Clinic Office from Stacey. Audio and video files are to be downloaded onto an encrypted computer located in the SPA (coded/locked room) and then deleted from the device. If you would like to share the audio or video recording with your supervisor, you can upload it into the shared encrypted NAU cloud storage (shared Google drive). All audio and video recordings should be immediately deleted after data are extracted and analyzed. Clients must first sign and date the Video/Audio Agreement form (located in the clinic office) each academic year. The signed form will be in the client's electronic medical record in Point and Click.

### **Client Files**

Client files are located in our EMR system, Point and Click.

- 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.
- Student clinicians are responsible for ensuring clinic reports, signed release forms, and other pertinent documents are uploaded into Point and Click. The clinic office can help with uploading documents as needed.
- For new clients, all paper documentation is initially uploaded in Point and Click by the Clinic Office staff.

### **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 in Point and Click
- The NAU Speech-Language-Hearing Clinic Fax Cover Sheet is to be used when faxing information.
- There should be no electronic exchange of information.

## **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 CDC prescribed hand-washing procedure is as follows:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.

3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

### **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 trash bin outside of clinic room.

### **Handling of Contaminated Items**

Student clinicians may come in 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 wipes are available in each treatment room, and available in the Clinic Office. Disinfectant solution and paper towels are available in the SPA in a labeled cabinet. The following procedures should be followed:

- The surface to be disinfected should be wiped with a strong rubbing action using the disinfectant and paper towels provided in the SPA cabinet.
- 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 disinfecting wipes

and/or disinfectant solution (1 tablespoon of bleach to 1 quart cool water).

- After use, dispose of the disinfectant wipes in the landfill bin outside of the clinic room. If using disinfectant solution, return bottle to SPA cabinet.
- Feeding materials (e.g., bowls, spoons) should be washed in hot, soapy water using dish detergent and rinsed very thoroughly in clean, hot water in the sink in the SPA. Sanitize the materials with a chlorine bleach solution. Soak feeding materials for at least one minute in a sanitizing solution made up of 1 tablespoon of unscented chlorine bleach and 1 gallon of cool water. Use gloves to remove feeding materials from bleach/cool water solution. Allow materials to air dry; do not dry with a cloth or towel.

### **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, or 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 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.
- During the time of COVID, students or clients may be asked to obtain a free COVID test on campus prior to returning to the clinic if exhibiting symptoms.
- Telepractice treatment services may be used instead of in-person clinical interactions to mitigate spread of contagious viruses.
- Student clinicians are required to follow all guidance provided on the Jacks are Back website: <https://nau.edu/jacks-are-back/>

### **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:

#### **Professionalism and Professionalism Letters**

- Professional interactions, with faculty, staff, student workers, peers, fellow students, clinical rotation site individuals, and third parties are required by the Communication Sciences and Disorders Department. This includes communication that is face to face, by phone, emails, texts, letters, and other forms of communication.
- If a student is not complying with professionalism, the advisor or course instructor may send the student a Professionalism Letter. This letter will be discussed at the next faculty meeting. Receiving a Professionalism Letter may impact your recommendation to an externship site and/or your recommendations to a future place of employment.

## **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 tongue or facial ornaments
- No over-sized earrings
- No visible tattoos

### **ABSENCES AND CANCELLATIONS**

If the student is unable to attend a session for any reason other than illness, the student must request permission in advance from the Clinic Director. During times of highly contagious flu, the College of Health and Human Services encourages everyone not to expose others to flu-like symptoms. The course instructor will show consideration for absences taken due to flu; a doctor's note may be requested. Unexcused absences will result in a failing grade for the day. Three failing grades will result in an overall failing grade for the course. You are required to make-up all missed sessions with clients that you cancelled, or when a client or client's family requests make-up sessions during the allotted dates specified on the NAU calendar for the semester.

### **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 inventory of all standardized assessments is located in the 3-ring binder. Tests must be signed in and out by the student and may only be signed out for NAU employed clinical supervisors or faculty. Tests must be returned within 24 hours and are not to be left in the Health Professions building unless permission is granted by the Clinic Director.

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**. Please let the clinic office staff know when the toner cartridges are getting low on ink.

Electronic equipment (e.g., audio recorders, iPads) is located in the CSD office and must be signed out and returned by 5:00pm.

Treatment materials are located on shelves in the Assessment Room, on shelves in the SPA (Room 336), and in a large closet between the SPA and Audiology Suite. 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**

A midterm and final Clinical Competency Evaluation (CCE) 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 on 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. Sosa, to discuss further options in reaching an agreement.
- If a satisfactory resolution still cannot be reached, the student may file a formal complaint with the appropriate Dean or Vice President of the University: <https://in.nau.edu/office-of-student-affairs/filing-a-formal-complaint/>

## **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 practice 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:

### **COMMUNICATION**

- 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.

### **MOTOR**

- Continuously sit or stand for several hours.
- 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.)

### **INTELLECTUAL/COGNITIVE**

- 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.

### **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).
- 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.

### **BEHAVIORAL/EMOTIONAL/SOCIAL**

- 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. See <http://www.asha.org/policy/TR1998-00154.htm>