

**CALIFORNIA STATE UNIVERSITY, CHICO  
COMMUNICATION SCIENCES and DISORDERS PROGRAM  
CENTER FOR COMMUNICATION DISORDERS**

**HANDBOOK  
for  
CLINICAL INSTRUCTORS**

**ACADEMIC YEAR 2014 - 2015**

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## **CENTER FOR COMMUNICATION DISORDERS**

### **PURPOSE OF ON-CAMPUS CLINIC**

The purpose of the on-campus clinical practice is to provide students in depth, guided supervision in their initial clinical experiences.

### **DESCRIPTION OF CENTER**

Clients typically are referred to the CSUC Center for Communication Disorders by teachers, speech-language pathologists in the field, doctors, or they are self-referred. Upon referral, the Center office sends out a case history form to be completed by the client and schedules an appointment for a diagnostic evaluation. After completing the diagnostic evaluation, the diagnostic team writes a report and, if a disorder is found, recommends the client be placed on the eligibility list for therapy. Clients are selected from the eligibility list based on the needs of the clinic, including variety of ages and disorders, times available, and number of clients needed.

Once selected for therapy, clients are assigned to student clinicians on a semester basis. Each client is seen by a student clinician twice a week for fifty minute sessions, under the direct supervision of licensed and certified Speech-Language Pathologists. The university clinic may provide therapy for a client up to a maximum of four semesters. Exceptions to this limit are based on the needs of the training program.

### **SUPERVISED CLINICAL EDUCATION HOURS REQUIREMENT**

By fulfilling CMSD program requirements, students simultaneously meet requirements for California State Licensure, ASHA Certificate of Clinical Competence (CCC), and the Speech-Language Pathology Services Credential. A total of 400 supervised clinical education hours are required.

#### **Observation Hours**

Students complete 25 hours of observation of clients who have communication disorders within the scope of practice of speech-language pathology. These observations must be under the direction of a Clinical Instructor who holds CCC-SLP. Students who have completed their baccalaureate degree at CSU, Chico will have accrued these observations hours as part of the course requirements in Voice and Fluency Disorders, Language Disorders, Diagnostic Methods, Aural Rehabilitation, and Orientation to Clinic Practicum. It is the students' responsibility to maintain the log sheet during the semesters (s) he is completing the observations. Prior to beginning the graduate program, logs containing original instructor signatures must be submitted to the Administrative Support Coordinator. These will become part of each individual's practicum (clock hours) file, maintained in the program office.

### **Direct Supervised Clinical Education Hours**

Students must earn at least 375 supervised clinical education hours (i.e., direct patient contact), in addition to the 25 observation hours, that concern the evaluation and treatment of children and adults with disorders of speech, language, swallowing and hearing. Practicum must include experience with client populations across the life span, from culturally and linguistically diverse backgrounds, with various types and severities of communication and/or related disorders, differences. Students must also **demonstrate utilization of evidence based practices (EBP) when determining therapy treatments for their clients.**

## **CLINICAL INSTRUCTOR INFORMATION**

### **QUALIFICATIONS**

The Clinical Instructor must hold the Certificate of Clinical Competence in speech-language pathology from the American Speech-Language Hearing Association (ASHA) and be licensed by the California Speech-Language Pathology and Audiology Examining Committee. Additionally, master clinicians in school settings must hold the clinical Speech-Language Pathology Service Credential through the California Council on Teacher Credentialing.

### **THE CLINICAL INSTRUCTOR'S TASKS**

ASHA's (2008) Position Statement on Clinical Instruction can be found in the appendices.

ASHA's (1985) Outlined 13 tasks identified as "basic to effective clinical teaching and constituting the distinct area of practice which comprises clinical instruction in communication disorders".

The following from ASHA (1985) identified 13 tasks for the Clinical Supervisor:

1. Establishing and maintaining an effective working relationship with the supervisee.
2. Assisting the supervisee in developing clinical goals and objectives.
3. Assisting the supervisee in developing and refining assessment skills.
4. Assisting the supervisee in developing and refining clinical management skills.
5. Demonstrating for and participating with the supervisee in the clinical process.
6. Assisting the supervisee in observing and analyzing assessment and treatment sessions.
7. Assisting the supervisee in the development and maintenance of clinical and Clinical Supervisory records.
8. Interacting with the supervisee in planning, executing, and analyzing Clinical Supervisory conference.
9. Assisting the supervisee in evaluation of clinical performance.
10. Assisting the supervisee in developing skills of verbal reporting, writing, and editing.
11. Sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice.
12. Modeling and facilitating professional conduct.
13. Demonstrating research skills in the clinical instruction process.

## The Continuum of Supervision

The kind and amount of assistance needed by a student in his/her first semester of clinical practice differs significantly from that needed by an individual with many years of work experience. Additionally, Clinical Instructors have different expectations as well as different needs from supervision throughout their professional careers.

Anderson (1988) described a 3-stage continuum of supervision, which provides a framework to account for these differences. The goal is to progress to the self-supervision stage

EVALUATION-FEEDBACK STAGE	TRANSITIONAL STAGE	SELF-SUPERVISION STAGE
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The first stage is the Evaluation-Feedback Stage. Here, the Clinical Instructor provides direction, evaluation, and feedback, and the supervisee functions primarily as the recipient of information. Anderson notes that the beginning student clinician, one working with a new type of client, and one who has just entered a new setting may be found on this stage. These students typically expect and need explicit instruction about what to do and how to do it as well as directive feedback. In this stage, Clinical Instructors use a direct-active style while supervisees employ a passive style. The aim for both Clinical Instructor and supervisee is to leave this stage as soon as possible and progress to a point further along on the continuum.

In the Transitional Stage, shared responsibility begins and shifts gradually from the Clinical Instructor to the supervisee for all aspects of their interaction. Although the supervisee is not yet able to function independently, he/she is progressing along the continuum in that direction. Individuals at this stage show emerging competence, and the Clinical Instructor is able to recognize this increased knowledge and skill. The Clinical Instructor facilitates and accepts the supervisee's growing ability to assume responsibility. A collaborative style of interaction is appropriate at this stage, with some direction and feedback coming from the Clinical Instructor; however, the supervisee is an active participant.

In the Self-Supervision Stage, the supervisee is able to accurately self-analyze, and he/she is able to plan and implement changes based on the analysis. Here, the supervisee assumes the dominant role and is accountable for effectiveness, exhibiting the independent functioning that is the goal of supervision. Supervisees in this stage need not have total expertise; rather they know when and how to ask for help and well-developed strategies for problem-solving. The appropriate style for this stage is the consultative style, where the Clinical Instructor is mainly listening, supporting, and problem-solving. When appropriate, the Clinical Instructor may offer direct suggestions but recognizes and accepts the supervisee's option of rejecting the suggestions. Not all students progress to the stage of self-supervision by the end of their graduate program.

The described stages of the continuum are not time bound. Both Clinical Instructors and supervisees should expect to move through the stages in sequence; however, they may shift temporarily to either a less advanced or more advanced stage for specific tasks or interactions. For example, some students may progress along the continuum, working well into the transitional stage for a particular clinical assignment, but when they are assigned a new client or

different Clinical Instructor, they return to the evaluation-feedback stage. This is common for many students when they begin an off-campus placement. Furthermore, supervisees may function at different points on the continuum for different tasks in managing an individual client. For example, a supervisee who plans, administers recommendations, may need specific direction and feedback to counsel a parent to provide programming suggestions to a teacher.

## **CLINICAL INSTRUCTOR REQUIREMENTS**

### **Office Hours**

You are required to establish office hours for the semester. The number of hours you are required to hold is directly related to your appointment; 30 minutes of office hours for every 3 students that you supervise. Please try to break office hours of more than 2 hours into different days.

### **Student Meetings**

You are required to hold mandatory weekly meetings with your clinicians throughout the semester. Students may be seen individually or in small groups as the Clinical Instructor sees fit. Some Clinical Instructors find it beneficial to require students to attend both small group and individual meetings as both have merit. Group meetings are beneficial because students learn different diagnostic and therapy techniques that they can all use in the future; furthermore, they can help each other problem solve.

### **Requirements for the Direct Supervision of Students-ASHA Statement on Supervision**

The amount of supervision should be appropriate to the student's level of knowledge, experience, and competence and the supervision should be sufficient to ensure the welfare of the client/patient populations (Std. IV-E). Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate and improve performance and to develop clinical competence.

It is imperative that Clinical Instructors understand that some students will require more than the 25% of total contact based on factors such as student ability, student knowledge of client's disorder, and student experience. In cases where academic preparation is not congruent with clinical assignment, the Clinical Instructor shall provide additional supervision, meetings, referral to faculty with expertise, and supplemental EBP readings.

### **Feedback and Evaluation**

Feedback and evaluation should be ongoing throughout the clinical experience. Effective clinical teaching involves Clinical Instructor feedback to the students, Clinical Instructor evaluation of the student, and development of the student's self-analysis, self-evaluation, and problem-solving skills. The Code of Ethics of the American Speech-Language-Hearing Association (ASHA) mandates that individuals "hold paramount the welfare of persons they serve professionally." If supervisees do not have the ability to make appropriate progress along the continuum toward independence, it is the ethical and professional duty of Clinical Instructors to manage this problem. Because of differences in perceptions of clinical competence, evaluation decisions are difficult and are subject to great variability across Clinical Instructors. Thus, it is imperative that Clinical Instructors collect and analyze data throughout a term for all

supervisees. Clinical Instructor accountability is demonstrated via documentation of problem areas and supporting action to attempt to develop clinical competence in supervisee. The Clinical Instructor must be able to demonstrate that she/he has provided specific, direct feedback throughout the term, with opportunities and support for making necessary changes.

**Clinical Instructor Feedback.** Students appreciate verbal and/or written feedback regarding their performance. Clinical Instructors must provide formal verbal and written feedback at least weekly. Clinical Instructors are required to conduct mid-term and final evaluations using the form provided in Appendix. Student and Clinical Instructor discuss the student's strengths and areas of improvement and establish objectives for improving performance.

**Self-evaluation.** Students must complete at least one self-evaluation, with one being the video observation report. Other formats may be used in addition see appendix. A copy of the final written evaluation should be submitted to the Administrative Support Coordinator at the end of the semester.

**Documentation of Clients.** Student must keep a working file for each client. The working file is to contain (a) lesson plans (2) SOAP notes, and (3) therapy materials. This file is to be reviewed by the Clinical Instructor and returned to the students each week. Please inform your students that record keeping is a part of the semester grade.

**Lesson Plans.** Students must be required to write lesson plans for therapy sessions. Initially, you may find that a lesson plan for each session is necessary. However, as the semester progresses, you may find that a weekly lesson plan suffices. It is expected that there be an EBP rationale for the goals. Sample lesson plans are provided in the Appendix.

**SOAP Notes.** Students must be required to write SOAP notes for each therapy session. SOAP stands for: S= Subject (or Subjective- state of the client), O= Objective (data from the various treatment activities), A= Assessment (Clinician's interpretation of the progress), P= Plan (what will you work on for the next session and longer term).

### **Infusing Evidence-based Practice (EBP) Into Clinical Instruction Duties**

ASHA ([asha.org/Members/ebp/intro/](http://asha.org/Members/ebp/intro/)) describes evidence-based practice as the following:

“The goal of EBP is the integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence, and (c) client/patient/caregiver values to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve...”

“Because EBP is client/patient/family centered, a clinician's task is to interpret best current evidence from systematic research in relation to an individual client/patient, including that individual's preferences, environment, culture, and values regarding health and well-being. Ultimately, the goal of EBP is providing optimal clinical service to that client/patient on an individual basis. Because EBP is a continuing process, it is a dynamic integration of ever-evolving clinical expertise and external evidence in day-to-day practice.”

For example, if the student is going to work on articulation therapy, s/he needs to investigate Bankson and Bernthal or another text or journal article and write the plan so that the goal is supported by EBP. If it is dysfluency, s/he can review her Barry Guitar text or another text, find the section on Easy Onset, and locate a peer reviewed article to support the approach in the

chapter reference section. These steps are second nature to Clinical Instructors, but student clinicians need to be directed in this area.

In addition to using references in textbooks, ASHA offers a comprehensive website of Systematic Reviews. Please explore this with your student clinicians. Just go the ASHA, type in systematic reviews and voila! Please use these resources.

### **Clinical Reports**

Clinical Instructors are responsible for teaching clinical writing and guiding students through the process of Initial Case Reports and Final Case Reports. It is expected that CI's will ensure that the final version is accurate and complete. The CI is responsible for editing the reports, which includes ensuring accuracy of content and writing mechanics (grammar, spelling and punctuation), appropriate professional tone, and use of original statements (no cut and paste plagiarism from other reports). Refer to the Clinic Calendar for report due dates. Examples of Reports are in the Appendices.

### **KASA Signatures**

Students are responsible for having their KASA skills form signed each semester, when appropriate. A rating of 4 or 5 on the Clinical Instructor Evaluation of Student Form would constitute enough skill attainment to get a signature on the KASA for that particular skill.

## **PROCEDURES AND CONDUCT OF STUDENTS**

### **CONFIDENTIALITY**

Confidentiality of client information is of utmost importance and must be maintained. Client privacy rights are stipulated in federal legislation (HIPAA)<sup>1</sup> and the ASHA Code of Ethics. Students are expected to adhere to these regulations. To help ensure confidentiality, **the client's master file may not be removed from the clinic**. However, students may check out a file to take to the clinician preparation room (AJH 104), to the lab (AJH 112F), or to the supervisor's office. Photocopying of any information in the file is not allowed. Further, all rough drafts or any documents containing the client's personal information must be destroyed once no longer needed. (For educational purposes, students may retain drafts in which protected patient information has been deleted.) Student clinicians may not invite visitors to the clinic. While it is appropriate for students to share information regarding their clients, including diagnostic information and therapy techniques, they must take care not to discuss their clients in the reception area or outside of the clinic. See the following Employee/Student Confidentiality Form.

### **CSU, Chico, Employee/Student Confidentiality Form**

Use and/or disclosure of protected health information (PHI) or patient identifiable information is strictly prohibited. The California State University, Chico Student Health Service adheres to the regulations of the California Medical Information Act (CMIA) and the Health Insurance Portability and Accountability Act (HIPAA). As an employee, volunteer or business associate of the above named facility, I agree that use and/or disclosure of PHI \and patient identifiable

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<sup>1</sup> Health Insurance Portability and Accountability Act

information is against federal and California state law. I further understand that California Medical Information Act (CMIA) and Health Insurance Portability and Accountability Act (HIPAA) regulations are adhered to by the CSUC Student Health Service.

### **Code of Ethics**

The ASHA Code of Ethics published by the American Speech-Language Hearing Association is to be followed by the clinicians. Please read and follow these standards (see **Appendix**). Should a question arise in regards to ethics, particularly when it is directly related to clinical conduct, the clinician is expected to ask the supervisor for direction.

Certain professional standards are expected of students in training. Clinicians are to maintain a professional relationship with clients and their caregivers. While clinicians are encouraged to seek pertinent information in regards to their clients and how their disorder manifests itself in other environments, clinicians should not become “friends” with the client or caregiver. For example, it would not be appropriate to start going out for coffee, dinner, etc. and calling the client or caregiver just to “chat.”

### **Attendance**

Students should be set up at least 10 minutes prior to the beginning of the session. Supervisors will be present and prepared to observe. Students are expected to have in place audio recording systems, all intervention materials for the session, and a clean and organized therapy room. They are expected to meet clients *promptly* for therapy and work with them for the entire 50 minute session. If a student is late to set up and be prepared for a session after one warning from the supervisor, that student will be required to meet with the Clinic Director (CD) and may forfeit that client and clinic for the semester. Supervisor approval is required to shorten a therapy session. There is no reason to arbitrarily shorten a therapy session. Only personal illness or other extenuating circumstances are acceptable reasons for clinician absences. The clinician is responsible for contacting the client, the clinic office, and his/her supervisor prior to the scheduled appointment time when s/he meets for therapy. The clinician should have the client’s phone number(s) available for use in such emergencies.

***Note: Students are required to provide a medical note to the CD if a session is missed. Greater than 3 sessions missed will entail meeting with the CD and will require repeating CMSD 684.***

### **Dress Code**

A professional appearance as well as a professional attitude is expected of all student clinicians. A simple rule is to dress as if you were interviewing for your first SLP job. Clinic supervisors and the clinic director will make final decisions regarding inappropriate dress. Jeans are appropriate if they are nicely tailored. The following items are **not** to be worn in or in the vicinity of clinic; **shorts (unless they are knee length), tank tops, tube tops, tops that are shoulderless/strapless, expose backs, midriffs, underwear, or are low-cut and considered to be revealing. This standard exists whether or not you have therapy that day.** Flip-flops are not appropriate; however, sandals can be worn if they are not noisy and stay on your feet. Visible body piercings and tattoos are not allowed. If you are in doubt, it is advisable to err in the conservative direction. If dress is inappropriate on the day of therapy, that session will be forfeited and the student will be required to meet with the CD.

Dress codes for off-campus placements will vary depending on the setting and supervisor. Please consult with off-campus supervisors before an initial visit.

### **Identification**

Student clinicians are required to wear their ID when conducting sessions.

### **Liability Insurance**

Student clinicians are required to hold professional liability insurance, which is available at a discounted rate. Incoming students will receive information regarding insurance prior to beginning their clinical experience. Second year students are responsible for renewing their insurance before it expires. Proof of insurance must be provided to the ASC for placement in the clinician's file.

### **Infection Control**

To aid in the prevention of sickness and infection, the following procedures should be followed:

- Clinicians wash their hands prior to and following all clinical sessions.
- Clinicians are also responsible for wiping down the tables and chairs with disinfectant in the therapy rooms after each session. Disinfectant and paper towels should be available in all therapy rooms. (Notify ASC if supplies are missing.)
- Any materials that have come in contact with a client's mouth, bodily fluids, etc. must be disinfected prior to returning them to shelves. For example, this may necessitate washing toys in hot soapy water before re-shelving them.
- Probe tips for tympanometry must be wiped with alcohol following use.
- When performing oral motor exercises or diagnostics, gloves (provided in the clinic office) should be used at all times.
- Any item such as a tongue depressor, facial tissue, gloves, etc. which comes in contact with the client's bodily fluids shall be disposed of properly.
- If a client contaminates (vomits, urinates, has a nose bleed or has an accident that results in bleeding) the therapy room, place a note on the door indicating people are not to enter, and contact the supervisor and the ASC immediately to make arrangements for room cleaning.
- Both clinicians and clients who are experiencing a contagious illness should refrain from therapy.

At off-campus placements, students will follow applicable infection control procedures for the site. It is required that students receive Hepatitis B vaccination series prior to enrolling in a CSU medical placement. These shots are available "at cost" (approximately \$35 per shot/3 shot series) at the CSUC Student Health Center, and require approximately 6 months to complete the series. A TB skin test is also required before beginning clinical practicum and may also be obtained at the University Health Center.

## **REMEDIATION PROCEDURES**

### **MANAGING UNSATISFACTORY CLINICAL PERFORMANCE**

If a supervisee is not acquiring competencies at an appropriate rate, as judged by the Clinical Instructor, s/he will discuss the problem with the supervisee. For skills that need to be developed, specific behavioral objectives will be set, including time limits for accomplishment. Performance will be reviewed and evaluated at designated intervals. Further, the supervisee must be actively involved in data collection and analysis relative to established objectives and must be able to formulate strategies for change during weekly conferences with the Clinical Instructor. If concerns still exist at the end of designated time periods, the Clinical Instructor should inform the Clinic Director of the situation. If satisfactory outcomes are not achieved by the end of the semester, the supervisee may be required to repeat target clinical experiences. **Clock hours are earned for satisfactory completion of clinical activity.**

### **POLICY AND PROCEDURES FOR STUDENT COMPLAINTS**

#### **Probation Policies and Procedures**

Graduate students who fall below a 3.0 GPA will be placed on academic probation, in accordance with university guidelines. Refer to the university catalog for specifications. The faculty can require additional and specific conditions for a student on probation. The CMSD faculty will inform the student of these requirements following notification of probation from the graduate school. Students who do not meet the conditions for the probationary period will be dismissed from the CMSD program.

#### **Student Grievance and Complaint Process**

The CMSD program has the following policy regarding on and off-campus practicum: If a problem or conflict arises between a student clinician and supervisor, the two should meet to try to resolve the problem, keeping in mind the supervisor's ultimate responsibility for the treatment plan and welfare of the client. For on-campus practicum, if no resolution is reached at the first level, the clinic director will serve as mediator and meet individually, and, if necessary, collectively with the parties to resolve the issue. In off-campus placements, the university supervisor serves as the initial mediator and the clinic director is apprised of the situation. If no solution is found, the clinic director becomes actively involved. If no solution is found, the student may pursue informal or formal grievance procedures as described in the university catalog.

Student issues relative to academic programs are managed in a similar manner. If a problem or conflict arises between a student and instructor, the two will meet to resolve the problem. If no resolution is reached, the Program Director will serve as mediator and meet individually, and, if necessary, collectively with the parties to resolve the issue. If no solution is found, the student will be referred to the Department Chair. If still no solution is found, the student may pursue informal or formal grievance procedures through Student Judicial Affairs, Kendall Hall 110, (530) 898-6897.

Complaints that cannot be satisfactorily resolved within the program, department or university levels should be submitted to the Council on Academic Accreditation (CAA) of the American

Speech-Language-Hearing Association. Contact the CAA Office at: American Speech-Language-Hearing Association, 220 Research Blvd, Rockville, MD 20852 or phone ASHA's Action Center at (800) 498-2071; <http://www.asha.org/academic/accreditation/accredmanual/section8.htm>

# Code of Ethics

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## Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

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## 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.

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## Rules of Ethics

Individuals shall provide all services competently.

Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.

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

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

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

Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

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

Individuals shall not provide clinical services solely by correspondence.

Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.

Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly

activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

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

Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

Individuals shall not discontinue service to those they are serving without providing reasonable notice.

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### **Principle of Ethics II**

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

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### **Rules of Ethics**

~~[Deleted effective June 1, 2014] Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.~~

Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

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### **Principle of Ethics III**

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

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### **Rules of Ethics**

Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

Individuals shall not participate in professional activities that constitute a conflict of interest.

Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.

Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.

Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.

Individuals' statements to the public shall provide accurate 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.

Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

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### **Principle of Ethics IV**

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

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### **Rules of Ethics**

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

2. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
3. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
4. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
5. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
6. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
7. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
8. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
9. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
10. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
11. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
12. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
13. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
14. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

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**Reference this material as:** American Speech-Language-Hearing Association. (2010r). *Code of ethics* [Ethics]. Available from [www.asha.org/policy](http://www.asha.org/policy).

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## Position Statement

# Clinical Supervision in Speech-Language Pathology

Ad Hoc Committee on Supervision in Speech-Language Pathology

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## About this Document

This position statement is an official policy of the American Speech-Language-Hearing Association. It was developed by the Ad Hoc Committee on Supervision in Speech-Language Pathology. Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008.

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## Position Statement

The position statement *Clinical Supervision in Speech-Language Pathology and Audiology* was approved in 1985. This new position statement updates that document with respect to the profession of speech-language pathology. Although the principles of supervision are common to both professions, this position statement addresses only speech-language pathology because of differences in pre-service education and practice between the two professions.

It is the position of the American Speech-Language-Hearing Association that clinical supervision (also called clinical teaching or clinical education) is a distinct area of practice in speech-language pathology and that it is an essential component in the education of students and the continual professional growth of speech-language pathologists. The supervisory process consists of a variety of activities and behaviors specific to the needs, competencies, and expectations of the supervisor and supervisee, and the requirements of the practice setting. The highly complex nature of supervision makes it critically important that supervisors obtain education in the supervisory process. Engaging in ongoing self-analysis and self-evaluation to facilitate the continuous development of supervisory skills and behaviors is fundamental to this process. Effective supervision facilitates the development of clinical competence in supervisees at all levels of practice, from students to certified clinicians. Clinical supervision is a collaborative process with shared responsibility for many of the activities involved in the supervisory experience. The supervisory relationship should be based on a foundation of mutual respect and effective interpersonal communication. Clinical supervisors have an obligation to fulfill the legal requirements and ethical responsibilities associated with state, national, and professional standards for supervision.

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**Reference this material as:** American Speech-Language-Hearing Association. (2008). *Clinical supervision in speech-language pathology* [Position Statement]. Available from [www.asha.org/policy](http://www.asha.org/policy).

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## Confirmation of Essential Functions

The following list of abilities has been identified as essential functions for work as a speech-language pathologist in all settings. Please read and check all those you are able to do, sign at the bottom, and return with your application materials.

### Physical Abilities

- Able to participate in classroom or clinical activities for 2-4 hour blocks of time with 1 or 2 breaks
- Able to move independently to, from, and in academic/clinical facilities
- Able to provide for one's own personal hygiene
- Able to manipulate therapeutic/diagnostic materials, including setting out test items, turning pages, etc.
- Able to respond quickly enough to provide a safe environment for clients in emergency situations.
- Able to read the dials on instruments and to visually monitor a client's response
- Able to make accurate auditory judgments about speech and/or acoustic signals

### Affective Abilities

- Able to interact effectively and courteously with people in person, on the telephone, and through emails, texts, or social media
- Able to make appropriate decisions, including the ability to evaluate and generalize appropriately without immediate instruction
- Able to understand, respect, and comply with Clinical Instructory authority
- Able to maintain appropriate work ethics, including punctuality and regular attendance
- Able to maintain appropriate behavior, including appropriate interpersonal skills both one-on-one and in group settings, and appropriate professional attire

### Cognitive Abilities

- Able to comprehend and read professional literature/reports and write university level papers and clinical reports in Standard English
- Able to submit required academic and clinical paperwork within deadlines
- Able to work and operate in a group
- Able to speak Standard English intelligibly, including the ability to give live-voice test items to clients
- Able to independently analyze, synthesize, interpret ideas and concepts in academic and diagnostic/clinic settings
- Able to maintain attention and concentration for sufficient time to complete academic/clinical activities, typically 2-4 hours with 1-2 breaks.

I have read, understand and agree to comply with the functions above.

\_\_\_\_\_ (student signature and date).

# CMSD 684: Clinical Practicum Syllabus

California State University, Chico

Semester, year

## INSTRUCTOR INFORMATION

Instructor: \_\_\_\_\_ Office: \_\_\_\_\_  
Class meetings: TBA Office Hours: TBA  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

## COURSE DESCRIPTION

This course is designed to provide graduate students with quality clinical practicum experiences involving diagnostic, treatment, and counseling services to individuals across the lifespan who present with a wide variety of communication disorders.

## COURSE OBJECTIVES/STUDENT LEARNING OUTCOMES

Students will complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the required skills required by ASHA and CTCC as follows:

SLO	CTCC Standard	ASHA Standard	Evaluation Criteria
Complete assessment	PS 5, SLP 1, 2, 3, 4	III-C; III-D; IV-G	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items
Develop lesson plan	SLP 5	IV-G	
Implement Therapy	SLP 5	III-D; IV-G	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items
Monitor Progress		IV-G	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items
Communicate with ancillary individuals (e.g., family members, teachers, doctors)	SLP 5	IV-G	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items
Utilization of EBP	SLP 5	III-E	
Write Initial and Final Case Reports		IV-B; IV-G	
Documentation		IV-G	

## COURSE EXPECTATIONS

Students are expected to:

1. Adhere to the ASHA Code of Ethics In all professional clinical practica experiences.

2. Read and follow the policies and procedures outlines in the CSU, Chico Graduate Academic and Clinic Handbook.
3. Participate in weekly clinical meetings.
4. Demonstrate use of Evidenced Based Practice that addresses AT LEAST ONE client's goals. The following websites may be helpful:
  - <http://www.asha.org/members/ebp/intro.htm> (ASHA systematic reviews).
  - <http://www.mnsu.edu/comdis/efficacy/article.html> (Web-based Information Resources for Evidence Based Practice in Speech-Language Pathology).
  - <http://www.speechbite.com/index.php> (This website has a search engine function specific to speech pathology).
  - <http://www.aacoinstitute.org/Resources/Press/EBPpaper/EBPpaper.html> (a flowchart for use of EBP for AAC which can easily work for all disorders)
  - You may also use other sources such as ERIC, PubMed, CINAHL. You can often download AJSLP, LSHSS, and JSHP articles from NSSHLA.

### Contacting your client(s)

- It is the graduate clinician's responsibility to contact his or her clients and inform them of their first session, days and times.

### Initial and Final Case Reports

- All initial report drafts (ICR & FCR) should be double-spaced with at least 1" margins
- All final drafts of reports (ICR & FCR) should be single spaced
- Drafts of the reports may be accepted by email if there is no identifying information pertaining to the client. Discuss this with you supervisor. .
- Attach test protocols and all previous drafts when turning in reports to supervisor's box
- Evidenced-based practice (EBP) rationales will be required for each objective in the ICR
- **Important dates:** ICR 1<sup>st</sup> draft due **9/23/13** ICR final draft due **10/7/13**  
FCR 1<sup>st</sup> draft due **12/5/13** FCR final draft due **12/16/13**
- Refer to guidelines provided in the Student and Clinic Handbook for correct format. Two originals signed by clinician and supervisor must be turned in by final draft date.

### Weekly Paperwork

- Obtain a Clinic Binder (i.e., Pend-a-flex) for your client. This is to contain your lesson plans, SOAP notes, description of materials to be used and data collection forms. Please place your binders in supervisor's box in the clinic each **[Day by time]**. Hard copies of both the Lesson Plan and SOAPs for each week should be included.
- Lesson Plans and Therapy – Develop and implement lesson plans for your client. Refer to the *Student and Clinic Handbook* for the appropriate

lesson plan format. Lesson plans are due [ ], and must receive written or oral approval by the supervisor.

- SOAP Notes – Write and turn in SOAP notes following therapy sessions. A sample SOAP is available for review in the *Student and Clinic Handbook*. SOAPs are due [ ].
- Accurate and complete SOAP notes are vital to client progress and will prove to be invaluable in writing your FCR.

### Videotaping/Self Analysis

- Two self-analyses are required each semester. Refer to the CMSD Videotape Observation Report in your *Student and Clinic Handbook*.

### Meetings

- **Group/Collaborative Meetings** – Weekly group meetings will be held [day and time] in the supervisor's office, unless otherwise notified. The purpose of these meetings is to analyze client/clinician interactions, discuss clinical problems, plan strategies, improve writing skills and address other relevant issues. The goal of the supervisory process is to increase your analytical and problem solving skills. Please come to group meetings prepared.
  - **Initial Meeting** – Once you have received your client assignment, review the file and be prepared to make a short oral presentation to the group and turn in rough draft of 1<sup>st</sup> Lesson Plan
    - Client name, age, disorder
    - Goals from previous semester, if applicable
    - Areas you would like to conduct further assessment; tests
    - EBP documentation of efficacious treatment approaches

**Midterm/Final Individual Meetings** – Midterm evaluations will be based upon performance on the criteria listed in the Supervisor Evaluation of Student form, found in the *Student and Clinic Handbook*.

### EVIDENCE BASED PRACTICE / SINGLE SUBJECT DESIGN

Evidence based practice (EBP) means integrating scientific evidence, clinician experience, and client needs for making clinical decisions.

- This semester, you are required to investigate systematic reviews and/or individual clinical studies related to AT LEAST ONE of your client's goals.
- Generate a simple SSD that could be used on your client this semester
- Provide a short written review (bring 4 copies) of the information you gathered, an explanation of your SSD and indicate how it will affect your treatment.
- It is the clinician's responsibility to visit ASHA and read the various modules on how to incorporate EBP into your intervention. Please begin with [www.asha.org/members/ebp/intro.htm](http://www.asha.org/members/ebp/intro.htm).

## **GRADING POLICY**

Grading for this practicum is based upon performance on the criteria listed in the CSU Chico Supervisor Evaluation of Student form found in the *Student and Clinic Handbook*. Areas to be evaluated include skills in evaluation, intervention, interpersonal skills, report writing and professional behavior.

## **ATTENDANCE POLICY**

The graduate clinician must call the client to cancel therapy. In addition, the clinician must contact his/her supervisor and also call Linda Shaver (898-5871) to notify the clinic of any cancellations made by you or your client. Therapy may be cancelled only if absolutely necessary. *In the case of 3 or more absences, the*

*clinician will meet with the Clinical Director and will be directed to repeat CMSD 684. Under no circumstances is the clinic session to be cancelled for academic purposes.*

## **ACADEMIC RIGOR (excerpted from CSU statement of academic rigor)**

Rigorous students are part of the equation of rigorous teaching and learning. A rigorous education is vigorous, difficult, deeply satisfying work, and it requires a lifestyle conducive to achieving excellence. College is not a temporary diversion or a period of entertainment, but a fundamental piece of student character, citizenship, and employment future. A diploma and good grades from a demanding institution count for something. Rigorous students:

- *Set high personal standards, develop a strong sense of purpose, come to class well-prepared, and complete assignments on time.*
- Develop an effective relationship with the instructor, in and outside of class, and make the most of University advising and other services.
- Treat the instructor, fellow students, and the classroom environment with complete respect. Give each class full attention and participation. Do not miss clinic or meetings, arrive late or leave early.
- Accept continuing responsibility for learning and for grade earned.
- Approach each class in a professional manner, as if the class was real employment. Treat a full-course load as full-time work and spend no less time on it. Determine exactly what is expected.
- Experiment with all teaching and learning strategies used in group and individual meetings, and also determine which work best for them.
- Demonstrate complete honesty and integrity.

## **ACADEMIC HONESTY**

Any work submitted that is not the product of the student who has his/herr name on the work (which would include work taken from any other sources and not properly noted or work done by another student) is plagiarized work and will be prosecuted according to University Code.

Any sign of cheating in any way on course exams or assignments will be addressed directly. If you do not understand what constitutes academic honesty, review the University Catalog.

## **STUDENTS WITH DISABILITIES**

If you have a documented disability that may require reasonable accommodations, please contact Accessibility Resource Center (ARC) for coordination of your academic accommodations. ARC is located in the Student Services Center 170. The ARC phone number is 898-5959 V/TTY or fax 898-4411. Visit the ARC website at [ARC Website](#)

## **ADD/DROP POLICY:**

Students may add or drop courses without restriction or penalty and without instructor approval during the first two weeks of the semester using the telephone registration system (TRACS) or using the Chico State Connection. During the third and fourth weeks of classes, COP forms are needed to add and drop and will require the approval signature of the instructor (COP Forms are available at: [Chico State Website](#)). After the end of the fourth week of the semester, all COP forms to add or drop will require a serious and compelling reason and require approval signatures of the instructor, department chair, and dean of the college. Do not assume that you will automatically be dropped for not attending class. It is your responsibility to make a commitment to dropping or staying in class by the end of the second week. It is your responsibility to follow the appropriate drop procedures or you risk getting a failing grade for the class.