



**GRAND VALLEY
STATE UNIVERSITY[®]**

**COMMUNICATION
SCIENCES AND
DISORDERS**

Student Clinical Education Handbook

Department of Communication Sciences and Disorders

College of Health Professions

Effective August 2017

Grand Valley State University
Communication Disorders and Sciences Department
Clinical Education Handbook

CLINICAL EDUCATION OVERVIEW

This CLINICAL EDUCATION HANDBOOK has been prepared to provide information about the clinical education policies and expectations of the Communication Sciences and Disorders Department (CSD). The contents apply to all aspects of the clinical education program and student clinicians are expected to comply with all policies and procedures. Specific procedures, rationale and forms for clinical education are included.

Students are expected to read this handbook, seek clarification as needed, and refer to it throughout enrollment in the Communication Sciences and Disorders graduate program. All students are required to complete a form verifying that the handbook was received and read and submit it to the Coordinator of Clinical Education. If students have questions about any part of the handbook, please contact the assigned Clinical Affiliate Faculty or the Coordinator of Clinical Education.

Students violating procedures contained in this handbook will not be granted continued participation in clinical placements. Discipline policies and procedures are defined and students are encouraged to seek clarification as needed.

Please note that all policies, procedures and forms in this handbook are subject to modification during student enrollment in the program. Students will be informed in writing in the event of any such modifications.

In addition to the requirements for the Master of Science degree in Communication Sciences and Disorders at GVSU, the clinical education program provides the opportunity to students to meet requirements for:

- Council on Academic Accreditation (CAA)
<http://www.asha.org/Academic/accreditation/accredmanual/section3/>
- ASHA Certificate of Clinical Competence (CCC)
<http://www.asha.org/certification/>
- State of Michigan Professional SLP Licensure
https://www.michigan.gov/documents/lara/Speech-Language_Pathology_Full_App_Pkt_371057_7.pdf

Students are expected to be familiar with and adhere to the ASHA Code of Ethics and regulations regarding the provision of clinical services (<http://www.asha.org/code-of-ethics/>) AND the ASHA Scope of Practice (<http://www.asha.org/policy/SP2007-00283/>).

The Faculty of the GVSU Communication Sciences and Disorders Department has a legal and ethical responsibility to protect the public and health care community from inappropriate professional conduct or unsafe behaviors in the practice of speech-language pathology. Student clinicians provide clinical services consistent with the guidelines of the American Speech-Language Hearing Association. Expectations for student clinical behaviors and professionalism are clearly defined in this handbook. Decisions regarding student access to clinical placements and competency requirements remain with the CSD Department Faculty.

PURPOSE OF CLINICAL EDUCATION

As stated in the American Speech-Language Hearing Association's (ASHA) position statement on clinical supervision in speech-language pathology, clinical education "is a distinct area of practice in speech-language pathology and ... is an essential component in the education of students and the continual professional growth of speech-language pathologists. Clinical supervision is also a collaborative process, with shared responsibility for many of the activities throughout the supervisory experience."

(ASHA, 2008) (<http://www.asha.org/policy/TR2008-00296>)

The clinical education component of the CSD graduate program is a dynamic process for students to actively apply the academic knowledge obtained in coursework to the clinical practice of providing services to individuals with communication disorders. The goal of the clinical education program is to actively engage students in developing the following abilities as a foundation for engaging in clinical practice within educational, healthcare, rehabilitation, and other professional settings.

Clinical Expectations

- Demonstrate ethical and responsible professional conduct
- Analyze, synthesize and apply information from academic coursework knowledge in communication sciences and disorders to clinical practice
- Demonstrate critical thinking in decision-making using evidence-based practice
- Demonstrate clinical abilities in the prevention, screening, evaluation, diagnosis, treatment, and interdisciplinary approach for individuals with communication disorders
- Ability to communicate effectively – oral and written communication
- Ability to self-evaluate, demonstrate responsiveness to evaluation of clinical abilities, and pursue ongoing development of clinical skills

The clinical education program is designed to provide graduate students an opportunity to develop clinical skills through direct instruction, participation in varied settings, participation with varied populations throughout the lifespan, and opportunities to experience varied approaches and philosophies to professional clinical practice. CSD Department Clinical Education Faculty and Staff provide instruction and supervision of the clinical competencies identified as essential for clinical practice.

ASHA STANDARDS

The 2014 Standards for Certification in Speech-Language Pathology require the following: “The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience.

The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

At least 325 of the 400 clock hours must be completed while the student is engaged in graduate studies. Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences (Standard IV-C)”.

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through clinical simulation (CS) methods. Only the time spent in active engagement with the 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.

Only direct clinical contact with client/patient/student populations can count as clinical education hours. These hours include screening, assessment, and therapy. Direct clinical hours also include the provision of counseling interventions. Contact hours cannot be counted for time spent in preparation, post-session data review, documentation, or conferences with supervisors or other professionals that are not specific to a client/student/patient.

STUDENT RESPONSIBILITIES FOR CLINICAL HOURS

Students enrolled in the GVSU CSD graduate program are expected to advocate for clinical hours experiences within their practicum/internship assignment. Students are expected to ask questions, interact with professionals from other disciplines, and seek opportunities within the placement for further clinical experiences. First semester students should expect to experience approximately 25-35 clinical hours; second and third semester students should expect to experience approximately 60-90 clinical hours per semester; and fourth semester students should expect to experience 200-280 clinical hours. Students are expected to monitor the accrual of direct clinical hours and maintain ongoing communication regarding clinical hour experiences with the assigned Clinical Affiliate Faculty.

Students are expected to pay attention to their cumulative clinical hours record located on the CALIPSO System. Students are required to document experiences within all 9 clinical domains, across all 4 age groups, and with at least 3 diversity experiences [linguistic and cultural] for EACH placement.

Student will not be considered eligible to begin a full-time internship until completion of at least 150 clinical hours across the lifespan and with a variety of communication disorders.

CLINICAL EDUCATION CURRICULUM

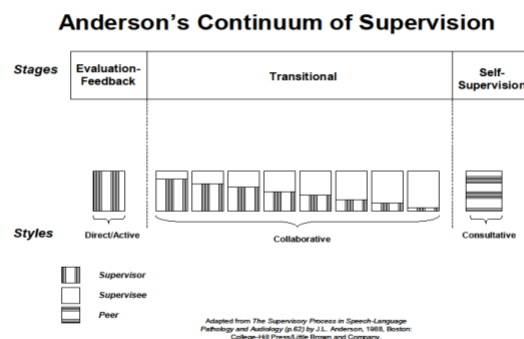
The clinical education curriculum consists of four courses: SLP 681, SLP 682, SLP 683, and SLP 684. Students must master clinical competencies at each level of the clinical course sequence before moving to the next level of clinical independence.

The intensity of direct instruction of students should be expected to decrease over the course sequence in alignment with ASHA recommended practices and use of Anderson's Continuum of Supervision Model. Students are expected to increase clinical independence over time by moving through direct supervision from preceptor and clinical affiliate to collaboration with the preceptor and clinical affiliate to consultation.

Anderson's model is based on a developmental continuum that covers the professional career. "The continuum mandates a change over time in the amount and type of involvement of both the supervisor and the supervisee in the supervisory process. As the amount of direction by the supervisor decreases, the amount of participation by the supervisee increases across the continuum. The stages should not be viewed as time-bound, as any individual supervisee may be found at any point on the continuum depending on situational variables as well as the knowledge and skill of the supervisee." (Anderson, 1988)

ASHA's position statement indicates that 'effective clinical teaching' involves the development of self-analysis, self-evaluation, and problem-solving skills on the part of the student.

It is each student's responsibility to monitor their progress toward clinical skill independence and initiate communication with CSD faculty to ensure successful clinical experiences. Students should expect to assume greater responsibility for self-evaluation of clinical skills, development of new learning opportunities, and use of collaborative and consultative interactions with supervisory personnel during SLP 683 and SLP 684.



STUDENT LEARNING PLANS. Students will develop an individual Student Learning Plan for clinical courses SLP 681, SLP 682 and SLP 683. Students and CSD Clinical Affiliate Faculty work collaboratively with Preceptors (as needed) to identify clinical skill and professional competencies for individual instructional focus. Student Learning Plans are completed within the first few weeks of the practicum placement. The individualized plans occur in addition to course competency requirements.[see syllabi]

CLINICAL EDUCATION COURSE SEQUENCE

Course SLP 681

- This clinical course involves a combination of scheduled off-site community placements and instructional time. The course is taught directly by CSD department faculty and staff and may include a textbook(s) requirement. Students are assigned to BOTH a school-based pediatric off-site experience and an adult facility off-site experience. The purpose of these clinical experiences is to learn introductory level clinical competencies, clinical writing skills, and documentation requirements, and experience diagnostic and therapeutic interactions, in preparation for a community-based clinical practicum.
- Students are provided a Student Manual for EACH of the off-site experiences.
- Students must pass both their adult and pediatric settings in order to pass SLP 681.

Courses SLP 682 and SLP 683

- During semesters two and three, these community-based placements will be scheduled **for 3-days per week for each 15-week semester**. Students are expected to attend for 3 full days per week (days may be flexed with written permission of the CCE). You will be taught directly by your community SLP or “Preceptor”. You will also receive ongoing support, instruction, and assignments from CSD Clinical Affiliate Staff. These placements are determined by the CSD faculty. Placement sequence varies from student to student, and may include multiple placement locations. Some placement sites/preceptors require the student to complete a project or presentation.

Course SLP 684 (INTERNSHIP)

- Your final clinical education course during the last semester of your graduate program is a **full-time**, unpaid, 15-week internship. These placements typically include an interview process that begins up to one year prior to the placement.
- ALL INTERNSHIPS ARE FULL-TIME AND STUDENTS MUST BEGIN THE INTERNSHIP ON THE FIRST DAY OF THE TERM. STUDENTS ARE EXPECTED

TO ATTEND EVERY DAY OF THE INTERNSHIP (There is not a GVSU Spring Break or Midterm Break).

- STUDENTS MUST REPORT ABSENCES DIRECTLY TO THEIR CLINICAL AFFILIATE. Students may be asked to provide documentation of the reason for an absence. There should not be any planned absences during your practicums or internship. Appointments should be scheduled between semesters and breaks so as not to result in absences.

Student Professional and Essential Functions for all Clinical Placements:

Graduate students are expected to develop and demonstrate the following professional and essential functions during ALL courses of the clinical sequence:

CLINICAL EDUCATION STUDENT LEARNING OUTCOMES	
1. Screening/prevention – demonstrate ability to screen persons of all ages for communication disorders; engage in activities focused on prevention of communication disorders	The student clinician must be able to differentiate and demonstrate the functions of screening and preventative activities.
2. Diagnostics/Evaluation <ul style="list-style-type: none"> a. Demonstrate ability to identify important, relevant aspects of the case history/background information/relevant professional input b. Interpret test results and screening results accurately c. Conduct client/client family interview d. Administer formal & informal tests accurately e. Record responses of tests accurately f. Score tests accurately 	The student clinician must be able to accurately administer a variety of norm-referenced and nonstandard assessments. The student clinician must be able to administer post-intervention measures for baseline comparison.
3. Therapy/Intervention <ul style="list-style-type: none"> a. Demonstrate ability to determine content of a therapy session.– Write goals [within SOAP, SMART, goals/objectives/benchmarks/milestones] b. Implement activities/interactions c. Record client responses accurately d. Use appropriate cues/prompts e. Interpret performance data within and between experiences 	The student clinician must be able to develop and implement an intervention/treatment plan including long term goal(s), short term objectives, and intervention strategies. The student clinician must be able to obtain baseline data, document patient/client performance, and provide accurate analysis of findings.
4. Therapeutic Setting <ul style="list-style-type: none"> a. Demonstrates appropriate use of time, space and materials b. Able to engage client and maintain engagement c. Able to manage transitions d. Identifies and communicates clear expectations to the client e. Applies principles of counseling 	The student clinician must be able to appropriately engage patients/clients in the therapeutic process.
5. Demonstrate Professional Affect and Communication	

<ul style="list-style-type: none"> a. Follows procedures and meets deadlines as required b. Effective professional oral and written communication – effective speaking and listening; uses appropriate tone of voice and nonverbal expressions c. Use of professional grammar and appropriate terminology and language d. Ability to effectively write professional reports, SOAP, lesson plans, and progress reports e. Demonstrates good judgment and critical thinking – analyzes, synthesizes, interprets and discusses ideas and concepts appropriately in clinical settings f. Complies with administrative, legal, and regulatory policies of all agencies g. Interacts in a generally friendly, polite manner h. Listens attentively to others in a variety of contexts i. Initiates communication to address professional issues <p>The student clinician must be able to demonstrate the ability to obtain an accurate case history and report diagnostic/therapy findings to family members and patients/clients.</p> <p>The student clinician must be able to demonstrate effective professional writing of diagnostic reports, intervention plans, progress reports, documentation [i.e. SOAP, IEP] .</p>
<p>6. Demonstrates Collaboration – the ability to work with others</p> <ul style="list-style-type: none"> a. Cooperates with others, contributes to group work, and supports the work of others b. Demonstrates understanding and application of inter-professional practices c. Willingly supports decisions of group, even if different from own d. Considers opinions of others with an open mind e. Demonstrates concern, consideration and respect for others f. Takes care of property of others g. Displays equitable treatment of others
<p>7. Approach to Learning</p> <ul style="list-style-type: none"> a. Values knowledge, content, and experiences presented in preservice experiences b. Demonstrates positive attitude toward learning c. Takes initiative to expand knowledge base and learn new skills d. Uses credible and data-based sources e. Demonstrates accountability and follow-through f. Prepares appropriately to meet clinical responsibilities
<p>8. Flexibility and Maturity</p> <ul style="list-style-type: none"> a. Identifies personal responsibility in conflict/problem situations b. Adapts communication style to needs of client (vocabulary, language level, nonverbal) c. Demonstrates accurate self-analysis regarding one’s own strengths and weaknesses and accepts consequences for personal actions or decisions d. Adapts to changes and unexpected or new situations e. Generalizes knowledge and skills in a variety of situations f. Accepts less than ideal situations when necessary

REQUEST TO EXTEND CLINICAL PLACEMENT

Students may request to extend a clinical placement for the purpose of responding to the preceptor’s request, accrual of clinical hours, or extending the clinical learning. All requests for clinical placement extension must be submitted to and **approved by** the Coordinator of Clinical Education. The application for extension form is available on Blackboard. ALL requests must be submitted by the midterm date of each term. If you are concerned about your clinical hours,

the Clinical Education Committee encourages being proactive and extending SLP 682 and SLP 683 placements with the consent of preceptors. Extensions may also occur at the beginning of the term.

COMMUNICATION COMPETENCY REQUIREMENT

Students must be able to comprehend and communicate intelligibly and effectively in English prior to receiving a clinical placement. This includes the ability to understand oral and written instructions and to write clinical reports in English. Students must demonstrate English writing that is grammatically correct and uses accurate rules of writing mechanics (e.g. punctuation, capitalization, etc.)

Students must be able to comprehend and model English speech and language, both orally and written, that can be understood by clients during intervention for articulation, voice, fluency, vocabulary, and grammar of the English language. Students must be able to administer standardized tests using effective and intelligible English language.

CLINICAL EDUCATION FACULTY

The GVSU Communication Sciences and Disorders Clinical Education Faculty are here to support the successful development of clinical skills for all students. Students will be assigned a Clinical Affiliate Faculty each semester. Office hours may vary among semesters.

CLINICAL AFFILIATE FACULTY ROLES:

Clinical Affiliates will provide clinical education to students as follows:

1. Provide direct and/or indirect supervision to graduate students enrolled in clinical practicum and internship settings.
2. Provide minimum time requirements of supervision as determined by the clinical course sequence expectations. (i.e. 681, 682, 683, 684)
3. Provide adjusted upward supervision as determined by individual student needs for clinical supports.
4. Develop a Student Learning Plan for each graduate student in SLP 681 to focus on identified clinical education needs.
5. Develop specific plans for clinical supports for students requiring remediation.
6. Assist the graduate student to develop goals and objectives for refining clinical skills.
7. Assist the graduate student in planning and executing supervisory meetings with the preceptor.
8. Assist in evaluation of clinical performance, with final determination of clinical education grade.
9. Assist the student in development of clinical writing skills

10. Provide information and clinical education regarding ethical, legal, and regulatory aspects of clinical practice to graduate students.
11. Model and facilitate professional conduct for graduate students.

Clinical Affiliates will provide support to Speech-Language Pathology Preceptors as follows:

1. Provide information about GVSU CSD Clinical Education to community preceptors.
2. Maintain accountability to multiple stakeholders at community clinical locations.
3. Maintain regular communication with preceptors regarding student performance.
4. Assist the preceptor in development of clinical teaching content as warranted.
5. Ensure accountability for completion of clinical hour review, midterm evaluations, and final evaluations for each graduate student, using the GVSU documentation system.
6. Provide support to community preceptors in resolving issues of conflict, challenge, and problem-solving.
7. Provide resources as needed to preceptors regarding ASHA standards and regulations for completion of clinical hours and education.

PRECEPTORS

Enrollment in SLP 682, SLP 683, and SLP 684 courses result in placements located in the State of Michigan, or in some cases outside of Michigan. The Speech-Language Pathologist who is employed by the placement agency (school, hospital, rehabilitation facility, long-term care facility, private practice, Community Mental Health agency, specialty clinic, etc.) provides direct, on-site supervision to the student and is referred to as the “Preceptor” for purposes of clinical education. **PRECEPTORS MUST BE ON-SITE AT ALL TIMES DURING THE PRACTICUM OR INTERNSHIP.**

The preceptor must hold a current Certificate of Clinical Competence in speech-language pathology issued by the American Speech-Language Hearing Association. Clinical supervision is provided by an individual who possesses expertise in the area of practice being supervised. Preceptors hold overall responsibility for the welfare of their clients/patients/students, and ensuring implementation of ASHA’s Code of Ethics. Preceptors will receive training on the CALIPSO on-line clinical tracking system.

Preceptors are provided with a copy of the Preceptor Handbook that provides guidelines as to expected level of supervision. Preceptors are asked to provide supervision commensurate with the student’s experience and demonstrated skill level. Preceptors use professional judgment in student evaluations and hold overall responsibility for the welfare of **THEIR** clients/patients/students.

GVSU Clinical Affiliate Faculty will communicate regularly with preceptors through on-site visits, telephone calls, emails, and review of clinical practicum evaluations.

PRECEPTOR CLINICAL SUPERVISION:

Preceptors provide on-site clinical supervision as determined by ASHA:

“Direct supervision must be in real time and must never be less than 25% of the student’s total contact time for therapy and 25% of the time for diagnostic evaluations with each client/patient and must take place periodically throughout the practicum.” These are minimum requirements that should be adjusted upward if the student’s level of knowledge, experience, and competence warrants. “The amount of supervision must be appropriate to the student’s level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.”

PRECEPTOR EVALUATIONS:

Students will have the opportunity at the end of each semester to evaluate preceptors and supervisors using the CALIPSO system.

CSD CLINICAL EDUCATION COMMITTEE

The CSD Clinical Education Committee is comprised of department faculty who meet on a regular basis to determine and evaluate placements and clinical education issues that represent:

- Adequate and appropriate placements to provide clinical experiences across the lifespan and in a variety of clinical settings
- Quality clinical experiences that support application of academic coursework and student clinical competency expectations through methods of critical thinking and cyclical teaching
- Clinical education practices and procedures that represent student-centered learning
- Support and development of professional relationships with placement agencies
- Clear expectations and communication with students, preceptors, and placement agencies
- Evaluation of clinical education practices and procedures
- Clinical Education final course grades are determined by committee

The Clinical Education Committee is responsible for reviewing student data regarding clinical education experiences and determining placement assignments for practicum experiences.

Clinical placement recommendations for each student are based on the following criteria:

Professional Behaviors, Clinical Writing Skills, Academic Performance, Approach to Learning, and Status of Clinical Knowledge and Skills.

ASSIGNMENT TO CLINICAL PLACEMENTS

STUDENTS MAY BE ASSIGNED TO A PRACTICUM OR INTERNSHIP EXPERIENCE THAT IS UP TO 2 HOURS TRAVEL TIME FROM THE GVSU COLLEGE OF HEALTH PROFESSIONS. STUDENTS ARE ASKED TO PREPARE ACCORDINGLY.

The Clinical Education Committee meets prior to the end of each semester to jointly determine student placement assignments for the upcoming semester. Students and Preceptors are notified prior to the beginning of the placement with specific instructions for CALIPSO entry. Students should expect that at least one placement will occur outside of West Michigan. Every attempt will be made to accommodate requests for placements due to

personal reasons, however individual clinical education student competency needs will take priority. It is the position of the Clinical Education Committee that value of the clinical experience and student educational needs take priority over location and convenience.

Clinical Placements vary in scope and availability. Some placement sites are announced one-year to one-month ahead of time. In these cases, the Coordinator of Clinical Education will notify all eligible students and students may 'apply' for review for placement to the site. Other placement sites are available for GVSU faculty to determine who will be placed.

Student Request for Placements: Students may seek to identify a specific clinical practicum or internship placement site and may follow the two-step process for requesting to live away from the Grand Rapids area (at home or with a friend/relative). *This option is ONLY to be used for placement requests at facilities where GVSU does not hold an existing affiliation agreement.*

PRACTICUM (SLP 682 AND SLP 683) and INTERNSHIP (SLP684) Requests

Students may choose to identify and request Clinical Placement Sites that are located near a family member's home or in a desired location (**outside of the Greater Grand Rapids Area**). Keep in mind that Internships are generally established ONE YEAR prior to the internship semester. Internship opportunities often require an interview process.

Requesting a Clinical Placement Site is a two-step process.

The Clinical Education Committee will review all requests.

Student requests for clinical placement locations will be considered if:

- the placement request is made with the student's educational needs in mind
- the student is not or has not been employed at the placement site in the SLP department
- the student does not hold a personal relationship with personnel at the placement site
- the student has followed procedure and not contacted the clinical placement site without permission.

STEP ONE:

Prior to making contact with any potential clinical placement site, the student must send an email requesting permission from the Coordinator of Clinical Education (CCE). The email must specify the following:

- the Name of the Agency, Hospital, School District/ISD, Facility
- the specific location of the site
- identified 'connection' to the site (i.e. how you learned of the site, a family member or friend works at the site, etc.)
- the term for which you are seeking placement

Students will receive a response from the CCE with specific instructions. **No contact** may be made until this response is received. Please know that not all requests to contact can be approved due to university agreements that have been established or State-to-State Higher Education regulations.

STEP TWO: After the student is approved to contact a site:

- Please provide the contact information for the CCE . Once the student **IS ACCEPTED by the Facility** for placement, the student will communicate with the CCE and the facility for placement details.

PLEASE NOTE: Once a student has committed to a Clinical Placement Site, GVSU cannot change the placement (unless the agency/facility/site personnel withdraw the placement).

STUDENT INTERVIEWS FOR CLINICAL PLACEMENTS

Placement agencies/facilities often require students to interview for the practicum or internship. Notification of placement opportunities at times comes with a short timeline. Students are expected to be prepared to participate in the interview process by ensuring the following:

1. A current clinical resume is available that highlights clinical education
2. A framework cover letter is available for students to tailor to the practicum or internship requirements
3. A list of interview questions is developed by the student , specific to the placement site(s)
4. A reference document that highlights the student's clinical abilities, interests, availability, etc.

Interviews are often conducted via telephone. It is critical that once a student participates in an interview or is notified of acceptance/non-acceptance, that the Coordinator of Clinical Education is sent an email with essential information.

Students will be asked to begin the process of identifying and applying for **an internship** during the first semester of the program. Each student will attend a “Clinical Education Planning Meeting” for the purpose of working with CSD Coordinator of Clinical Education to identify placement sites. The Coordinator of Clinical Education will meet with each student prior to or during the first two weeks of the first semester to discuss and plan for the clinical sequence.

PROFESSIONAL BEHAVIORS

Students are expected to demonstrate professional behaviors at all times. Participation in clinical education experiences provides opportunities to observe professional behaviors, seek clarification, and demonstrate these behaviors. The student is expected to develop self-advocacy skills such as asking questions, seeking clarification, taking responsibility for actions, and behaving affirmatively. Professional responsibilities take priority at all times. Students are encouraged to take initiative in all aspects of clinical education including planning for future needs, meeting clinical responsibilities, and initiating communication.

Professional behaviors also include appropriate verbal and nonverbal communication, a constructive response to criticism, seeking and obtaining feedback, and the skill of collaborating and sharing knowledge. The student should demonstrate a commitment to learning by seeking new ideas, trying out new methods, and contributing beyond assignments. Student attainment of

professional expectations will be formally measured at midterm and at the end of term in each practicum experience using the electronic clinical evaluation format.

Attendance:

- Students are expected to arrive at practicum/internship placements with adequate time to prepare for the clinical experience
- If a student is ill the process is to: email/call the preceptor following the placement agency process, allow adequate time to allow modification of the daily schedule, and email the GVSU Clinical Affiliate.
- Tardiness is not an option. Allow time for traffic and construction.
- Students are expected to report for the entire day and remain on site for the entire length of the preceptor's workday. Leaving early, unless it is to attend a class, will count as an absence for the entire day.
- No more than two absences are allowed for any clinical placement. All absences must be approved by the Clinical Affiliate. More than two absences will result in a reduction of your final grade. [Extenuating circumstances may require a need for an absence beyond two days. In these cases, written documentation must be submitted and approved by the Coordinator of Clinical Education.]

Name Badge: All students are required to wear a professional name badge at all time. The CSD department provides a name badge to students providing identification as a student clinician. There is a charge for badge replacement.

Appearance: Physical appearance has no relationship to the quality of clinical services provided, however it is likely to influence a perception of quality and of professionalism.

- Your appearance should be neat, clean and well-groomed
- All clothing should be appropriate as 'business casual'
- Clothing should be clean
- No casual shorts, cut-offs, blue jeans, flip-flops, or unprofessional tennis shoes
- No leggings unless shirt falls within 4 inches of the knee, front and back
- Skirts and dress shorts should be of professional length (no more than 3 inches above knee)
- No visible undergarments
- No visible cleavage or low cut tops
- No midriff or back showing (front/back/lower back)
- No visible piercings other than ears
- No visible tattoos
- No gum

Olfactory Sensitivities: due to chemical sensitivity of some clients/patients/students, scented hand lotions, perfumes, and aftershaves are not recommended

Food/Beverages: Eating and/or drinking beverages during any clinical interaction is not acceptable, unless it has immediate relevance to the activity being conducted.

Routine Hand Washing and Disinfection: Students are expected to demonstrate effective practices of thorough hand washing. It is recommended that you wash hands with soap and hot water for at least 30 seconds before and after each client session, after sneezing/coughing/wiping a nose, after handling soiled items such as a diaper or therapy materials, and before preparing therapy materials for presentation to a client/patient/student. Toys and mouthed objects should be disinfected immediately. If soiled with blood, feces, or urine the objects should be disinfected or discarded. Table tops and objects/toys must be disinfected after each use.

Cell Phones/Computers/Electronics: Students may take a cell phone to the placement site for safety purposes. Cell phones must be set to vibrate. Students are not to make telephone calls while at the clinical placement site. Phone use during designated times and in designated areas may be appropriate. (clarify with Preceptor) Students are not to check the cell phone for email/Facebook/etc. during clinical placement hours. No other social media shall be accessed for personal reasons during clinical placement hours. Students may only use computers at the placement site for data entry, professional notes or other tasks assigned specifically by the preceptor.

CONFIDENTIALITY

Students must adhere to FERPA and HIPAA training expectations. Do not include any identifying information regarding clients/patients/students in emails, conversations, class discussions, or at any time in the community. Documents containing identifying client information, such as draft reports, must be shredded once no longer needed.

Students are expected to remain nonjudgmental, to maintain confidentiality, and to demonstrate respect for all clients/patients/students and other professionals.

- a. Make no judgmental comments about clients and their families, or about other professionals
- b. Do not share information about clients/patients/students with ANYONE, including other professionals, without expressed written consent from the client, parent, or legal guardian.
- c. Any CSD Department Lab experiences are intended to provide students with opportunities to learn and demonstrate clinical competencies of diagnostic and intervention skills. Participants in the Labs and Summer Language Program may demonstrate identified communication disorders. Students may be asked to write diagnostic reports and intervention plans as part of the learning process. Students are expected to follow faculty instructions regarding verbal discussions with program/lab participants and family members.
- d. **Students must not provide any written documents of diagnostic reports, intervention plans, letters, or progress reports to any program/lab participant or their family members at any time. All paperwork must remain within the CSD program courses.**

- e. Failure to comply with this department policy will be considered as egregious unprofessional behavior and may result in disciplinary action, per the Graduate Program Handbook.

ELECTRONIC DOCUMENTATION

In the course of clinical education learning experiences, students may need to use a personal computer to analyze data, write reports or intervention plans, or complete a course assignment. ALL identifying information for clients/patients/students must be de-identified when using personal computers. All data and documents must be password protected when using personal computers or other electronic devices. Students must delete all documents related to clients/patients/students at the end of each semester. It is a FERPA violation to maintain any records related to clients/patients/students using a personal computer.

CALIPSO ONLINE REPORTING SYSTEM

Student clinical hours are managed through CALIPSO, which is a web-based application that manages key aspects of clinical education designed specifically and exclusively for speech-language pathology training programs.

Students are responsible for **daily data entry** to CALIPSO and submission of clinical hours for preceptor approval.

Students are responsible for ongoing maintenance of their CALIPSO clinical record information. Data from this record will be available for students to use in application for ASHA certification and state licensure.

Students must enter and obtain approval for the full 400 hours of clinical experience, and ensure completion of student evaluations in CALIPSO (with preceptor and student signature) PRIOR to graduation.



CALIPSO INSTRUCTIONS FOR STUDENTS

<https://www.CALIPSOclient.com/gvsu>

Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
- Go to <https://www.CALIPSOclient.com/gvsu>
- Click on the “Student” registration link located below the login button.
- Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
- Please note: **PIN numbers are valid for 40 days.** Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to <https://www.CALIPSOclient.com/gvsu> and login to CALIPSO using your school e-mail and **password that you created for yourself during the registration process (step one.)**
- Upon logging in for the first time, you will be prompted to pay the student fee (GVSU pays this) and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

- Click on “Student Information”
- Click on “Contact Info” and then “Edit” for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter “rotation” contact info when on externships. Return to this link to update as necessary.
- Click “Home” located within the blue stripe to return to the home page.

Step 4: Enter Daily Clock Hours

- Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
- Click on the “Daily clockhours” link located within the blue stripe.
- Click on the “Add new daily clockhour” link.
- Complete the requested information and click “save.”
- Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

To add clock hours for a ***different*** supervisor, clinical setting, or semester:

- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

To add additional clock hours to the ***same*** record:

- Click on the “Daily clockhours” link located within the blue stripe.

- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
 - Click the “Copy” button located next to the date of a previous entry.
 - Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.
- To **view/edit** daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
 - Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
 - Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
 - Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Step 4a: Submit Clock Hours for Supervisor Approval

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.

Step 5: View Clinical Performance Evaluations

- Click on “Student Information” and then “Evaluations.”
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
- View a desired evaluation by clicking on the “current evaluation” link highlighted in blue.

Step 6: View Cumulative Evaluation

- Click on “Student Information” and then “Cumulative evaluation” to view a summary of your clinical competency across the 9 disorder areas.
- Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
- Please make note of any areas of deficiency which are highlighted in orange.

Step 7: View Performance Summary

- Click on “Student Information” and then “Performance summary” to view a summary of your clinical performance across all clinical courses to date.

Step 8: View My Checklist

- Click on “Student Information” and then “My Checklist” to view your progress in meeting the clinical requirements for graduation.
- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 9: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
- Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”

CLINICAL CLOCKHOURS

- SUPERVISED CLINICAL EXPERIENCES – are defined as clinical services (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.

- Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. 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 client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours.
- Direct supervision must be in real time. The supervisor must be available to consult with the student providing clinical services to the supervisor's client. The 25% supervision standard is a minimum requirement and should be adjusted upward as needed.
- Count clock hours spent on screening and assessments of communication and swallowing disorders (screenings at preschools and local schools/screening elderly individuals/evaluations at any clinical site/re-evaluations/) (time spent administering probes should be counted as treatment)
- Count clock hours spent during treatment and evaluation of a variety of disorders. (includes diagnostic report writing)
- Count clock hours spent counseling clients or counseling or training family members WHEN APPROPRIATE. (training family members or caregivers/home training program/Early On programs)
- Count clock hours spent in obtaining or giving assessment and treatment information. (taking a case history from the client/family member, time spent discussing diagnosis and recommendations with client/family)
- Count clock hours spent on certain clinically related activities. (activities performed to prevent communicative disorders or to develop, maintain, or maximize communication skills. For example, in certain settings the team of professionals providing rehabilitation services for a client may meet to discuss the client's treatment, progress, prognosis for further gains, and recommendations for future treatment. The student may be in a setting where you will train certain staff members to communicate more effectively with your client and to assist your client in communicating more effectively

with the staff.)

- Count clock hours earned in conjunction with a class assignment and during clinical practicum. (as part of a class assignment you may be asked to evaluate a client with aphasia, however, to earn these hours you must be supervised by an individual who holds a CCC in SLP)
- DO NOT COUNT preparation time as clinical clock hours. (developing materials or ideas, scoring tests, writing lesson plans, transcribing language samples)

REPORTING OBSERVATION HOURS AT PROGRAM ADMISSION

OBSERVATION HOURS EARNED AT GVSU

If students have earned observation hours while enrolled as an undergraduate student at GVSU, please submit documentation of accrued hours to the Undergraduate Program Coordinator, Dr. Janine Bartley. The following will be accepted:

- Original documents from GVSU faculty

Once documents have been submitted to Dr. Bartley, students should then enter the observation hours to the CALIPSO system by selecting “GVSU Undergraduate Observation Hours” in the pull-down menu, and selecting Dr. Bartley to provide approval. You may make one entry for each page of documented hours.

OBSERVATION HOURS EARNED AT FACILITIES OTHER THAN GVSU

If students have earned observation hours anywhere other than GVSU, please submit documentation of accrued hours to the Graduate Program Coordinator, Dr. Courtney Karasinski. The following will be accepted:

- Original documents from other speech-language pathologists/Institutions who supervised observation hours must include a signature from the supervising speech-language pathologist and that supervisor’s 8-digit ASHA number

Once documents have been submitted to Dr. Karasinski, students should then enter the observation hours to the CALIPSO system by selecting “GVSU Undergraduate Observation Hours” in the pull-down menu, and selecting Dr. Karasinski to provide approval.

EVALUATION OF CLINICAL PERFORMANCE

Formative Evaluations: The purpose of clinical education feedback is to monitor progress towards development of clinical competencies. Performance scores using clinical evaluation forms provide an ongoing record of student performance. Students will receive two formal evaluations each semester, a midterm and a final evaluation. Midterm evaluations provide a means to identify student strengths and areas to improve. A student's grade for the course is based on performance at the end of the semester and determined by the Clinical Education Committee. [See course syllabi]

Performance Rating Scale for Clinical Competencies by Stage in Graduate Program

SLP 681/Beginning Level Competencies:

Target: 25-35 clinical clock hours

- 5 = Excellent: Exhibits basic understanding of treatment/diagnostic principle(s). Inconsistently demonstrates desired clinical behaviors. Exhibits insight and the ability to self-monitor and effectively adjust behavior as necessary. Requires only general direction from the supervisor.
- 4 = Good: Exhibits basic understanding of treatment/diagnostic principle(s). The desired clinical skills or behaviors are beginning to develop. Awareness and ability to monitor and adjust behavior requires supervisory assistance and/or demonstration.
- 3 = Emerging: Exhibits minimal understanding of treatment/diagnostic principle(s) *with* supervisory input. Attempts to modify the desired clinical behaviors and skills are moderately successful. Moderate supervision with additional learning experience/practice/role playing is necessary.
- 2 = Minimally Evident: Exhibits limited understanding of treatment/diagnostic principle(s). Attempts to modify desired clinical behavior and skills are generally unsuccessful. Relies on the supervisor to direct most aspects of the treatment/diagnostic process. Participation is generally composed of observation or assisting the supervisor.
- 1 = Not Evident: Exhibits no understanding of treatment/diagnostic principle(s). The desired clinical behaviors are not evident. Is unaware of the need to change and thus, makes no effort to modify behavior. Maximum supervision required during the session as well as prior to the session. Ineffective in above specified areas. Participation is generally composed of passive observation.

SLP 682/Primary Level Competencies:

Target: 60-90 clinical clock hours

- 5 = Excellent: Exhibits basic understanding of treatment/diagnostic principle(s). Consistently demonstrates desired clinical behaviors. Exhibits awareness and ability to monitor and effectively adjust behavior as necessary. Requires minimal guidance from the supervisor.
- 4 = Good: Exhibits basic understanding of treatment/diagnostic principle(s). Inconsistently demonstrates desired clinical behaviors. Exhibits awareness and ability to monitor and effectively adjust behavior as necessary. Requires only general direction from the supervisor.
- 3 = Emerging: Exhibits some understanding of treatment/diagnostic principle(s). The desired clinical skills or behaviors are beginning to develop. Awareness and ability to monitor and adjust behavior requires supervisory assistance and/or demonstration.
- 2 = Minimally Evident: Exhibits a developing understanding of treatment/diagnostic principle(s) with supervisory input. Attempts to modify the desired behaviors and skills are moderately successful. Frequent and moderate supervision with additional learning experience/practice/role playing is necessary.
- 1 = Not Evident: Exhibits little to no understanding of treatment/diagnostic principle(s). The desired clinical behaviors are not evident. Attempts to modify desired behaviors and clinical skills are generally unsuccessful. Relies on the supervisor to direct most aspects of the treatment/diagnostic process. Maximum supervision required during the session as well as prior to the session. Ineffective in the aforementioned specified areas.

SLP 683/Intermediate Level Competencies:

Target: 60-90 clinical clock hours

- 5 = Excellent: Exhibits appropriate understanding of a variety of treatment/diagnostic principles and how to apply them. Consistently demonstrates desired clinical behaviors. Exhibits awareness and ability to monitor and effectively adjust behavior as necessary. Exhibits movement toward independence with minimal direction from supervisor.
- 4 = Good: Exhibits adequate understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. Consistently demonstrates desired clinical behaviors. Exhibits awareness and ability to monitor and effectively adjust behavior with input from supervisor. Exhibits movement toward independence though still requires some guidance from supervisor. Independently seeks additional supervisory input as needed.
- 3 = Emerging: Exhibits basic understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. Inconsistently demonstrates desired clinical behaviors, but with supervisory input, awareness and ability to monitor and adjust behavior improves. Student is aware of need to modify behavior but does not do so independently. Movement toward independence is limited. Continues to rely on the supervisor significantly.
- 2 = Minimally Evident: Exhibits limited understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. The desired clinical skills and behaviors are insufficient. Awareness and ability to monitor and adjust behavior requires maximal supervisory assistance and/or demonstration. Movement toward independence is limited and inconsistent with the same skill and behavior. Continues to rely on supervisor for all decisions related to the clinical process. Limited initiative is noted to seek additional resources for improvement.
- 1 = Not Evident: Exhibits minimal or no understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. The desired clinical skills and behaviors are

not evident. Awareness and ability to modify behaviors and skills is not evident. Movement toward independence is not observed. Supervisor guidance is required for all treatment/diagnostic decisions. No attempts to seek additional resources for improvement nor carryover of supervisor's demonstrations are observed.

SLP 684/Full-Time Internship Level Competencies:

Target: 200-280+ clinical clock hours

Graduate clinicians in their full time internship may practice in settings that are unfamiliar to them and will see a new set of clinical populations. Preceptors are to consider the complexities of the environment, pace, and caseload and the intern's "beginner" status when applying these guidelines at the time of the midterm evaluation.

- 5 = Excellent: Exhibits thorough understanding of a wide variety of treatment/diagnostic principles and how to apply them appropriately. Consistently demonstrates desired and well developed clinical behaviors. Exhibits awareness and ability to monitor and adjust behaviors as necessary. Exhibits appropriate degree of independence in most facets of treatment planning and implementation. Shows initiative to seek additional resources independently. Limited direction from supervisor is required except when addressing new or complex problems. Student is able to propose ideas for new or complex problems and seeks consultation from supervisor.
- 4 = Good: Exhibits appropriate understanding of a variety of treatment/diagnostic principles and how to apply them. Consistently demonstrates desired clinical behaviors. Exhibits awareness and ability to monitor and effectively adjust behavior as necessary. Shows some initiative to seek additional resources for improvement independently. Supervisor acts as a collaborator to plan and suggest possible alternatives. Exhibits movement toward overall independence with minimal to moderate guidance from supervisor.
- 3 = Emerging: Exhibits understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. Inconsistently demonstrates desired clinical behaviors. Exhibits awareness and ability to monitor and effectively adjust behavior as necessary with input from supervisor. Exhibits movement toward independence though still requires significant direction from supervisor. Limited initiative is noted to seek additional resources for improvement. Requires significant support when addressing new or complex problems.
- 2 = Minimally Evident: Exhibits basic understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. Inconsistently demonstrates desired clinical behaviors, but with supervisory input exhibits awareness and ability to monitor and adjust behavior. Movement toward independence is limited. Continues to rely on substantial direction from supervisor for both familiar and new problems.
- 1 = Not Evident: Exhibits limited understanding of treatment/diagnostic principles and how to apply them appropriately. The desired clinical skills and behaviors are insufficient. Awareness and ability to monitor and adjust behavior requires maximal supervisory assistance and/or demonstration. Movement toward independence is not observed. Continues to rely on supervisor for all treatment/diagnostic decisions.

Grade Policies and Dismissal from the Program

1. Students are expected to earn a grade of B- or above in all clinical coursework (SLP 681, 682, 683, 684).
 - a. When students receive a C+ or C in clinical coursework
 - i. the clinical skills and clock hours acquired during that enrollment will *not* count toward the clinical skills acquisition required by the program nor the American Speech-Language- Hearing Association (ASHA) requirements for the Certificate of Clinical Competence (CCC).
 1. Note: It is the student's responsibility to monitor and obtain clinical hours required for certification, as it is possible for a student to complete the clinical course sequence, and thus graduate, with fewer than the required number of hours. If a student does not accrue clinical hours due to a poor clinical grade, there may be a need to add an additional semester to the student's program in order to complete the clinical course sequence.
 - ii. The student will repeat the course the next time it is offered, if this is the first grade below B-. Note that this will result in extending the students' program. The course may only be completed once. If a grade below B- is earned when the course is repeated, the student will be dismissed from the program.
 - iii. If this is not the first grade below B- in clinical coursework, the student will be dismissed from the program.
2. It is the responsibility of the student to ensure that Health Compliance Requirements (HCR) have been met at all times. Students who are out of compliance with HCR will be suspended from clinical placements until compliant. Such suspensions will adversely impact clinical course grades.
3. The following situations will result in dismissal from the program:
 - a. Evidence of felony conviction.
 - b. Evidence of a misdemeanor conviction that limits clinical placement opportunities.
 - c. Two consecutive semesters of a cumulative GPA below 3.0
 - d. Earning a grade C- or lower in any class, including clinical coursework.
 - e. More than one grade of B- or below (i.e., C+ or C).
 - f. A unanimous vote of the CSD Graduate committee following report, with documentation, of an egregious infraction of the GVSU Student Code, the University policy on academic dishonesty, or the ASHA Code of Ethics.

CLINICAL EDUCATION REMEDIATION AND DISCIPLINE POLICY:

UNPROFESSIONAL/UNSAFE BEHAVIORS AND DEFICITS IN CLINICAL SKILL DEVELOPMENT

A student who exhibits behavior that has been judged to be unsafe, unprofessional, or weak with potential to be unsafe or unprofessional, as determined by the preceptor or clinical affiliate, may be removed from the clinical experience. A student who is removed from the clinical experience due to the student's behavior is not entitled to a refund of tuition or other educational expenses. Examples of Unsafe/Unprofessional/Weak Practices include, but are not limited to the following:

Unsafe Practice- Unsafe practice is behavior that causes harm or that has the potential to cause harm to a client or other person. Examples of unsafe practice include but are not limited to the following:

- Practicing in a clinical experience under the influence of drugs and/or alcohol.
- Acts of omission or commission likely to cause harm to clients, including, but not limited to, physical abuse, placing clients in hazardous positions or circumstances, mental, sexual, or emotional abuse, or the inability to provide appropriate treatment.
- Failure to provide accurate, inclusive, written and verbal communication, or falsely documenting a clinical record, written assignment, or log.

Unprofessional Practice- Unprofessional practice is behavior that fails to follow ASHA's and NSSLHA's Codes of Ethics in matters pertaining to professionalism.

- Failure to notify the preceptor of absence or tardiness.
- Practicing in a clinical experience under the influence of drugs and/or alcohol.
- Violating client privacy rights through breach of confidentiality or interactions or records or failure to protect the privacy in personal care.
- Engaging in behavior that is disrespectful of a client's social or economic status, personal attributes, or health or communicative problems.
- Engaging in behavior that is disrespectful or uncooperative with the Preceptor and/or experience site.
- Not meeting requirements of the CSD clinical education program; not following procedures contained in the Graduate Handbook and/or the Clinical Education Handbook

Weak/Incompetent Clinical Practice with Potential for Unsafe and/or Unprofessional

Practice - Weak clinical practice is student demonstration of difficulties in the areas of learning and applying academic information to clinical practices, poor communication, or inability to effectively interact with others.

- Difficulty or inability to apply theoretical knowledge to specific clinical situations or to demonstrate critical thinking skills.
- Inability to successfully document clinical interactions.
- Inability to interpret client responses and communicative behavior.

- Difficulty in determining priorities in completing clinical assignments.
- Difficulty in communicating or interacting with clients, families, peers, or health care or educational personnel, or the clinical Preceptor.
- Difficulty in carrying out or interpreting suggestions from the clinical preceptor
- Difficulty or lack of preparedness for the clinical assignment

REMEDIATION/CLINICAL SUPPORTS

Students are expected to develop self-evaluation skills to be able to determine what they know, what they don't know, and identify strategies for learning. When students are having difficulty learning clinical competencies they are required to immediately notify their assigned Clinical Affiliate Faculty to develop a remediation plan. The student and the Preceptor or Clinical Affiliate will discuss clinical practice and work to eliminate deficits in clinical practice.

When unsafe, unprofessional, or weak/incompetent clinical practice is noted in a clinical student's behavior, the following steps will be taken:

Students who do not master clinical competencies will be provided a Remediation/Clinical Supports Plan. This is a written document that provides:

- a. A definition of the difficulties being experienced,
- b. Specific objectives that need to be met,
- c. Ways to assist the student to meet the objectives,
- d. Specific documents/artifacts that the student must complete,
- e. A specific timeline.

Learning supports for students will range from face-to-face meetings, re-teaching of content, facilitation of research and reference materials, reflection and analysis, and other supports as needed for individualized student clinical education. The student is responsible for providing updates to the assigned Clinical Affiliate on a regular basis.

Recommendations in this plan may include, but are not limited to, the following examples:

- f. Review of academic course materials
- g. Observation of clinical interactions
- h. Discussion and practice of professional behaviors
- i. Removal of the student from the clinical experience until appropriate goals have been reached.

Recommendations will include how the student is to demonstrate that the remediation assignments are met. The student will modify the specified behavior and provide any documentation required.

If the student does not complete the recommendation(s) in the specified period of time or to a satisfactory degree, the student will be referred for disciplinary action.

The Graduate Education Coordinator and Department Chair must be provided a copy of the Remediation/Clinical Supports Plan.

Students must master clinical competencies for each clinical education course prior to enrolling in the next course in the sequence.

Students who are not successful or do not meet the specified remediation plan content will be referred to the Graduate Program Coordinator and Graduate Committee for review and determination of disciplinary action as outlined in the Graduate Program Handbook.

HEALTH COMPLIANCE REQUIREMENTS

Students are expected to meet GVSU Health Compliance Requirements (HCR) prior to placement within any clinical course. Students who do not meet HCR will NOT be placed to a clinical practicum/internship and will need to enroll in the course the following semester. Students may NOT begin a practicum/internship beyond the first week of the GVSU academic calendar without approval of the Clinical Education Committee.

Prior to the beginning of the student's first academic semester, and prior to ALL clinical placements, students will complete all required healthcare compliance activities and ensure that all information has been submitted **and approved** to Blackboard by the GVSU Compliance Office. Students will not be able to participate in clinical education placements or count clock hours if these requirements have not been met.

Clinical Placement Agencies may also require **additional** training, registration, or paperwork completion prior to acceptance for clinical placement. The student is responsible for meeting all timelines in submitting complete and accurate documents to the Clinical Placement Agency. Failure to meet this expectation may result in loss in placement and inability to complete the clinical course for that semester.

It is critical that student monitor all HCR requirements throughout the course of the graduate program paying particular attention to expiration dates that may occur within a 12 month period. All HCR requirements must be up-to-date for the ENTIRE TERM OF THE CLINICAL EXPERIENCE, prior to the beginning of each semester. Refer to the syllabus for grading penalties related to not meeting HCR requirements.

- A. **Immunizations & Serologic Titers:**
- B. **Physical Exam**
- C. **CPR Certification**
- D. **Criminal Background Check- students are encouraged to save this website for access**
- E. **TB Screening**
- F. **Fingerprints**
- G. **Color Blind Testing**
- H. **OSHA Training**
- I. **HIPAA Training**
- J. **FERPA Training**
- K. **Tuberculosis and Infection Control Training**
- L. **10-Panel Drug Screen**

M. FIT testing

N. Authorization to Receive & Release Information

Renewable Compliance Requirements:

A. Annually:

Tuberculosis Screening validated by annual TB screening or, if TB skin test positive, submission of Annual Tuberculosis screening Questionnaire and results of a chest x-ray within the past five years.

Seasonal Influenza vaccination

Additional Strain Influenza vaccination (H1N1)

OSHA/HIPAA/FERPA /TB & Infection Control training/post-testing

Authorization to Receive & Release Information

B. Variable timeframe:

Current CPR Certification

Health Compliance Requirements must be met prior to enrollment in clinical coursework. In addition, some hospital/agencies/schools may require additional compliance documents [i.e. fingerprinting, background checks, etc.] that must be met prior to the clinical placement. Students have ongoing access to their Health Compliance Documents through the Blackboard Online System and are responsible for providing verification of documents to clinical placement sites. FERPA law prohibits faculty and staff from accessing student documents.

E-MAIL COMMUNICATION

Students are required to use only the Grand Valley State University email account for communication related to clinical education. All communication with the CSD Faculty and Clinical Preceptor will occur only via the GVSU Outlook system.

INCLEMENT WEATHER

Students are asked to review the placement agency policies and procedures for response to inclement/severe weather. In the case of school closings, monitor local news or initiate arrangements for notification with the preceptor. Students are expected to attend all clinical placement days unless otherwise notified by the placement agency. If observation or visit appointments have been scheduled, please notify your Clinical Affiliate.

GVSU CLINICAL MATERIALS, EQUIPMENT, TESTS

- Students may sign-out all materials from the Sims Materials Center, located in CHS 305]. Students should provide the name of the item along with the location indicated.

- The Sims Materials Center staff will be available to sign-out and sign-in materials on Monday, Tuesday, Thursday, and Friday between the hours of 8:00-5:00 pm. If there is not a Sims Center staff member available, please refer to the sign on the door to locate the lab assistant.
- Students may sign-out most materials for a period of one week, and may renew pending requests from others. Audiometers are pre-scheduled for short-term sign-out.
- Students will complete a loan agreement at the time of sign-out. Please bring your GVSU I.D.
- Students are expected to locate the item in the lab.
- Students are expected to use copies of test protocols for practice. Students are expected to locate test protocols in CHS 130.
- Students are expected to check that all items are included in test kits and are in working order at sign-out and sign-in. Indicate toy description at sign-out.
- If students would like to inquire about availability of any item on the inventory list this can be done by calling the Sims Center staff at 616-331-3461 or emailing nurlab@gvsu.edu
- Equipment/materials sign-out privileges may be revoked due to careless handling, missing items, or chronic late returns
- All materials are due for return by the Friday before final exam week. If materials are not returned there will be a lien assigned to the student's tuition until the item is returned or replaced by the student.

CALENDAR INFORMATION

GVSU Graduate Students are expected to follow the calendar of the placement agency. Students placed during Winter semester DO NOT observe the GVSU Spring Break and are expected to attend the clinical site for clinical education. Students placed during Fall semester DO NOT observe Labor Day Tuesday and Thanksgiving Wednesday holidays if the agency/preceptor is in session on those days. The Memorial Day and July 4th holidays may be scheduled for academic courses.

REQUEST FOR PRACTICUM EXTENSION

Student Name: _____ Date: _____

Program: _____

Internship Agency: _____

Internship Start Date: _____ Scheduled End Date: _____

Proposed internship extension end date: _____

Reason for Internship Extension Request:

I, _____, understand that an extension of my internship is not
(Student name)

a requirement of or mandated by my program. However, due to the circumstances stated above, I am requesting permission for an optional extension to complete the scheduled internship hours beyond the scheduled end date and/or the last day of the current semester in which I am enrolled. I understand that this extension is voluntary and at my own request.

Student signature

Date

The above request for practicum extension is approved.

Clinical Education Faculty

Date

Code of Ethics Effective March 1, 2016

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Preamble

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

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

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

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

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for

ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

Terminology

ASHA Standards and Ethics

The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

advertising

Any form of communication with the public about services, therapies, products, or publications.

conflict of interest

An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime

Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or

property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability

Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud

Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner

An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health–related conditions.

individuals

Members and/or certificate holders, including applicants for certification.

informed consent

May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction

The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

know, known, or knowingly

Having or reflecting knowledge.

may vs. shall

May denotes an allowance for discretion; *shall* denotes no discretion.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance

with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence

Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere

No contest.

plagiarism

False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned

A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably

Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report

A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may

Shall denotes no discretion; *may* denotes an allowance for discretion.

support personnel

Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional,

aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on Audiology Assistants and/or Speech-Language Pathology Assistants.

telepractice, teletherapy

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, see the telepractice section on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

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

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products

dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

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

Principle of Ethics II

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

Rules of Ethics

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

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

Principle of Ethics III

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

Rules of Ethics

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

Principle of Ethics IV

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

Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

Ethical Supervision of Graduate Students

Supervision of graduate students in speech/language pathology and audiology is an extremely rewarding way to contribute to the future of our professions. University programs depend upon licensed, certified speech-language pathologists and audiologists to provide supervision to graduate students at various points in their clinical training. Without adjunct supervisors (clinical educators) who work in the “real world”, university programs would have a very difficult time providing the clinical training required to meet the appropriate standards set by the Council of Academic Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (CAA), the Ohio Board of Speech-Language-Pathology and Audiology and the American Academy of Audiology.

Many supervisors have had little formal coursework or continuing education in the supervision process. Many supervise based upon their own experiences receiving supervision. They utilize techniques that worked well for them and eliminate techniques that were ineffective. In order to provide competent supervision, we must increase our supervision knowledge and skills through continuing education, peer learning, mentoring and self-study.

It is imperative that we have knowledge and understanding of our responsibilities in supervision. Our primary role as a supervisor is to be accountable for the supervisee's performance. In order to protect ourselves and the supervisee, and to protect the welfare of the client, we must be aware of and follow the standards established by the accrediting agencies of the CAA (2004) and the Council for Clinical Certification (CFCC, 2005) and to abide by the ASHA Code of Ethics (2003).

The CFCC standards require that supervision of graduate clinicians should be provided by a certified SLP at a minimum of 25% of the total contact with each client. However, the amount of supervision "should be adjusted upward if the student's level of knowledge, experience, and competence warrants" (CFCC, 2005). This standard allows the supervisor to adjust their direct involvement accordingly for each individual clinician and client.

ASHA's Code of Ethics (2003) provides additional support and guidance needed for insuring that the supervisee and supervisor are providing optimal services to the clients. Principle of Ethics I indicates that the welfare of the client must always be held paramount. The supervisor is ultimately responsible for every client and should ensure that the treatment is provided competently and that all professional responsibilities are completed in a timely and accurate manner.

Principle of Ethics II gives direction in the area of professional competence; professionals should engage only in the areas of practice that are within their scope of competence. Therefore, the supervisor should not permit or require the supervisee to provide any service that exceeds their level of competence, education, training or experience.

Principle of Ethics III provides guidance in promoting the profession and providing accurate information to the public. The supervisor and supervisee should never misrepresent their credentials, competence, education, training and experience. Clients should always be made

aware that the supervisee is a graduate clinician and that the certified supervisor maintains ultimate responsibility for the client's treatment. Further, diagnostic reports, notes, products dispensed, billing and statements to the public should never, in any way, be misrepresented.

Principle of Ethics IV describes the ethical responsibility to develop and nurture positive interprofessional and intraprofessional relationships and to accept the

standards of the profession. Supervisors should not abuse their authority over students (ASHA 2003) and should be aware of potential problems that could arise in objectively evaluating the supervisee's performance if they develop a social relationship with the supervisee. Further, the supervisor is responsible for prohibiting any practice that would violate any portion of the Code of Ethics.

Excellent supervision and adherence to the standards and ethics discussed above will support quality preparation of our future professionals. This, in turn, will provide assurance that our professions will continue to meet the needs of the communication impaired with superior quality.

REFERENCES:

American Speech-Language –Hearing Association. (2003). *Code of Ethics* (Revised). Available from www.asha.org