

**EAST TENNESSEE STATE UNIVERSITY**  
**COLLEGE OF CLINICAL & REHABILITATIVE HEALTH SCIENCES**



DEPARTMENT *of* AUDIOLOGY &  
SPEECH-LANGUAGE PATHOLOGY  
College of Clinical and Rehabilitative Health Sciences

EAST TENNESSEE STATE UNIVERSITY

**AUDIOLOGY CLINIC HANDBOOK**

**2018-2019**

**Dear student,**

Welcome to the ETSU Department of Audiology & Speech-Language Pathology. We are excited that you have joined our graduate program. We are proud of our AuD program that offers a balanced education with classroom learning and concurrent clinical practicum experiences. In our program, you will be providing direct patient care based on evidence based evaluation and treatment services in our clinic, under the direct supervision of experienced clinical faculty in the ETSU Center for Audiology & Speech-Language Pathology (CASLP) and supervisors in audiology clinics around our region.

This clinic handbook was developed to serve as a resource that you can use throughout your AuD program. This handbook will have information about our standard practices, clinic protocol, professional practice preparation, and our updated policies and procedures. We will be periodically updating this handbook so always refer to the most recent version of this handbook.

We request you take time to review the material in this handbook and use it as a resource as you start your AuD education in our program. We wish you the very best.

Sincerely,

Faculty & Staff  
ETSU Center for Audiology & Speech-Language Pathology

# **Center for Audiology & Speech-Language Pathology**

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## ***TABLE OF CONTENTS***

- I. INTRODUCTION**
- II. PURPOSE OF THE CLINICAL HANDBOOK**
  - Mission Statement
  - Vision Statement
- III. EXPERIENCES AND RESPONSIBILITIES**
  - Experiences
  - Responsibilities
  - Technical Standards
- IV. GENERAL CLINIC RULES**
  - Observational Requirements
  - ETSU Nave Center Policies
  - Attendance Policy
  - Dress Code
  - Addressing Other Professionals and Clients
  - E-Mail
  - Name Tags
- V. SAFETY PROCEDURES**
  - College of Clinical & Rehabilitative Health Sciences Alcohol and Drug Policy
  - Fire Safety Response Plan
  - AIDS/HIV Safety Plan
  - ETSU Speech-Language-Hearing Clinic Infection Control Procedures
- VI. CLINICAL PRACTICA IN THE UNIVERSITY CLINIC**
  - Multicultural Considerations in Clinical Practicum
- VII. CLINICAL PROCEDURES FOR AUDIOLOGY PRACTICA**
  - Clinical Hours
  - Scheduling Clinical Placements
  - Client Records
    - NueSoft Technologies
    - Check-out Procedures for Computers
  - Clinical Clock Hours/Typhon
  - Clinical Documentation
    - SOAP Notes/Audiology Reports
- VIII. CLINICAL SITES**
- IX. EVALUATION OF STUDENT CLINICIANS**

## **APPENDICES**

## **APPENDIX**

Appendix A. ASHA Code of Ethics

Appendix B: Audiology Clinic Supervisor/KASA Standards

Appendix C. Supervisor Evaluation Form

Appendix D. Incident/Accident Report

Appendix E. Clinician Leave Request Form

Appendix F. Nave Daily Checklist

Appendix G. Student Signature Page

Appendix H. Record of Clock Hours of Supervised Clinical Observation

**Statement of Nondiscrimination**

The Speech & Hearing Clinic of East Tennessee State University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability or status as a protected veteran. Any person having inquiries concerning ETSU's or the clinic's compliance with implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 or other civil rights laws should contact one of the following:

James Batchelder, Assistant Dean  
*Assistant Dean*  
*Office of the Dean*  
*College of Clinical & Rehabilitative Health Sciences*  
*Box 70282*  
*423-439-7456*

## **I. INTRODUCTION**

The ETSU Center for Audiology and Speech-Language Pathology is a non-profit university center with a two-fold mission; (a) To provide comprehensive diagnostic and rehabilitation services to improve the quality of life of individuals with hearing loss and related disorders, and (b) To serve as an exemplary model of clinical instruction for students in our Audiology and Speech-Language Pathology programs.

The ETSU Audiology clinic serves three primary purposes –

- To provide outstanding and personalized audiological services to citizens across the life span of the Tri-Cities Tennessee region and surrounding communities,
- To train exceptional professionals in the field of audiology to meet the current and future hearing healthcare needs of our region,
- To provide leadership in clinical and translational research, inter-professional practice and service delivery models at regional, national and international forums.

Clinical training presents an opportunity for students to apply and integrate academic learning into clinical experience. Clinical experiences are selected according to students' academic levels and clinical needs. Program requirements are designed to meet the standards of the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA), the State of Tennessee Licensure Board of Speech Pathology and Audiology, and the ETSU School of Graduate Studies. In fulfilling these two purposes, students are expected to maintain professional ethics and to meet clinical management responsibilities.

## **II. PURPOSE OF THE CLINICAL HANDBOOK AND VISION STATEMENT**

This handbook has been developed to assist students in understanding and implementing their clinical assignments and responsibilities. Each student enrolled in clinical practicum is responsible for knowing the clinical procedures and policies as outlined in this handbook. A careful reading of the material will orient students to requirements for clinical experience, operation of the various components of the clinical program, pertinent information related to documentation, and basic policies which have been established. The handbook will also orient new supervisors and help experienced supervisors maintain consistency and continuity. Students will be informed of revisions and amendments to clinical procedures and/or policies as they occur.

### ***Vision Statement***

The Audiology clinic will engage in direct clinical services, community education, and outreach dedicated to improving the quality of life for individuals affected by challenges in hearing, speech, and language while providing clinical instruction for students in the Audiology program.

### ***Experiences***

The following are representative examples of experiences the student may be able to participate in during his or her clinical program:

- a. Observation of audiology clinical appointments;
- b. Direct patient care performing assessments and planning intervention for individuals with a variety of hearing disorders in diverse health settings;
- c. Multidisciplinary clinic participation;
- d. Humanitarian audiology/community hearing screenings;
- e. Completion of documentation used by the ETSU clinic and other clinical practicum sites

## **Responsibilities**

The clinical supervisor or preceptor is ultimately responsible for all factors relating to the professional management of an audiology patient. **An individual holding the appropriate ASHA Certificate of Clinical Competence (CCC) will be available on the premises for consultation at all times when a student is providing clinical services, whether on- or off-site.**

The following are the student's responsibility during any clinical practicum:

1. The students will adhere to the ASHA Code of Ethics (<http://www.asha.org/Code-of-Ethics/>) and conduct herself/himself in a professional manner in all activities relating to the Department of Audiology and Speech-Language Pathology and the practicum site to which s/he is assigned. Students are required to review the Code of Ethics prior to the first week of clinic. An orientation meeting will be held during the students' first academic year related to ASHA Code of Ethics and professionalism.
2. Each student must obtain and maintain professional liability (malpractice) insurance **throughout his/her entire program matriculation**. Coverage must be renewed annually and should be purchased prior to clinical practicum enrollment. Students are encouraged to be members of the National Student Speech-Language-Hearing Association (NSSLHA) as it will facilitate applying for professional liability insurance through Mercer Consumer (an affiliate program). NSSLHA membership applications and liability insurance forms may be obtained from the department secretary or online at <http://www.asha.org/nsslha/> and <http://www.proliability.com/about-us>. Any student who cannot document insurance application will be withheld from a clinical assignment for that semester.
3. Students enrolled in the ETSU AuD program are required to complete 25 observation hours prior to beginning direct patient contact. Appendix H
4. Students must complete Universal Precautions/Infection Control training prior to the beginning of any clinical practicum. Students are required to adhere to Universal Precaution in all clinical interactions.
5. Students must complete training/turn in any applicable paperwork in the following areas after the initial clinic orientation before students can participate in their clinical practicum. These include: ASHA Code of Ethics, Universal Precautions/Infection Control, and HIPAA training. Students are also required to sign the clinical attendance policy, technical standards form and clinic handbook signature page. These three documents may be turned into the Clinic Director's mailbox or emailed. Students are made aware of these assignments at first year orientation.
6. All clinical pre-requisite information must be turned into appropriate personnel before beginning clinical practicum. These include: immunizations (Hep B, MMR), physical, TB test, CPR, liability insurance, training certificates, NSSLHA card, background check, completed clinical observation hours. Students are required to get a flu shot for some clinical sites. The Clinical Director will inform students when this is necessary.
7. Students must actively participate in their clinical education on understanding why and how clinical decision are made. This includes taking initiative to gather information on their own, asking questions of their clinical instructors, and incorporating content from their didactic courses to the clinical practice. Students also need to refine their self- evaluation skills so that they have heightened awareness of what they know, what they do not know, and strategies for obtaining information and developing clinical skills needed. All our supervisors will be pleased to provide any student with bibliographical references and a list of ASHA materials are available to students to reference/borrow.

8. The student should keep track of her/his clinical clock hours to ensure that s/he is accumulating the necessary hours to meet the requirements of graduation. These hours will be entered into the Typhon online tracking system.
9. The student must clear all major decisions regarding patient management with their preceptor prior to implementing or communicating them to client, family members, or other professionals.
10. The student must be prompt, well prepared, and should show initiative concerning clinical responsibilities.
11. The student is expected to respect client confidentiality at all times and is cautioned to refrain from gossiping about clients and/or other professionals. This shall be covered in more detail during HIPAA training.
12. The student is expected to participate in electronic medical record training for clinical placement as appropriate. Specific information will be presented to students when clinical placements are assigned.
13. The student is expected to present an acceptable professional appearance when involved in clinical or clinically-related activities.
14. Each student is responsible for ensuring that the clinic area is clean following each appointment and that all materials have been returned properly.

## TECHNICAL STANDARDS

### Department of Audiology & Speech-Language Pathology Speech-Language Pathology Graduate Program

Students admitted to the graduate speech-language pathology program are expected to complete course and clinical requirements which necessitate the physical and mental abilities listed below. Any student who thinks he/she does not possess one or more of the following skills or attributes should seek assistance from a faculty member within the department, or a counselor at ETSU Counselling Center (<http://www.etsu.edu/students/counseling/>) or Disability Services (<http://www.etsu.edu/students/disable>) concerning any flexibility in program requirements and possible accommodation through technical aids and assistance. Several of these standards have been adapted from the Essential Functions checklist of the Council of Academic Programs in Communication Sciences and Disorders.

1. Communication and Cognition:
  - a. Communicate proficiently in oral and written English language with correct grammar, style and mechanics (e.g., spelling and pronunciation).
  - b. Read and write in order to meet curricular and clinical demands.
  - c. Perceive and demonstrate phonological patterns of English and perceive and analyze differences from Standard English.
  - d. Perceive and demonstrate appropriate nonverbal communication for culture and context.
  - e. Modify communication style to meet the communication needs of clients, families, and other professionals.
  - f. Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.
  - g. Solve problems, reason, and make sound clinical judgments in client assessment, diagnostic and therapeutic planning and implementation.
2. Motor skills:
  - a. Sustain physical activity level necessary in classroom and clinical activities (e.g., ambulate to access clients; lift and manipulate clinical instruments, tests and materials).
  - b. Respond quickly to provide a safe environment for clients in an emergency situation (e.g., fire, choking).
  - c. Access transportation to clinical and academic placements.
  - d. Participate in classroom and clinical activities for the defined workday (e.g., full 8-10 hour workday).
  - e. Manipulate patient-utilized equipment (e.g., computer systems, hearing aids) in a safe manner.
3. Sensory skills:
  - a. Possess sufficient hearing and vision to meet curricular and clinical demands.
  - b. Possess adequate hearing to auditorily identify and differentiate normal and disordered speech, language, hearing, and swallowing functions.
  - c. Possess adequate vision to visually identify and differentiate normal and disordered speech, language, hearing, and swallowing functions.
4. Behavioral/Social skills:
  - a. Display empathy and effective professional relationships by exhibiting compassion, integrity and concern for others.

- b. Show respect for individuals with disabilities and different backgrounds.
- c. Establish interpersonal rapport sufficient to interact appropriately with others in academic and clinical settings.
- d. Maintain good physical and mental health and self-care in order not to jeopardize the health, safety and well-being of self and others in classroom and clinical settings.
- e. Adapt to changing and demanding environment which includes maintaining professional demeanor and emotional balance in stressful circumstances.
- f. Manage time effectively to complete academic and clinical tasks.
- g. Respond in a professional manner to suggestions and constructive criticism.
- h. Dress appropriately and professionally.

\_\_\_\_\_ I have read and understood the basic mental and physical requirements needed for successful completion of courses and clinical practicum.

\_\_\_\_\_ I understand that it is my responsibility to assistance from a faculty member within the department, or a counselor at ETSU Counselling Center (or Disability Services concerning any flexibility in program requirements and possible accommodation through technical aids and assistance.

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Student Name Printed

Student Signature

Date

## **GENERAL RULES OF THE CLINIC**

### **Observational Requirements**

Most students who enter the AuD program have completed the required 25 hours of supervised observations as part of their undergraduate program. It is expected that the student observed treatment and /or assessments of areas included in the American Speech, Language & Hearing Association (ASHA) scope of practice and that all hours were supervised and signed by an ASHA certified clinician. Documentation of signed observation hours must be provided prior to beginning audiology practicum. If the observational requirement is not met, the student may do so simultaneously while involved in their first assigned practicum. It is required that students participate in 25 hours of patient observation prior to participating in any patient-contact time.

### **ETSU Nave Audiology Center Policies**

#### **Arrival to Clinic:**

- Arrive 15 minutes before clinic start time
  - Clinic times: 8:30-11:30 (morning); 1:00-4:30 (afternoons)
- Park in the student parking around the building (yellow spaces)
- Enter through front or side door
- ETSU name badge must be on and visible at all times
- Store your backpacks, purses, coats in the audiology supervisor's offices not in testing areas
- Silence your cell phones-do not use phones at all during patient contact time
- Review the schedule and charts for the patients you are scheduled to see prior to start of clinic
- Food: Absolutely no food, beverages, water in the clinic. Please use the audiology office to store your food/beverages/water or the common area refrigerators

#### **Daily Clinic Procedures:**

***Please see the checklists provided in all testing suites and check off the you have completed your required procedures before leaving clinic each day.***

#### ***Morning Checklist:***

- Turn on Lights
- Turn on All Audiological Equipment
- Turn on heaters/fans (if necessary)
- Perform biologic check of audiometer
- Perform biologic check of tympanometer
- Remove items from ultrasonic cleaner (put all tips away in appropriate container)
- Wipe down equipment/dust (if needed)
- Calibrate Real Ear Systems (Mondays)
- Tidy up clinic space

#### ***Afternoon Checklist:***

- Tidy up clinic space
- Dispose of all single use items
- Wipe down equipment
- Place items in ultrasonic cleaner and run the unit
- Make copies of clinic forms (if needed)
- Turn off heaters/fans
- Turn off all equipment
- Turn off lights
- Close booth testing doors

### **Leaving Early:**

On occasion, we may have patient cancellations and/or students may wish to leave early. During patient cancellations, we have many projects that you may work on. These projects are designed to teach you about operations of the clinic and are designed to be an opportunity for learning other skills such as marketing, office organization, and administrative work. Students may also be asked to take online classes such as Phonak or Unitron amplification classes. If you choose to leave early for any reason without supervisor permission, you will have to make up the missed clinic time.

### **Audiology Services at the Nave Center:**

- Comprehensive hearing evaluations for children and adults
- Electrophysiological testing, such as Auditory Brainstem Response (ABR)
- Otoacoustic emission testing (OAE)
- Central auditory processing evaluations
- Hearing aid fittings, repairs, and follow-up care
- Cochlear implant candidacy, fittings, and follow-up care
- Financial assistance with hearing aids to help families and individuals on fixed incomes
- Educational audiology services
- Tinnitus management and support
- Custom ear molds for personal listening devices, ear protections, and swim molds
- Aural rehabilitation
- Ototoxicity detection and monitoring
- Balance Assessments (VNG)
- Industrial hearing screenings
- Preschool hearing screenings (Telemon Head Start)

### **Other ETSU Clinic Opportunities:**

- High Risk Clinic
- Multi-disciplinary Rotation
- Loss to Follow-Up Newborn Monitoring Clinic

## **ETSU ASLP Clinical Attendance Policy**

Graduate clinicians enrolled in clinical practicum, both on campus or external campus externships, have an ethical obligation to attend clinic as scheduled. Consistent attendance is required to enable students to gain appropriate skills and competencies.

Students in both on campus and external clinics are expected to assimilate the clinic's working schedule. In the case of inclement weather, students in on-campus clinics will follow the ETSU class schedule. Students who are assigned to external clinics are expected to make every reasonable effort to be at their assignment on time, taking into consideration the personal risk involved. Should students not be able to attend, make-up days are mandatory.

Only illness will be considered an excusable absence and a reason for canceling an appointment with patients, and/or failing to attend assigned clinical placements. You may be required to offer make-up clinic days missed while you were out sick. Other absences are deemed excusable if approved by the Clinic Director or Department Chair.

Clinicians must submit a doctor's note if absences are in excess of one day during a semester. During each semester, absences not related to illness from clinic in excess of one time per assignment (ETSU clinics, externship, etc.), will be considered excessive and will necessitate corrective action. The following actions may be considered and determined appropriate by the clinical supervisor:

(1) Graduate clinicians who miss more than one unexcused day within a semester will be required to make-up the days missed in the current semester if the situation permits. The clinical grade for the semester may be lowered. Graduate clinicians in external placements will be required to attend practicum on an additional day at the discretion of the externship supervisor.

(2) Graduate clinicians who miss more than one unexcused day within a semester will perform the make-up days during the following semester. The clinical grade for the current semester will be an "Incomplete" and the grade may be lowered. Depending upon circumstances and client availability, graduate clinicians needing to make-up days may need to extend their program in order to accumulate the experience and types of clinical hours required for graduation.

(3) Graduate clinicians who miss more than one unexcused day within a semester may be removed from that particular clinical assignment; in this case no hours will be accrued and the clinician will earn a clinical grade of C or lower.

(4) Graduate clinicians who miss more than 5% of clinical practicum or do not earn a grade of B- or better will be placed on clinical probation and a remediation plan will be developed. No clinical hours will be accrued.

**\*\*SIGN THIS FORM AND TURN IN TO YOUR CLINICAL PRECEPTOR  
BEFORE CLINIC BEGINS\*\***

\_\_\_\_\_  
Graduate clinician signature

\_\_\_\_\_  
Date

***Additional Information Regarding Attendance/Lateness:***

Prompt attendance is mandatory for all scheduled clinic slots. You must call, text and/or e-mail your supervisor if you are ill and will be absent from clinic. You should call if you are going to be late.

If you are going to miss clinic due to an unexcused preplanned reason, you need to make all efforts to find clinic coverage for the missed clinic day/time.

### **Required School Related Absences**

- Case Conference
- Required observations off-site for class
- CAP Stone Day
- University recognized study days (usually at end of semester)
- Appalachian Spring Conference
- Department scheduled conferences/trainings

Student responsibilities:

- ✓ Student is required to complete the student leave request 2 weeks prior to the date of the school related requested absence
- ✓ Student **is not required** to find clinic coverage for the days of the requested absence
- ✓ Student **is not required** to make up the missed clinic

### **Volunteer/Elective School Related Events**

- Phonak U
- Hearing Screenings (Newborns, Telamon Head Start, Community)
- RAM (Wise or Bristol)

Student Responsibilities:

- ✓ Student is required to complete the student leave request 2 weeks prior to the date of the school related requested absence
- ✓ Student **is not required** to find clinic coverage for the days of the requested absence
- ✓ Student **is not required** to make up the missed clinic

### **Vacation/Medical Appointments/Other Absences**

- Vacation
- Leaving early to go out of town
- Family obligations
- Medical appointments

Student Responsibilities:

- ✓ Student is required to complete the student leave request 2 weeks prior to the date of the requested absence
- ✓ Student **is required to find clinic** coverage for the days of the requested absence
- ✓ If the student cannot find coverage, the student **is required to make up the time** with the supervisor
- ✓ If you do not find coverage or make up your missed clinic, it will be reflected in a decrease in your clinic grad

### **Emergencies/Illness**

- Sickness
- Emergencies
- Death in Family (excused for parent, sibling, grandparent)

#### Student Responsibilities:

- ✓ Student is required to contact clinic supervisor as soon as possible
- ✓ Student **is not required** to find clinic coverage for the days of the requested absence
- ✓ Student **is not required** to make up the missed clinic

#### Opportunities to make-up missed clinics:

- Community health screenings (Head Start Centers, Waiting to Hear Mobile Unit)
- During semester breaks (spring, fall, winter)
- Switching clinic with another student with the same supervisor

#### When your supervisor cancels clinic:

When your supervisor must cancel clinic for annual leave, to attend meetings, or due to other conflicts; you will likely not attend clinic. Sometimes, there will be other supervisors who fill in or you may be placed in another supervisors clinic during your assigned supervisor's absence.

#### **Dress Code**

The East Tennessee State University Speech-Language-Hearing Clinic provides services to the community. Students will participate in a series of professional interactions with clients. Therefore, student clinicians will dress to reflect these responsibilities. All clinic personnel, students and staff, should be neat and professional in appearance when engaged in any clinic activity.

Accessories, jewelry, and perfume/cologne should not distract clients from the clinical interaction. Please realize that various clinical populations may require more formal attire while others may require less formal clothing. Some sites may expect medical scrubs. Students are expected to follow the dress code assigned to the specific clinical assignment. Exposed body piercing (other than ears) and exposed tattoos are not acceptable in any clinical setting. Your supervising SLP or Audiologist will instruct you in specific dress for your practicum.

#### **Addressing Other Professionals and Clients**

1. Supervisors, staff, and other professionals are to be addressed by the appropriate title (e.g., Dr., Mrs., Ms., Mr.) unless otherwise instructed.
2. Children expect to be addressed by their given name. Adults should be asked their preferred form of address.
3. Professional posture contributes to credibility when delivering professional information or services. Professional posture includes direct eye contact (if culturally appropriate), pleasant facial expression, composed physical posture, personal hygiene, selection and maintenance of garments worn while functioning in a professional capacity appropriate to the specific clinic requirements.

#### **E-Mail**

As a means of improving departmental communication, graduate students must obtain an ETSU e-mail address. ETSU provides this service free of charge. The student is responsible for checking messages daily. Students' ETSU email address should be used for all communication used during clinical and academic matriculation.

#### **Name Tags**

Name tags will be ordered and purchased through the Department of Audiology & Speech-Language Pathology. Name tags are required for all clinical practica and must be visible at all times when in clinic. The departmental name "ASLP" and the title "Graduate Clinician" should appear on each student's name tag. The Department provides this service free of charge. Additionally, students will need an ID card to allow him/her access to designated clinical spaces. To access the clinic resource room, students must have ID card; if not in your possession, you will not be allowed entry. Both of these tags are available in the Culp Center at ID Services.

## **V. SAFETY PROCEDURES**

### ***Alcohol and Drug Policy***

#### **COLLEGE OF CLINICAL AND REHABILITATIVE HEALTH SCIENCES ALCOHOL AND DRUG POLICY**

In addition to the ETSU GENERAL POLICY on a DRUG-FREE CAMPUS as stated in the ETSU SPECTRUM, the COLLEGE OF CLINICAL AND REHABILITATIVE HEALTH SCIENCES (CCRHS) must also maintain a safe academic environment for students and faculty, and must provide safe and effective care of clients while students are in the classroom and clinical/field settings. The presence or use of substances, lawful or otherwise, which interferes with the judgment or motor coordination of students in these settings, poses an unacceptable risk for clients, colleagues, the institution, and the health care agency.

This policy will be included in publications distributed to students by CCRHS programs. Students will also sign a Statement of Acknowledgement and Understanding Release Liability Form (attached to this policy) to indicate that they have read and understood the policy.

Therefore, the use, possession, distribution, sale or manufacture of alcoholic beverages, or public intoxication on property owned or controlled by the University; at a university-sponsored event; on property owned or controlled by an affiliated clinical site; or in violation of any term of the ETSU Drug-Free Schools and Communities Policy Statement is prohibited.

In addition, the unlawful use, possession, distribution, sale or manufacture of any drug or controlled substance (including any stimulant, depressant, narcotic, or hallucinogenic drug or substance, or marijuana), being under the influence of any drug or controlled substance, or the misuse of legally prescribed or "over the counter" drugs on property owned or controlled by the University; at a university-sponsored event; on property owned or controlled by an affiliated clinical site; or in violation of any term of the ETSU Drug-Free Schools and Communities Policy Statement is prohibited.

Behaviors that may constitute evidence that an individual is under the influence of alcohol or drugs are stated and attached to this form. Individuals who suspect a violation of this policy are required to take action. The actions to be taken are spelled out in the procedures which follow. As this policy refers to positive drug/alcohol screening procedures, the following definitions of "positive" will be used:

1. Screen results indicating the use of an illegal drug;
2. Screen results indicating the use of a non-therapeutic level of prescribed or non-prescribed drugs; and
3. Screen results indicating the presence of alcohol in the blood.

Students may be required to take blood tests, urinalysis and/or other drug/alcohol screen tests when an affiliate used for student clinical/field experiences requires screening without cause if such screenings are the policy for employees of that affiliate; and when clinical supervisory personnel (faculty or hospital employee), fellow students, or a student's self-professed use determine that circumstances justify testing.

#### PROCEDURES:

1. If reasonable suspicion has been established (as identified on a form attached to this policy) that any provision of this policy has been violated, the following actions are to be taken:
  - a. In all cases, the faculty or affiliate personnel responsible for that student has the responsibility for dismissing the student from the classroom or clinical/field experience immediately.
  - b. If the incident occurs in the classroom, the individual will be accompanied to the Dean's office or Dean's Designee.
  - c. If the incident occurs in a clinical setting, the Dean or Dean's Designee will be notified by telephone.
2. Subsequent to an immediate preliminary investigation by the Dean or Dean's Designee, that office will make the determination as to whether testing is appropriate and will then take steps to have the student tests at the student's expense.  
If the determination is made that testing is appropriate, the student will immediately be asked to submit body fluid testing for substances at a laboratory designated by the College of Clinical and Rehabilitative Health Sciences. Based on the outcome of the test, the Dean or Dean's Designee will determine whether to initiate disciplinary charges.
3. If any student is asked and refuses to submit to a drug/alcohol screen, this information will be given to the Dean or Dean's Designee. That office will determine whether university judicial charges for failure to cooperate with an institutional officer are to be forwarded to the Office of Student Affairs.
4. The Dean or Dean's Designee will report screening results for licensed students/personnel to the respective state boards of licensure when applicable in accordance with their practices.
5. Upon determination that a student has violated ETSU/and/or CCRHS Drug Rules as set forth in this policy, disciplinary sanctions may be imposed as outlined in the ETSU SPECTRUM under Disciplinary Sanctions.
6. All cases may be appealed by the student to the next higher level judicial authority in accordance with the Appeal Procedures outlined under Disciplinary Sanctions in the ETSU SPECTRUM.

All information related to these procedures will be held in confidence and released only in those instances required by the University, the Office of Student Affairs, the College of Clinical and Rehabilitative Health Sciences, and/or appropriate state board policy.

#### ***Fire Safety Response Plan***

Fire prevention is YOUR responsibility. ETSU is a tobacco-free campus effective August 11, 2008.

With regard to the Fire Safety Response Plan, you will be trained in the following areas:

- What to do if you should discover a fire;

- Your responsibilities during a fire;
- How to use a portable fire extinguisher.

You should also know the location of all fire exits (must be kept unlocked) and of all fire extinguishers in the department. Please read the following information carefully.

1. If you should discover a fire:

Immediately yell “CODE RED” and the room number or area at least three times or until you see someone coming to assist you.

2. Your responsibilities during a fire:

- Remember the acronym **R.A.C.E.** This acronym stands for **RESCUE**, **ALARM**, **CONFINE**, and **EXTINGUISH** to remind you what you need to do in case of a fire.
  - a. **RESCUE** the person in immediate danger.
  - b. **ALARM** – Call the university’s Emergency Number 9-4480. Campus Security will notify the fire department and direct responders to the building. Campus security personnel are also trained as fire fighters.
  - c. **CONFINE** the fire by closing the door to the room of fire origin.
  - d. **EXTINGUISH** the fire by using a portable fire extinguisher if it can be done safely. Remember that you are not a trained fire fighter. Fire extinguishers are for small fires and should be used only if you have been trained in their use.
    - *If you are not involved in the RESCUE and EXTINGUISH responsibilities, you should direct and assist clients and all others out of the building via the closest fire exit. If a client cannot be removed safely from a therapy room, you should close the door to that room to keep smoke and heat from entering. Remember that smoke and heat rise and that you should crawl along the floor to get cleaner air if necessary.*

3. How to use a portable fire extinguisher:

- Once a year, the fire marshal will hold an in-service to demonstrate the proper use of a fire extinguisher. You will also be expected to review all aspects of the fire safety plan as a part of that training. Students should make themselves familiar with the location of fire extinguishers.

## Universal Precautions and Safety Plans

### ***AIDS/HIV Safety Plan***

The information in this tool was adapted by UNESCO from the following publications:

FRESH Tools for Effective School Health  
<http://www.unesco.org/education/fresh>

First Edition  
 2004

Universal Precautions to Prevent the Transmission of HIV

Normal teaching and learning activities do not place anyone at risk for HIV infection, but accidents and injuries at school can produce situations where students or staff might be exposed to another person's body fluids. Because very often people do not know they are infected with HIV, and as it is not possible to tell someone is infected by the way he or she looks, school personnel should apply "universal precautions" to every person and every body fluid in every situation.

Universal infection-control precautions are practices that schools, like other organizations, need to follow to prevent a variety of diseases. Precautions should include policies on caring for wounds, cleaning-up blood spills and disposing of medical supplies.

While these precautions are valuable in preventing certain diseases, such as flu, chicken pox or ear infections, schools must recognize that HIV is more difficult to transmit. HIV and other sexually transmitted infections are not transmitted by casual contact, such as shaking hands, hugging, using toilet seats or sharing eating utensils. Even kissing or deep kissing does not transmit HIV.

Universal precautions are simply policies and procedures that schools establish and follow as safeguards during emergency situations. To reduce fear and discrimination, schools should inform all staff and students about the infection-control policy and address concerns through open discussion.

#### **Standard precautions include:**

1. Do not make direct contact with any person's blood or body fluids. **Wear gloves** when attending to someone who is bleeding or when cleaning up blood, vomit, faeces, pus, urine, non-intact skin or mucous membranes (eyes, nose, mouth). Gloves should be changed after each use. Learners should not touch blood or wounds but should ask for help from a staff member if there is an injury or nosebleed.
2. Stop any bleeding as quickly as possible. Apply pressure directly over the area with the nearest available cloth or towel. Unless the injured person is unconscious or very severely injured, they should be helped to do this themselves. In the case of a nosebleed, show how to apply pressure to the bridge of the nose.
3. Help injured person to wash graze or wound in clean water with antiseptic, if it is available, or household bleach diluted in water (1 part bleach, 9 parts water). Cover wounds with a waterproof dressing or plaster. Keep all wounds, sores, grazes or lesions (where the skin is split) covered at all times.
4. Wash hands or other skin surfaces that become exposed to blood or other body fluids immediately and thoroughly. Hands should be washed immediately after gloves are removed. Cleaning should be done with running water. If this is not available, pour clean water from a container over the area to be cleaned. If antiseptic is available, clean the area with antiseptic. If not, use household bleach diluted in water (1 part bleach, 9 parts water). If blood has splashed on the face, particularly eyes or the mucous membranes of the nose and mouth, these should be flushed with running water for three minutes.
5. Wash contaminated surfaces or floors with bleach and water (1 part bleach, 9 parts water). Seal in a plastic bag and incinerate (burn to ashes) bandages and cloths that become bloody, or send them to an appropriate disposal firm. Any contaminated instruments or equipment should be washed,

soaked in bleach for an hour and dried. Ensure that bathrooms and toilets are clean, hygienic and free from blood spills.

6. Every school must ensure that there are arrangements for the disposal of sanitary towels and tampons. All female staff and learners must know of these arrangements so that no other person has contact with these items.

### **Essential supplies include:**

To prevent HIV transmission when accidents happen at school, each school should have the following supplies on hand at all times:

- **Two first aid kits, each containing:**

- Four pairs of latex gloves (two medium, two large), *to be worn at all times when attending a person who is bleeding from injury or nosebleed.*
- Four pairs of rubber household gloves (two medium, two large). Anyone who cleans blood from a surface or floor or from cloths should also wear gloves.
- Materials to cover wounds, cuts or grazes (e.g., lint or gauze), waterproof plasters, disinfectant (e.g., household bleach), scissors, cotton wool, tape for securing dressings and tissues.
- A mouthpiece, for mouth-to-mouth resuscitation. *Although saliva has not been implicated in HIV transmission*, mouthpieces should be available to minimise the need for emergency mouth-to-mouth resuscitation.

- **A bottle of household bleach**

- **A stock of plastic shopping bags checked for holes**

If there are no gloves available, plastic bags can be put on your hands, so long as they have no holes and care is taken not to get blood or cleaning water on the inside.

- **A container for pouring water**

If your school has no running water, a 25 litre drum of clean water should be kept at all times for use in emergencies.

This article is reprinted with permission from the following:

American Speech Language-Hearing Association (1990, December). Committee on quality assurance. AIDS/HIV: implications for speech-language pathologists and audiologists. [ASHA](#). 32(12):46-48.

This report update represents the cumulative effort of the members of the ASHA Committee on Quality Assurance: Judith I. Kulpa (Chair), Sarah W. Blackstone, Christina C. Clarke, Margaret M. Collignon, Elizabeth B. Griffin, Bradley F. Hutchins, Lesley R. Jernigan, Kathleen Eccard Mellot, Paul R. Rao, Carol Frattali (Ex Officio), and Charlena M. Seymour (Vice President for Quality of Service).

The Executive Board of the American Speech-Language-Hearing Association (ASHA) approved the first AIDS/HIV Report at its February 1989 meeting.

This document, a result of extensive research and consultation on the part of the ASHA Committee on Quality Assurance, was published in AHSA (1989). As might be expected in any attempt to describe the current knowledge of AIDS/HIV, clinician precautions became obsolete soon after they were published. Both AIDS/HIV research and the incidence of the virus itself are advancing rapidly.

Because the impact of this epidemic is far reaching, specialized centers alone will not be able to provide care for all persons with AIDS/HIV. Therefore, all speech-language pathologists and audiologists, regardless of employment settings, must become knowledgeable about the management of persons with AIDS/HIV.

What the public and human services professionals knew just one year ago about AIDS/HIV is now being reviewed, and in many cases revised. This update is an attempt to keep speech-language pathologists and audiologists current regarding AIDS/HIV precautions for the management of persons with AIDS/HIV infection. The reader is referred to the original ASHA article (1989, pp 33-38) for background information.

Although AIDS/HIV is the focus of this article, professionals need to be aware there are a host of other contagious diseases that require disease-specific precautions (e.g., the need to wear a mask when working with persons with active tuberculosis).

With the exception of rare cases, AIDS/HIV spread by contact with blood products, including accidental needle sticks or when infected blood comes in contact with the mucous membranes or skin with open lesions, the risk of the spread of HIV in the practice environments of health care workers is negligible (CDC, 1988; Diamond & Cohen, 1987). In contrast, there is ample evidence that a number of practitioners have been infected with other contagious diseases in the workplace. In fact, there have been few reports of members of any profession having been infected with HIV in the workplace (CDC AIDS Hotline, July, 1990). ASHA has had no reports of its members having been infected with HIV in the workplace.

This update was prompted by new information regarding Universal Precautions and the Centers for Disease Control's (CDC) review of the ASHA 1989 tutorial. It is important to recognize, however, that the CDC is a recommending body and not a regulating body. The regulatory body that is responsible for setting safety standards for all occupations is the Occupational Safety and Health Administration (OSHA). OSHA has proposed AIDS/HIV regulations that, if approved, will not become law until 1992. Hence, all ASHA members are encouraged to become familiar with the most recent CDC AIDS/HIV report (1988) but are required to follow facility specific infection control policies and procedures.

### Suggested Precautions

To prevent transmission of blood-borne pathogens and to protect the health of clients receiving speech-language pathology and audiology services, of health and education workers, and of family members and significant others, ASHA's Committee on Quality Assurance has reviewed the most recent CDC recommendations for Universal Precautions (1988) and has updated general procedure accordingly. The most striking change is a new definition of what constitutes risk.

An earlier CDC report suggested that all body fluids be treated as vehicles of the AIDS/HIV virus. Current CDC recommendations regarding Universal Precautions assume that only blood and body fluids containing visible blood be treated as vehicles of the AIDS/HIV virus. Universal Precautions also apply to semen and vaginal secretions. Although both of these fluids have been implicated in the sexual transmission of HIV, they have not been implicated in occupational transmission from client to health care worker (Morbidity & Mortality Weekly Report, 1988). HIV is not transmitted through casual contact, insects, saliva, airborne pathogens, and food products. Except where stated,

the following general procedures update those found in the original AIDS/HIV publication ([ASHA](#), 1989).

### General Procedures

In spite of the extremely low risk of transmission of HIV infection, even when needle stick injuries occur, speech-language pathologists and audiologists should focus their precautionary efforts on the avoidance of such accidents. Blood and body fluids containing visible blood from all clients should be handled as though they were infectious. Barrier precautions such as gowns and gloves are not necessary unless it is anticipated that skin or mucous membranes may come in contact with blood or other body fluids bearing blood. Gloves should be worn for touching blood and body fluids containing visible blood, or for handling items or surfaces soiled with blood or body fluids containing visible blood. [Refer to McMillian & Willette (1988) for a thorough description of procedures for preventing disease transmission in the practice environment].

Gowns, masks, and goggles are recommended if a splash of blood or body fluid containing visible blood is anticipated; otherwise, no barrier precautions are indicated. However, good handwashing before and after client contact is an essential part of any infection control program and should be specified in institution-specific policies on Universal Precautions. If a splash or spill occurs in spite of precautions, immediate decontamination is indicated (e.g., a solution of 1 part household bleach to 10 parts water). If in doubt, contact the local hospital's Infection Control expert, local public health personnel, or one of the AIDS hotlines listed at the end of this update. The Environmental Protection Agency lists registered products that are known to kill the AIDS virus (EPA, 1989).

### Clinical Equipment and Materials

Decontamination, cleaning, disinfection, and sterilization of multiple-use equipment before reuse should be carried out according to facility-specific infection control policies and procedures. The materials reuse guidelines found in the original [ASHA](#) article were quite strict but consistent with CDC recommendations at the time. However, based on the most recent CDC information, all clinical materials (e.g., test items, audiometer earphones) and work surfaces not contaminated by blood or body fluids bearing visible blood need not be cleaned after each use. Clinical materials may be cleaned with simple soap and water or, according to the CDC, a 1:100 solution of household bleach to water. Manufacturer's instructions for cleaning and facility-specific infection control policies and procedures should always be followed when cleaning assessment and treatment materials. In direct client care, disposable materials should be used whenever possible and never reused. It is best to use disposable or washable materials during all evaluation and treatment procedures.

Whenever possible, use materials that can be disposed in the regular trash. The underlying assumption regarding all testing supplies is, if there is a likelihood that these items may come in contact with blood or body fluids bearing blood, then Universal Precautions must be followed. Speech-language pathologists and audiologists who are not associated with any health care institution are encouraged to contact their local health department if there are any questions regarding maintenance of clinical materials.

### Dressings and Tissues

Professionals should comply with the standard practices of the facility's environmental services. Used dressings and tissues may be disposed in the regular trash. Speech-language pathologists and audiologists are not normally required to use red bags as receptacles for refuse. Red bags are trash containers for infectious laboratory material, sharp objects, or other material that if handled casually could be harmful to the individual unaware of the precautions for hazardous waste.

## Handwashing

Speech-language pathologists and audiologists should follow the same procedures as outlined in the AIDS/HIV publication (ASHA, 1989). These procedures are summarized below:

- Wash hands immediately if they are potentially contaminated with blood or body fluids containing visible blood
- Wash hands before and after seeing clients
- Wash hands after removing gloves
- Follow the basic handwashing technique:
  - a. vigorous mechanical action whether or not a skin cleanser is used;
  - b. use of antiseptic or ordinary soap under running water;
  - c. duration of 30 seconds between clients if not grossly contaminated and in handling client devices;
  - d. duration of 60 seconds when in contact with clients, devices, or equipments with gross contamination;
  - e. thorough hand drying with a paper or disposable towel to help eliminate germs.

## Gloves

- Wear gloves when touching blood or other body fluids containing visible blood.
- Wear gloves when performing invasive procedures on all clients. This includes performing an examination of the oral speech mechanism, managing tracheostomy tubes, using laryngeal mirrors, conducting intraoperative monitoring, and using needle electrodes associated with EMG testing.
- Change gloves after contact with each client.
- If a glove is torn or a needle stick or other injury occurs, remove the glove and use a new glove as promptly as client safety permits.
- After removing gloves, wash hands immediately.
- Discard gloves in the client's room or examination room before leaving. No special disposal containers are necessary unless gloves are contaminated with blood or bloody fluids.
- Wear gloves if client has nonintact skin or open cuts, sores, or scratches.
- Begin all audiometric procedures with an otoscopic inspection of the circumaural region and ear canal. If the client's skin is intact and no blood is present, gloves are not required for industrial audiometry and fitting hearing protectors. If blood or lesions are found, then 1 minute of vigorous handwashing followed by use of gloves is required.

## Urine and Feces

Speech-language pathologists and audiologists do not routinely have contact with urine or feces. However, the following guidelines should be adhered to when there is risk of contamination by blood:

- Flush urine and feces down the toilet.
- If you handle urinals or empty catheter bags or bedpans, wear gloves.
- If it is necessary to use a portable urinal, bedpan, or commode, empty it into the toilet and thoroughly clean and sanitize before replacing it at the client's bedside or returning it to storage.

- When changing diapers, wear gloves. Dispose of soiled diapers.

#### Linens (including towels, sheets, washcloths, etc.)

- No special precautions are required unless soiled with blood or body fluids containing visible blood.
- Laundry and linen disposal procedures shall be followed as per facility policy and procedure.

#### Food Utensils and Containers

- No special food or disposal precautions are required unless the food has been contaminated with blood or body fluids containing visible blood.
- No special precautions are required, except for proper disposal/disinfection of the cup/straw.

#### Clothing and Personal Effects

- No special precautions are required unless contaminated – lab coats, smocks, and WASHABLE clothing should be cleaned regularly.
- Launder all contaminated clothing and effects.

#### Observation of Significant Other/Family Participation

- Ensure compliance with Universal Precautions when family members and others are present to observe any procedure where they may be exposed to the client's blood or body fluids containing visible blood.

#### Daily Cleaning and Terminal Disinfection Procedures

Daily cleaning procedures should be clearly specified in the facility's policies and procedures. These should detail any waste disposal procedures as well as any procedures to inform housekeeping staff, if applicable. If speech-language pathologists and audiologists dispose of needles and infectious waste, special cleaning products are indicated.

#### Cleaning and Decontaminating Spills and/or Splashes of Blood or Other Body Fluids Containing

##### Visible Blood

When housekeeping personnel are not available, practitioners should:

- Wear a pair of gloves, goggles, and a gown;
- Remove visible materials first;
- Use disposable toweling;
- Decontaminate areas of flooding with liquid germicide;
- Clean the surface with a freshly prepared 1:10 hydrochloride (household bleach) solution (1 part bleach to 10 parts water).

#### Summary

Great strides have been made in the past year in uncovering the pathogenesis of AIDS/HIV, in administering certain drugs to retard the course of AIDS/HIV, in allaying the concerns of the general public, and in dispelling many myths regarding AIDS/HIV.

ASHA's Committee on Quality Assurance has provided this update as a result of obtaining the most current information from the CDC and related AIDS/HIV literature. Human service providers are not at high risk of getting AIDS/HIV as a result of their work with clients, even if they regularly care for persons with AIDS/HIV (American College Health Association Task Force on AIDS, 1987). The risk is associated with coming in contact with blood and body fluids containing visible blood and from needle stick injuries. Guidelines for prevention of transmission of the AIDS virus to caregivers are similar to those of transmission of Hepatitis B. All practitioners should be aware of these guidelines and diligently observe them.

This update has relaxed a more stringent approach to guidelines for practitioners when coming into contact with all body fluids since the most recent CDC recommendations caution practitioners to adhere to Universal Precautions if it is anticipated that they might be exposed to blood or body fluids containing visible blood. Also, disposal of materials need not be extraordinary, because only needles, lab waste, and infectious material require the use of hazardous waste red bag containers. When practitioners have a question regarding cleaning and maintenance of equipment, it is suggested that they consult manufacturer's instructions. Materials that may come in contact with blood or body fluids should ideally be disposable. Routine testing and treatment materials and furniture should be WASHABLE with a cleaning solution of 1:10 household bleach to water. Simple soap and water is adequate for most surfaces under most circumstances. When in doubt, it is suggested that local infection control professionals or public health officials be consulted.

As new research and AIDS/HIV data become available, updates will be provided. The one constant is that speech-language pathologists and audiologists will continue to provide high-quality and compassionate care to persons with AIDS/HIV.

### CPR

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be strategically located and available for use in areas where the need for resuscitation is predicable.

The American Heart Association (1998) has recently provided supplemental guidelines for CPR Training and Rescue and discourages even individuals who are CPR certified from administering mouth-to-mouth resuscitation without benefit of some barrier device. CPR should be administered only by trained individuals who have benefit of a barrier or ventilation device. Students are required to hold active CPR training status throughout his/her time in the ASLP graduate program. It is the student's responsibility to monitor CPR training expiration dates. If your CPR status defaults, students will not be able to participate in a clinical placement until status is renewed.

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#### HOTLINE NUMBERS:

**CDC HOTLINE:** 800-CDC-INFO (800-232-4636)

### ***ETSU Speech-Language-Hearing Clinic Infection Control Procedures***

#### **I. General Procedures for On campus Clinical Equipment and Materials**

##### **A. Procedures for Speech-Language Pathology**

1. Clean table surfaces after each use with disinfectant solution. Spray and wipe thoroughly with a paper towel, spray again and let dry (“spray-wipe-spray”).
2. Clean items that have washable surfaces after use if client has drooled on them, has put them in his mouth, or if they are visibly soiled. Use disinfectant solution and wipe thoroughly with a paper towel, spray again, and let dry before putting away (“spray-wipe-spray”).

#### **II. Hand Washing**

- A. Wash hands with soap and water before and after seeing each client.
- B. Wash hands immediately after removing gloves. Antiseptic wipes may be used if it is not convenient to leave the room.
- C. Wash hands immediately after contact with potentially contaminating blood or body fluids. Antiseptic wipes or hand sanitizer may be used after wiping a child’s runny nose.

D. Follow the basic hand washing technique:

1. Use soap and water.
2. Rub hands vigorously for approximately 30 seconds (60 seconds if contaminated with blood or body fluids).
3. Dry thoroughly with a paper towel.

III. Wearing Gloves

- A. In the Speech-Language Pathology Clinic, latex gloves must be worn when performing invasive procedures. These procedures include:
1. Cerumen removal

IV. Disposal of Materials

- A. All disposable material such as gloves, otoscope specula, and tissues should be discarded immediately after use.
- B. Launder any clothing that has been contaminated with blood or other bodily fluid.

## VI. CLINICAL PRACTICA IN THE UNIVERSITY CLINIC

### ***Multicultural Considerations in Clinical Practicum***

As the population becomes increasingly more diverse with respect to cultural group membership and linguistic preferences, the professions of speech-language pathology and audiology will be called upon to provide services to a wider variety of cultural groups.

Each of these groups will have their own values concerning language, language development, definitions of pathology, epidemiological considerations, appropriate assessment/intervention procedures, and expectation relative to service delivery and client-clinician interaction. A major goal of clinical practicum in the ETSU Speech-Language-Hearing Clinic is to facilitate recognition and understanding of cultural differences.

Through this understanding, students will be guided in the adaptation of clinical practices that are necessary to achieve non-biased assessment, develop culturally appropriate intervention plans, and communicate effectively with clients and their families.

Taylor (1994) outlined the following pragmatic considerations when addressing race, ethnicity, and cultural diversity:

1. Race and culture are not one and the same. Race is a statement about one's biological attributes. Culture is a statement about one's behavioral attitudes in such diverse areas as values, perceptions, world views, cognitive styles, institution, language, etc. Within all races, there are many cultures. Finally, culture is not one and the same as nationality, language, or religion, although each is associated with culture.
2. Within every culture, there are many internal variations such as age, gender, socioeconomic status, education, religion, and exposure to and adoption of other cultural norms.

3. Within every culture, differences may exist in the language varieties spoken by the members of that culture. For example, while English is the typical language spoken by contemporary African Americans in the United States, many dialects of English are spoken within the group.
4. There are both similarities and differences across cultures. An over-emphasis on either similarities or differences misleads one with respect to culture and cultural diversity.
5. Feelings of apprehension, loneliness, and lack of confidence are common when confronting another culture.
6. The tendency to view differences between cultures as threatening should be avoided.
7. Personal observations and reports of other cultures should be regarded with a great deal of skepticism. One should make her/his own conclusions about another culture and not rely upon the reports and experiences of others.
8. Stereotyping a culture is probably inevitable in the absence of frequent contact or study. However, understanding another culture is a continuous and not a discrete process.
9. The feelings people have for their own language or dialect are often not evident until they encounter another language or dialect. It is necessary to know the language or dialect of another culture in order to understand that culture.

The multicultural issues related to the evaluation and treatments of specific communicative disorders are addressed in the individual courses on these disorders. The following guidelines for successful intervention are applicable to clinical practice in all areas of speech-language pathology and audiology (Nellum-Davis, 1993):

1. Present clear explanations of objectives. Care should be taken to ensure that the methods and procedures used in the sessions do not violate the beliefs of the client.
2. Be flexible. Avoid scheduling appointments on religious holidays when possible. Native Americans, African Americans, and some Hispanic groups have an elastic concept of time (i.e., they believe they have kept the appointment if they arrive 5 to 15 minutes late).
3. Show enthusiasm. However, be aware of cultural parameters. Touching, using elevated pitch, and gushing over babies can be offensive behaviors to some cultural groups.
4. Be businesslike and task-oriented. Examples from real-life situations could show the importance of the session and how to use the new information appropriately.
5. Use praise and encouragement. While constructive criticism may encourage change in a behavior, negative reports of progress in some cultural groups may result in punishment of the child.
6. Provide opportunities to learn. Create an environment that encourages social interaction and is acceptable to the client's culture and communication style.
7. Preview and review lessons. Clients should be told the purpose of the lesson and why it is important.
8. Use multiple levels of questions or cognitive discourse. Knowledge of cultural activities and various communication needs should be used to demonstrate different pragmatic aspects of language. Teach the concept in different settings and in different ways.

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## VII. PROCEDURES FOR AUDIOLOGY CLINIC PLACEMENTS

### ***Clinical Hours***

As part of your education at the ETSU Au.D. program, we require that students enroll and participate in clinical practicum experience every semester. Below are projected clinical hours, but keep in mind that these are approximations.

First Year students – minimum of 60 patient contact hours per semester

Second Year students – minimum of 80 patient contact hours per semester

Third Year students – minimum of 100 patient contact hours per semester

Upon completion of the 1<sup>st</sup> year, students have approximately 180 contact hours. Upon completion of the 2<sup>nd</sup> year, students have approximately 420 contact hours. Upon completion of the 3<sup>rd</sup> year spring semester, students have approximately 620 contact hours. If all minimum clinical competencies are met, students will begin their 4<sup>th</sup> year externship over the third summer. A typical 4<sup>th</sup> year externship is 45 weeks. Upon completion of the 4<sup>th</sup> year externship, students typically have more than 2000 patient contact hours. ASHA requires a minimum of 1,820 supervised patient contact hours to apply for a Certificate of Clinical Competency on Audiology (CCC-A).

### ***Scheduling Clinical Placements***

Clinical placements are determined by the Clinical Coordinator. These decisions are based on providing a variety of clinical education experiences and hours to our students. Student placement preferences will be considered, but may not necessarily be accommodated.

#### First Year Students

3 half days at the following locations

- Nave Clinic
- Lamb Hall Clinic
- Tinnitus Clinic (VA)

#### Second Year students

4 half days at the following locations

- Nave Clinic
- Lamb Hall Clinic
- Tinnitus Clinic (VA)
- James H Quillen VA Medical Center
- App S&H
- Watauga

#### Third Year Students

5-6 half days at the following locations

- Nave Clinic
- Lamb Hall Clinic
- Tinnitus Clinic (VA)
- James H Quillen VA Medical Center
- App S&H
- Watauga

- Mountain Region
- Asheville H&N
- Mission Hospital
- Buncombe County Schools (Fall semester only)
- Bristol Regional Speech & Hearing Center

### ***Client Records – ETSU Clinic***

The ETSU Speech-Language-Hearing Clinic uses Nuesoft Technologies to handle electronic medical record documentation. Laptops are available for student check-out in Room 363; however, must remain in the clinic when in use. A Nuesoft training will be held during first year student orientation to provide more details and information regarding this system. Students will be given a log-in and access to NueMD during the semester(s) they are placed in ETSU clinic sites. No student will have access or should access this system unless in ETSU clinic, serving as peer mentor, or under special circumstance, approved by the office manager or clinic director. Additional information regarding patient privacy will be provided at the HIPAA training, held during orientation week for first year students.

The laptops MUST ALWAYS:

1. Remain in the clinic area.
2. Be checked out via the procedures indicated below.
3. Accessed using a secure connection.

The client records/laptops MUST NEVER BE:

1. Accessed using non-secure connection.
2. Kept overnight by ANYONE.
3. Left unattended (opened or closed).
4. Photocopied/Printed.

### **Check-Out Procedures**

The Office Manager is responsible for accessing client records at all times.

1. The student should be familiar with the location of client records.
2. All laptops should be checked out from the office staff. All information should be given including the clinician's name, E-number/ID, and the date and time of check-out.
3. The laptops must be returned the SAME DAY of check-out.
4. Any student violation of the check-out procedure or confidentiality rules will result in the incident being reported to his/her supervisor. This violation will be reflected in her/his clinical practicum grade.

### ***Clinical Clock Hours/Typhon***

Each student is expected to maintain accurate and complete clock hour records with supervisor verification. **It is IMPERATIVE that every student keep duplicate copies of all clinical clock hour records for her/his personal files.** In the event that the University record is misplaced or lost, the student will have evidence of the number of clock hours earned.

## ***Typhon***

Incoming students will be provided information about registering for on-line system for tracking hours and case logs for both on and off campus clinical sites. It is very easy to register to use Typhon and a training will be held during your orientation week upon entry into the ETSU AuD program.

Typhon will help each student confidentially record patient contact and track acquisition of required knowledge and skills throughout their program of study.

It is important for students to enter his/her clinic hours into Typhon daily. At the end of each semester (Summer, Fall, Spring), you are required to have all case logs and time logs submitted into Typhon so that your preceptor can approve those. Your preceptor will also completed your clinical evaluation/grade within the Typhon system as the end of each semester.

## ***Clinical Documentation***

### **SOAP Notes/Audiology Reports**

These notes should be written after each patient visit and are due to the supervising Audiologist. The time of submission will be determined by the preceptor. Time needed for revisions and corrections will vary by student; however, timeliness of SOAP note writing is of utmost importance. These notes should be typed using the template provided by your supervisor (NueMD for all ETSU clinics). The note must be signed by the graduate clinician and the supervising AUD. SOAP note formats may vary depending on the clinic. It is the student's responsibility to access and use the specific supervisor's preferred SOAP note template.

Off site placements may have very different ways of recording daily notes. As with any clinical placement, the student will modify his/her paperwork to match the needs/expectations of the clinic in which he/she is placed.

### **Specific SOAP Note Format:**

The term "SOAP notes" refers to a particular format of recording information regarding treatment procedures. Documentation of treatment is an extremely important part of the treatment process. SOAP notes consist of information presented in the following order:

#### **Subjective:**

This part of your notation should describe your impressions of the client/client general condition. For example: "Mr. John Doe came in today due to concerns regarding decreased hearing abilities recently."

#### **Objective:**

This section is where you will report the measurable and observable information. For example: Otoscopy results, Tympanometric Results, Pure Tone Results, ect.

#### **Assessment / Analysis:**

This section is where you analyze and synthesize objective information obtained during the session and/or the session itself. For example: "Today's results revealed a mild to severe sensorineural hearing loss bilaterally."

**Plan:**

The final section of your SOAP notes is where you outline the course of treatment, after considering the information you gathered during the appointment. For example: Mr. Doe will return for a hearing aid fitting appointment upon receipt of his hearing aids.

SOAP notes should be written and submitted on NueMD or appropriate template, following each appointment. The visit should be tasked to appropriate preceptor for review.

**VIII. CLINICAL SITES*****On Campus Clinical Opportunities:*****ETSU Nave Center**

1000 Jason Witten Way  
Elizabethton, TN 37643  
423-439-5070

**ETSU Speech-Language Hearing Clinic – Lamb Hall**

156 S Dossett Drive  
Johnson City, TN 37614  
423-439-4355

**James H. Quillen VA Medical Center**

Veterans Way  
Johnson City, TN  
423-926-1171

***Off Campus Clinical Opportunities:*****Appalachian Hearing and Speech**

306 Sunset Drive, Suite 103  
Johnson City, TN 37604  
423-328-9190  
Contact: Dr. Christopher Burks ([chris\\_burks@yahoo.com](mailto:chris_burks@yahoo.com))

Appalachian Speech and Hearing is a local private practice that provides audiological care and management to adult and pediatric patients.

**Watauga Hearing**

2340 Knob Creek Road, Suite 700  
Johnson City, TN 37604  
423-928-1901

Contact: Dr. Keri Light ([klight@entjc.com](mailto:klight@entjc.com)) and Toby Johnson, CCC-A ([tjohnson@entjc.com](mailto:tjohnson@entjc.com))

Watauga Hearing is an audiological clinic at the Ear, Nose, and Throat Associates of Johnson City. They provide diagnostic care and management for adult and pediatric patients, as well as balance testing.

### **Mountain Region Speech and Hearing Center**

301 Louis Street, Suite 101

Kingsport, TN 37660

423-246-4600

Contact: Dr. Matthew Brady ([mbrady@mrshc.org](mailto:mbrady@mrshc.org))

Mountain Region Speech and Hearing Center is a non-profit agency located in Kingsport, Tennessee. They provide diagnostic care and management for adult and pediatric patients, including auditory processing disorder testing.

### **Bristol Regional Speech and Hearing Center**

2603 Osborne Street, Suite 1

Bristol, VA 24201

276-669-6331

Contact: Jayne Fritz, CCC-A

Bristol Regional Speech and Hearing Center is a non-profit agency located in Bristol, Virginia. They provide diagnostic care and management for adult and pediatric patients, including auditory processing disorder testing, cochlear implant mapping, and electrophysiological testing.

### **Asheville Head, Neck & Ear Surgeons**

1065 Hendersonville Road

Asheville, NC 28803

828-254-3517

Contact: Dr. Katharine Milnes ([kemilnes@ashevilleheadneckear.com](mailto:kemilnes@ashevilleheadneckear.com))

Asheville Head, Neck & Ear Surgeons is an ENT practice in North Carolina with a full audiology department. They provide diagnostic care and management for adult and pediatric patients, as well as balance testing.

### **Mission Children's Hospital**

11 Vanderbilt Park Drive

Asheville, NC 28803

828-213-2176

Contact: Dr. Diana Wilson ([Diana.Wilson2@msj.org](mailto:Diana.Wilson2@msj.org))

Mission Children's Hospital is located in North Carolina and features a full audiology department. They provide diagnostic care and management for pediatric patients, including sedated ABR testing.

### **Buncombe County Schools**

175 Bingham Road

Asheville, NC 28806

828-255-5921

Contact: Dr. Amy Shuey ([amy.shuey@bcsemail.org](mailto:amy.shuey@bcsemail.org))

Buncombe County Schools is an educational audiology placement in North Carolina. They provide educational management and care for pediatric patients, including technology troubleshooting and support.

## IX. EVALUATION OF STUDENT CLINICIANS

Grading is accomplished via evaluations in Typhon. Preceptors will enter a competency score for each clinical skill utilized by the audiology student at their facility. The competency scores are as follows:

Score	0	1	2	3	4	5
Student Skill Level	N/A	Absent	Emerging	Present	Developed	Consistent
Supervision Level		Constant supervisory modeling/intervention	Frequent supervisory instruction	Requires frequent supervisory monitoring	Infrequent supervisory monitoring	Guidance/consultation only

### Scoring System Summary

	Student Clinician Skill Level	Clinical Preceptor Support
0	<u>N/A</u> - Unable/insufficient opportunities to assess skill/behavior in this clinic or with the specified population	
1	<u>Absent Skill</u> or implemented with difficulty. Efforts to modify behavior is unsuccessful. Demonstrates incomplete understanding of clinical disorder/process. Difficulty focusing on client's needs	<u>Maximum Instruction</u> Direct instruction, Constant supervisory modeling/ intervention. Client service is provided by preceptor.
2	<u>Emerging/Inconsistent Skill</u> – Skill is under-developed, implemented appropriately but inconsistently. Post-session, student is aware of need to modify skills/behavior and is receptive of feedback	<u>Ongoing/Frequent Instruction</u> – Oversees session plan and frequent input during sessions along with focus on increasing student awareness of timing/methods to improve skill
3	<u>Present</u> but needs further development. Skill/behavior demonstrated most of the time. Is aware of need to seek guidance from preceptor during session.	<u>Frequent Supervisory Monitoring</u> - Monitors plan, performance and ending of session
4	<u>Developed/Capable</u> : In most situations but needs refinement, consistency, &/or	<u>Infrequent Supervisory Monitoring</u> – Gives prompts

	efficiency. Student is beginning to adopt changes in skills/behavior during the session.	regarding specific client needs and possible alternatives. Seldom intervenes during session
5	<u>Consistent/Exceptional</u> - Skill consistently implemented independently and competently. Self-initiative in case management and self-evaluation is insightful	<u>Colloborative Input/Advisor-like Role-</u> Guidance/ consultation when student requests assistance in specific area/cases.

***Skill Areas Assessed:***

- Professionalism
- Case History
- Pure Tone and Speech Audiometry
- Otoscopy and Immittance Measurements
- Masking
- Counseling/Clinic Decision Making
- Report Writing
- Earmold Impression
- Hearing Aid Selection, Fitting, and Verification
- Pediatrics
- Auditory Evoked Potentials and OtoAcoustic Emissions
- Difficult-to-Test/Multilingual Population
- Auditory Processing Evaluation
- Implantable Devices (Cochlear Implants and Baha/Ponto), Candidacy and Mapping
- Telehealth Practices

# APPENDICES

## APPENDIX A: Code Of Ethics

### CODE OF ETHICS of the AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Code of Ethics (2016) <http://www.asha.org/Code-of-Ethics/>

#### 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/](http://www.asha.org/certification/AudCertification/) and [www.asha.org/certification/SLPCertification/](http://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.

## **APPENDIX B: Clinical Supervision in Audiology/KASA Standards**

American Speech-Language-Hearing Association. (1985). *Clinical supervision in speech-language pathology and audiology* [Position Statement]. Available from [www.asha.org/policy](http://www.asha.org/policy).

### **Resolution**

WHEREAS, the American Speech-Language-Hearing Association (ASHA) needs a clear position on clinical supervision, and

WHEREAS, the necessity for having such a position for use in student training and in professional, legal, and governmental contexts has been recognized, and

WHEREAS, the Committee on Supervision in Speech-Language Pathology and Audiology has been charged to recommend guidelines for the roles and responsibilities of supervisors in various settings (LC 14-74), and

WHEREAS, a position statement on clinical supervision now has been developed, disseminated for both select and widespread peer review, and revised; therefore

RESOLVED, that the American Speech-Language-Hearing Association adopts “Clinical Supervision in Speech-Language Pathology and Audiology” as the recognized position of the Association.

### **Introduction**

Clinical supervision is a part of the earliest history of the American Speech-Language-Hearing Association (ASHA). It is an integral part of the initial training of speech-language pathologists and audiologists, as well as their continued professional development at all levels and in all work settings.

ASHA has recognized the importance of supervision by specifying certain aspects of supervision in its requirements for the Certificates of Clinical Competence (CCC) and the Clinical Fellowship Year (CFY) (ASHA, 1982). Further, supervisory requirements are specified by the Council on Professional Standards in its standards and guidelines for both educational and professional services programs (Educational Standards Board, ASHA, 1980; Professional Services Board, ASHA, 1983). State laws for licensing and school certification consistently include requirements for supervision of practicum experiences and initial work performance. In addition, other regulatory and accrediting bodies (e.g., Joint Commission on Accreditation of Hospitals, Commission on Accreditation of Rehabilitation Facilities) require a mechanism for ongoing supervision throughout professional careers.

It is important to note that the term **clinical supervision**, as used in this document, refers to the tasks and skills of clinical teaching related to the interaction between a clinician and client. In its 1978 report, the Committee on Supervision in Speech-Language Pathology and Audiology differentiated between the two major roles of persons identified as supervisors: clinical teaching aspects and program management tasks. The Committee emphasized that although program management tasks relating to administration or coordination of programs may be a part of the person's job duties, the term **supervisor** referred to "individuals who engaged in clinical teaching through observation, conferences, review of records, and other procedures, and which is related to the interaction between a clinician and a client and the evaluation or management of communication skills" (Asha, 1978, p. 479). The Committee continues to recognize this distinction between tasks of administration or program management and those of clinical teaching, which is its central concern.

The importance of supervision to preparation of students and to assurance of quality clinical service has been assumed for some time. It is only recently, however, that the tasks of supervision have been well-defined, and that the special skills and competencies judged to be necessary for their effective application have been identified. This Position Paper addresses the following areas:

- tasks of supervision
- competencies for effective clinical supervision
- preparation of clinical supervisors

### Tasks of Supervision

A central premise of supervision is that effective clinical teaching involves, in a fundamental way, the development of self-analysis, self-evaluation, and problem-solving skills on the part of the individual being supervised. The success of clinical teaching rests largely on the achievement of this goal. Further, the demonstration of quality clinical skills in supervisors is generally accepted as a prerequisite to supervision of students, as well as of those in the Clinical Fellowship Year or employed as certified speech-language pathologists or audiologists.

Outlined in this paper are 13 tasks basic to effective clinical teaching and constituting the distinct area of practice which comprises clinical supervision in communication disorders. The committee stresses that the level of preparation and experience of the supervisee, the particular work setting of the supervisor and supervisee, and client variables will influence the relative emphasis of each task in actual practice.

The tasks and their supporting competencies which follow are judged to have face validity as established by experts in the area of supervision, and by both select and widespread peer review. The committee recognizes the need for further validation and strongly encourages ongoing investigation. Until such time as more rigorous measures of validity are established, it will be particularly important for the tasks and competencies to be reviewed periodically through quality assurance procedures. Mechanisms such as Patient Care Audit and Child Services Review System appear to offer useful means for quality assurance in the supervisory tasks and competencies. Other procedures appropriate to specific work settings may also be selected.

The tasks of supervision discussed above follow:

1. establishing and maintaining an effective working relationship with the supervisee;
2. assisting the supervisee in developing clinical goals and objectives;
3. assisting the supervisee in developing and refining assessment skills;
4. assisting the supervisee in developing and refining clinical management skills;
5. demonstrating for and participating with the supervisee in the clinical process;
6. assisting the supervisee in observing and analyzing assessment and treatment sessions;
7. assisting the supervisee in the development and maintenance of clinical and supervisory records;
8. interacting with the supervisee in planning, executing, and analyzing supervisory conferences;
9. assisting the supervisee in evaluation of clinical performance;
10. assisting the supervisee in developing skills of verbal reporting, writing, and editing;
11. sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice;
12. modeling and facilitating professional conduct; and
13. demonstrating research skills in the clinical or supervisory processes.

### **Competencies for Effective Clinical Supervision**

Although the competencies are listed separately according to task, each competency may be needed to perform a number of supervisor tasks.

1.0 Task: Establishing and maintaining an effective working relationship with the supervisee.

Competencies required:

- 1.1 Ability to facilitate an understanding of the clinical and supervisory processes.
- 1.2 Ability to organize and provide information regarding the logical sequences of supervisory interaction, that is, joint setting of goals and objectives, data collection and analysis, evaluation.
- 1.3 Ability to interact from a contemporary perspective with the supervisee in both the clinical and supervisory process.
- 1.4 Ability to apply learning principles in the supervisory process.
- 1.5 Ability to apply skills of interpersonal communication in the supervisory process.
- 1.6 Ability to facilitate independent thinking and problem solving by the supervisee.
- 1.7 Ability to maintain a professional and supportive relationship that allows supervisor and supervisee growth.
- 1.8 Ability to interact with the supervisee objectively.
- 1.9 Ability to establish joint communications regarding expectations and responsibilities in the clinical and supervisory processes.
- 1.10 Ability to evaluate, with the supervisee, the effectiveness of the ongoing supervisory relationship.

2.0 Task: Assisting the supervisee in developing clinical goals and objectives.

Competencies required:

- 2.1 Ability to assist the supervisee in planning effective client goals and objectives.
- 2.2 Ability to plan, with the supervisee, effective goals and objectives for clinical and professional growth.
- 2.3 Ability to assist the supervisee in using observation and assessment in preparation of client goals and objectives.
- 2.4 Ability to assist the supervisee in using self-analysis and previous evaluation in preparation of goals and objectives for professional growth.
- 2.5 Ability to assist the supervisee in assigning priorities to clinical goals and objectives.
- 2.6 Ability to assist the supervisee in assigning priorities to goals and objectives for professional growth.

3.0 Task: Assisting the supervisee in developing and refining assessment skills.

Competencies required:

- 3.1 Ability to share current research findings and evaluation procedures in communication disorders.
- 3.2 Ability to facilitate an integration of research findings in client assessment.
- 3.3 Ability to assist the supervisee in providing rationale for assessment procedures.
- 3.4 Ability to assist supervisee in communicating assessment procedures and rationales.
- 3.5 Ability to assist the supervisee in integrating findings and observations to make appropriate recommendations.
- 3.6 Ability to facilitate the supervisee's independent planning of assessment.

4.0 Task: Assisting the supervisee in developing and refining management skills.

Competencies required:

- 4.1 Ability to share current research findings and management procedures in communication disorders.
- 4.2 Ability to facilitate an integration of research findings in client management.
- 4.3 Ability to assist the supervisee in providing rationale for treatment procedures.
- 4.4 Ability to assist the supervisee in identifying appropriate sequences for client change.
- 4.5 Ability to assist the supervisee in adjusting steps in the progression toward a goal.
- 4.6 Ability to assist the supervisee in the description and measurement of client and clinician change.
- 4.7 Ability to assist the supervisee in documenting client and clinician change.
- 4.8 Ability to assist the supervisee in integrating documented client and clinician change to evaluate progress and specify future recommendations.

5.0 Task: Demonstrating for and participating with the supervisee in the clinical process.

Competencies required:

- 5.1 Ability to determine jointly when demonstration is appropriate.
- 5.2 Ability to demonstrate or participate in an effective client-clinician relationship.
- 5.3 Ability to demonstrate a variety of clinical techniques and participate with the supervisee in clinical management.

5.4 Ability to demonstrate or use jointly the specific materials and equipment of the profession.

5.5 Ability to demonstrate or participate jointly in counseling of clients or family/ guardians of clients.

6.0 Task: Assisting the supervisee in observing and analyzing assessment and treatment sessions.

Competencies required:

6.1 Ability to assist the supervisee in learning a variety of data collection procedures.

6.2 Ability to assist the supervisee in selecting and executing data collection procedures.

6.3 Ability to assist the supervisee in accurately recording data.

6.4 Ability to assist the supervisee in analyzing and interpreting data objectively.

6.5 Ability to assist the supervisee in revising plans for client management based on data obtained.

7.0 Task: Assisting the supervisee in development and maintenance of clinical and supervisory records.

Competencies required:

7.1 Ability to assist the supervisee in applying record- keeping systems to supervisory and clinical processes.

7.2 Ability to assist the supervisee in effectively documenting supervisory and clinically related interactions.

7.3 Ability to assist the supervisee in organizing records to facilitate easy retrieval of information concerning clinical and supervisory interactions.

7.4 Ability to assist the supervisee in establishing and following policies and procedures to protect the confidentiality of clinical and supervisory records.

7.5 Ability to share information regarding documentation requirements of various accrediting and regulatory agencies and third-party funding sources.

8.0 Task: Interacting with the supervisee in planning, executing, and analyzing supervisory conferences.

Competencies required:

8.1 Ability to determine with the supervisee when a conference should be scheduled.

8.2 Ability to assist the supervisee in planning a supervisory conference agenda.

8.3 Ability to involve the supervisee in jointly establishing a conference agenda.

8.4 Ability to involve the supervisee in joint discussion of previously identified clinical or supervisory data or issues.

8.5 Ability to interact with the supervisee in a manner that facilitates the supervisee's self-exploration and problem solving.

8.6 Ability to adjust conference content based on the supervisee's level of training and experience.

8.7 Ability to encourage and maintain supervisee motivation for continuing self-growth.

8.8 Ability to assist the supervisee in making commitments for changes in clinical behavior.

8.9 Ability to involve the supervisee in ongoing analysis of supervisory interactions.

9.0 Task: Assisting the supervisee in evaluation of clinical performance.

Competencies required:

9.1 Ability to assist the supervisee in the use of clinical evaluation tools.

9.2 Ability to assist the supervisee in the description and measurement of his/her progress and achievement.

9.3 Ability to assist the supervisee in developing skills of self-evaluation.

9.4 Ability to evaluate clinical skills with the supervisee for purposes of grade assignment, completion of Clinical Fellowship Year, professional advancement, and so on.

10.0 Task: Assisting the supervisee in developing skills of verbal reporting, writing, and editing.

Competencies required:

10.1 Ability to assist the supervisee in identifying appropriate information to be included in a verbal or written report.

10.2 Ability to assist the supervisee in presenting information in a logical, concise, and sequential manner.

10.3 Ability to assist the supervisee in using appropriate professional terminology and style in verbal and written reporting.

10.4 Ability to assist the supervisee in adapting verbal and written reports to the work environment and communication situation.

10.5 Ability to alter and edit a report as appropriate while preserving the supervisee's writing style.

11.0 Task: Sharing information regarding ethical, legal, regulatory, and reimbursement aspects of the profession.

Competencies required:

11.1 Ability to communicate to the supervisee a knowledge of professional codes of ethics (e.g., ASHA, state licensing boards, and so on).

11.2 Ability to communicate to the supervisee an understanding of legal and regulatory documents and their impact on the practice of the profession (licensure, PL 94-142, Medicare, Medicaid, and so on).

11.3 Ability to communicate to the supervisee an understanding of reimbursement policies and procedures of the work setting.

11.4 Ability to communicate a knowledge of supervisee rights and appeal procedures specific to the work setting.

12.0 Task: Modeling and facilitating professional conduct.

Competencies required:

12.1 Ability to assume responsibility.

12.2 Ability to analyze, evaluate, and modify own behavior.

12.3 Ability to demonstrate ethical and legal conduct.

12.4 Ability to meet and respect deadlines.

12.5 Ability to maintain professional protocols (respect for confidentiality, etc.)

12.6 Ability to provide current information regarding professional standards (PSB, ESB, licensure, teacher certification, etc.).

12.7 Ability to communicate information regarding fees, billing procedures, and third-party reimbursement.

12.8 Ability to demonstrate familiarity with professional issues.

12.9 Ability to demonstrate continued professional growth.

13.0 Task: Demonstrating research skills in the clinical or supervisory processes.

Competencies required:

13.1 Ability to read, interpret, and apply clinical and supervisory research.

13.2 Ability to formulate clinical or supervisory research questions.

13.3 Ability to investigate clinical or supervisory research questions.

13.4 Ability to support and refute clinical or supervisory research findings.

13.5 Ability to report results of clinical or supervisory research and disseminate as appropriate (e.g., in-service, conferences, publications).

### **Preparation of Supervisors**

The special skills and competencies for effective clinical supervision may be acquired through special training which may include, but is not limited to, the following:

1. Specific curricular offerings from graduate programs; examples include doctoral programs emphasizing supervision, other postgraduate preparation, and specified graduate courses.
2. Continuing educational experiences specific to the supervisory process (e.g., conferences, workshops, self-study).
3. Research-directed activities that provide insight in the supervisory process.

The major goal of training in supervision is mastery of the "Competencies for Effective Clinical Supervision." Since competence in clinical services and work experience sufficient to provide a broad clinical perspective are considered essential to achieving competence in supervision, it is apparent that most preparation in supervision will occur following the preservice level. Even so, positive effects of preservice introduction to supervision preparation have been described by both Anderson (1981) and Rassi (1983). Hence, the presentation of basic material about the supervisory process may enhance students' performance as supervisees, as well as provide them with a framework for later study.

The steadily increasing numbers of publications concerning supervision and the supervisory process indicate that basic information concerning supervision now is becoming more accessible in print to all speech-language pathologists and audiologists, regardless of geographical location and personal circumstances. In addition, conferences, workshops, and convention presentations concerning supervision in communication disorders are more widely available than ever before, and both coursework and supervisory practicum experiences are emerging in college and university educational programs. Further, although preparation in the supervisory process specific to communication disorders should be the major content, the commonality in principles of supervision across the teaching, counseling, social work, business, and health care professions suggests additional resources for those who desire to increase their supervisory knowledge and skills.

To meet the needs of persons who wish to prepare themselves as clinical supervisors, additional coursework, continuing education opportunities, and other programs in the supervisory process should be developed both within and outside graduate education programs. As noted in an earlier report on the status of supervision (ASHA, 1978), supervisors themselves expressed a strong desire for training in supervision. Further, systematic study and investigation of the supervisory process is seen as necessary to expansion of the data base from which increased knowledge about supervision and the supervisory process will emerge.

The “Tasks of Supervision” and “Competencies for Effective Clinical Supervision” are intended to serve as the basis for content and outcome in preparation of supervisors. The tasks and competencies will be particularly useful to supervisors for self-study and self-evaluation, as well as to the consumers of supervisory activity, that is, supervisees and employers.

A repeated concern by the ASHA membership is that implementation of any suggestions for qualifications of supervisors will lead to additional standards or credentialing. At this time, preparation in supervision is a viable area of specialized study. The competencies for effective supervision can be achieved and implemented by supervisors and employers.

## Summary

Clinical supervision in speech-language pathology and audiology is a distinct area of expertise and practice. This paper defines the area of supervision, outlines the special tasks of which it is comprised, and describes the competencies for each task. The competencies are developed by special preparation, which may take at least three avenues of implementation. Additional coursework, continuing education opportunities and other programs in the supervisory process should be developed both within and outside of graduate education programs. At this time, preparation in supervision is a viable area for specialized study, with competence achieved and implemented by supervisors and employers.

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## APPENDIX C. Evaluation of Supervisors

### EAST TENNESSEE STATE UNIVERSITY CLINICIAN EVALUATION OF SUPERVISORS

Supervisor: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Clinic Course: \_\_\_\_\_ Practicum Site: \_\_\_\_\_

Circle appropriate practicum:

Audiology

Speech Language Pathology

#### KEY

0 Not Applicable

1 Unsatisfactory

2 Satisfactory

3 Good

4 Outstanding

#### EVALUATION OF SUPERVISION (Audiology AND Speech-Language Pathology)

- |  |           |
|--|-----------|
| 1. Communicated to student expectations regarding clinical responsibilities.         | 0 1 2 3 4 |
| 2. Fulfilled observation commitment to student.                                      | 0 1 2 3 4 |
| 3. Exhibited knowledge about the cases supervised.                                   | 0 1 2 3 4 |
| 4. Encouraged independent thinking and planning as term progressed.                  | 0 1 2 3 4 |
| 5. Promoted active participation of student during supervisor/clinician conferences. | 0 1 2 3 4 |
| 6. Receptive to student feedback.  | 0 1 2 3 4 |
| 7. Provided objective, data-based comments that encouraged self- evaluation.         | 0 1 2 3 4 |
| 8. Demonstrated assessment/intervention techniques when needed.                      | 0 1 2 3 4 |
| 9. Facilitated growth of confidence in clinical skills.                              | 0 1 2 3 4 |
| 10. Overall summary of supervisor.   | 0 1 2 3 4 |

### EVALUATION OF SUPERVISOR (Audiology ONLY)

1. Explained procedures for submitting documentation (i.e., charting, reports, etc.) 0 1 2 3 4
2. Returned reports promptly. 0 1 2 3 4

### EVALUATION OF SUPERVISOR (Speech-Language Pathology ONLY)

1. Explained procedures for writing/submitting lesson plans &/or eval. reports. 0 1 2 3 4
2. Held scheduled conferences with student. 0 1 2 3 4
3. Returned lesson plans and reports promptly. 0 1 2 3 4

### EVALUATION OF CLINIC MATERIALS/EQUIPMENT (Speech-Language Pathology ONLY)

1. Materials and supplies were accessible. 0 1 2 3 4
2. Treatment and assessment materials were adequate and appropriate. 0 1 2 3 4

### EVALUATION OF CLINIC MATERIALS/EQUIPMENT (Audiology ONLY)

1. Materials and supplies were accessible. 0 1 2 3 4
2. Equipment was available and functional. 0 1 2 3 4

### OVERALL PRACTICUM EXPERIENCE

1. Rate the degree to which this experience increased your clinical competence 0 1 2 3 4
2. Provide an overall rating of this clinical experience. 0 1 2 3 4

#### COMMENTS:

A strength of this clinical experience was: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An improvement opportunity for this clinical experience would be: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **APPENDIX D. Incident/Accident Report**

##### **REPORT OF ACCIDENT related to event in ETSU Speech and Language Clinic**

##### **FACULTY, STAFF, STUDENT OR PATIENT REPORT OF ACCIDENT/INCIDENT**

Date of report:

Report filled out by:

The following individual reports an injury and or incident sustained at the ETSU Speech and Language Clinic.

1. Name :

2. Address:

3. Date of injury:

Time of injury:

4. Place where injury happened:

5. Description of injury and part of body affected:

6. Response to injury and/or action taken:

7. Signature of injured:

8. Signature of supervisor:

## APPENDIX E. Student Leave Request

## Student Leave Request

**Students are expected to provide at least two weeks' notice for all leave requests.**

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

I am requesting the following days/clinics off:

Day of Week	Date	Clinic	AM/PM	Time off requested (1/2 day, 1 day, other)

(Please submit **separate request to each supervisor** for each clinic from which you will be absent.)

Student Signature
Date
Supervisor Signature
Date

Student who will cover your clinic: \_\_\_\_\_

After supervisor signs, make copy for student if desired. Supervisor will keep a copy of this form.

## APPENDIX F. Nave Clinic Daily Checklist

### Morning Checklist

	Monday	Tuesday	Wednesday	Thursday	Friday
Turn on lights					
Turn on equipment					
Turn on heaters/fans (if necessary)					
Biologic calibration of audiometer					
Biologic calibration of tympanometer					
Remove items from autoclave – put away when dry					
Wipe down equipment (if needed)					
Calibrate Verifit (Mondays)		X	X	X	X
Tidy up clinic space					

### Afternoon Checklist

	Monday	Tuesday	Wednesday	Thursday	Friday
Tidy up clinic space					
Dispose of all single use items					
Wipe down equipment					
Place items in autoclave and run					
Make copies of clinic forms (if needed)					
Turn off heaters/fans					
Turn off equipment					
Turn off lights					

\*\* Please make sure to perform above tasks in both audiology suites

**APPENDIX G.**

**Student Signature Page Certifying Proper Review of Handbook**

The Clinical Handbook includes important information that is designed to help you understand policy and procedures for the ETSU Speech Language and Hearing Clinic. Please read all information carefully and sign below to indicate your understanding of and agreement to follow these guidelines.

I have read the ETSU Clinic Policy and Procedure Handbook. I understand the information and will do my best to adhere to the policies and procedures.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Director for Audiology

\_\_\_\_\_  
Date

**Please return the form to the Clinical Director.**



### Record of Clock Hours of Supervised Clinical Observation

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_ Site Name(s) and Location(s) \_\_\_\_\_

[illegible]

Total Clock Hours \_\_\_\_\_

Version: 06/2018

KEEP THIS RECORD (in duplicate) making sure all observations and supervisor signatures have been entered. You will need this completed form when applying for ASHA certification.