

THE UNIVERSITY of TENNESSEE 

HEALTH SCIENCE CENTER

Department of Audiology and Speech Pathology

Speech-Language Pathology

Clinic Handbook

This handbook serves as a resource for students in the M.S. Speech Pathology program. It provides details regarding the speech pathology clinical education program and expectations of students enrolled in clinical training.

An Open Letter to MSSLP Students

Dear Student:

Thank you for choosing the University of Tennessee Health Science Center, Department of Audiology & Speech Pathology, Master of Science (M.S.) program. UTHSC, the academic and clinical faculty in the Department of Audiology & Speech Pathology are lifelong learners. We are excited to watch you grow as an SLP clinician. The clinical faculty will teach you how to apply what you will learn in the academic setting to clinical placements. In the early semesters of your clinical education, you will have close supervision and support to prepare for more independent functioning as a clinician as you progress in your program of study. Later, you will work in off-campus advanced clinical practice. This will expand your knowledge and be the necessary challenge and exposure to grow in professional competence. This will be reflected in effective responsiveness to, planning for, and treatment of the people and families you will serve. The outcome we desire is that you serve as a speech-language pathologist delivering highly skilled service for children and adults with communication challenges and related complex needs. Future settings may vary from private practice, to public schools, hospitals, or skilled nursing facilities. You may have goals that include post-graduate education in speech-language pathology, leading to the doctorate and an eventual career as a researcher or teacher-scholar. The Master of Science degree will serve as the gateway to new venues of learning, application and service and a satisfying career.

Feel free to contact us with any questions regarding this handbook or your clinical education.

Sincerely,

Emily Noss, M.A. CCC-SLP
Associate Professor

Allison Wegman, M.S. CCC-SLP
Assistant Professor

Co-Directors of Clinical Education
Department of Audiology & Speech Pathology
College of Health Professions
University of Tennessee Health Science Center

Introduction

The purpose of the handbook is to serve as a reference material. The manual is to be used in conjunction with the ASHA Standards and Implementation Procedures for the Certification of Clinical Competence in SLP and the TN State Licensure requirements [Tennessee State Information \(asha.org\)](https://www.asha.org/certification/2020-slp-certification-standards/) which may also be accessed through the ASHA website. *As of January 1, 2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology went into effect.*
<https://www.asha.org/certification/2020-slp-certification-standards/>

The 2020 Standards are subdivided into eight standards:

- Standard I for degree requirements,
- Standard II describing requirements of the educational program,
- Standards II-VIII describing details of clinical requirements for the education program, supervision, knowledge and skill requirements, assessment, the clinical fellowship year and maintenance of certification.

The Clinical Handbook provides specific information about required day-to-day clinical activities, navigating the physical facilities, and finding needed materials for assessment and intervention. Information is available regarding student responsibilities related to acceptable clinical performance, and information is included also regarding patient privacy, confidentiality, effective communication and proper channels for such, general timelines for tasks related to patient care and understanding how roles and processes are devised to maintain an accredited clinical program. Throughout the manual, clinical faculty members may be referred to interchangeably as clinical educators, clinical supervisors or clinical faculty members.

Clinical Services

The Co-Directors of Clinical Services in SLP are responsible for overall administration of clinical services and clinical education. The clinic directors, in consultation with the designated clinical faculty member, is the off-campus clinic coordinator for placements in Knoxville and in Tennessee-at-large (ASP 537, ASP538). Emily Noss and Allison Wegman currently serve as Co-Directors of Clinical Education for SLP and may be reached at 865-974-8663 or 865-974-0658, or via email at [eclark1@uthsc](mailto:eclark1@uthsc.edu) or awegman1@uthsc.edu. On and off campus practice are described in greater detail below.

Organization of Clinical Training

On campus training refers to clinical education experiences obtained by students enrolled in the UTHSC M.S. program who are assigned to the Hearing Speech Center and/or Child Hearing Services and/or the Pediatric Language Clinic, with supervision provided by clinical faculty members who hold, minimally, the Certificate of Clinical Competence of the ASHA and current license to practice in the state of Tennessee. Some clinical faculty members also consult with outside agencies. During the first two semesters of clinical education, when traveling to a distant site with a clinical faculty member, the practice experience is still described as an on-campus experience. During the fourth, fifth or sixth semester of enrollment, students will begin to have half or full-day, off-campus training experiences. Part-time off-campus experiences are typically 1 ½ to 2 full days for the duration of the semester. Full-time, off-campus rotations typically follow part-time rotations. The prerequisite for advancement from one on-campus clinical experience to the next, and to off-campus training is successful demonstration in two areas: professional competencies and grade performance. The clinical supervisor is responsible for judging competence and also for providing a grade. This really represents dual form of evaluation. The expected competencies and acceptable grade performance are requirements for advancing to off-campus experiences. The grade requirement is a grade of “B” or better during each of the first two semesters of clinical education. The letter grade is automatically calculated in CALIPSO and is based on the

indicators students earn with each supervisor. More information about grading is provided later in the handbook. Information is also provided regarding the support available if students have difficulty achieving competencies or earning the required grades. The curriculum, training experiences and skill sets are continually reviewed by the faculty to stay current with expectations for best professional practices and appropriate graduate training.

ACCOMODATIONS:

A student who feels they need an accommodation based on the impact of a disability should contact UTHSC Disability Services to self-disclose and officially request accommodations. All requests must be submitted with supporting documentation. Although students may register for services at any time, please attempt to make arrangements within the first two weeks of the semester as it does take time to process the request and review documentation. NOTE: If a disability is not identified until after a course or clinical experience has begun or been completed, the performance evaluations received up to that point in the course or clinical experience will stand (since disability status had not been previously identified or self-disclosed through the application process for accommodations). Information regarding applying for accommodations can be found [here](#). For additional information, contact the Disability Coordinator at ksnyde21@uthsc.edu or 901.448.1452.

PART I: CLINICAL EDUCATION

MISSION OF CLINICAL EDUCATION

The Mission of the Speech-Language Pathology Clinic is to:

- provide high quality clinical education for students in speech-language pathology, audiology and speech and hearing sciences
- provide excellence in care for individuals with communication disorders
- generate new knowledge in the discipline, and
- promote life-long learning for alumni and other professionals in the state of Tennessee.

This mission is consistent with the mission statements of the University of Tennessee System ([About the UT System - The University of Tennessee System](#)); the College of Health Professions ([College of Health Professions | UTHSC](#)) and the Department of Audiology and Speech Pathology ([Audiology and Speech Pathology | UTHSC](#)). Clinical faculty members and students adhere to established scope of practice and ethical behaviors (See Appendix A regarding the Code of Ethics and Appendix C regarding other professional expectations) as defined by the American Academy of Audiology (AAA) and the American Speech-Language-Hearing Association (ASHA). In addition, clinical faculty and students adhere to federal laws regarding protected patient health information and student grade information as required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and The Family Educational Rights and Privacy Act (FERPA) (See Appendix D).

Similar to our related discipline of audiology, there is rapid development of new technologies for speech pathology. Annually, the faculty invite major manufacturers to the clinic to demonstrate new technology, or to assist faculty one-on-one in using new instrumentation and devices for various educational, research and clinical applications. In addition to use of routine materials and devices typical in speech pathology (audio- video recording devices, for example) students will have training with state-of-the art:

1. Software for programming speech generating devices in provision of services to patients and their families who utilize augmentative-alternative communication devices
2. Stroboscopic for examination of the vocal folds
3. Endoscopy for examination of the swallow mechanism
4. Hearing amplification (cochlear implants and hearing aids)

Students, faculty, staff, and persons served in the various clinics are treated in a nondiscriminatory manner—that is, without regard to race, color, religion, gender, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship, or status as a covered veteran. The institution and the program comply with all applicable laws, regulations, and executive orders pertaining thereto.

Clinical education is viewed as a dynamic process where students learn by applying academic knowledge to clinical practice while involved in clinical service provision to clients who vary in terms of the type of communicative and/or swallowing disorders, age, as well as their ethnic and cultural background. The goal is to prepare clinicians to:

- Analyze and synthesize information from a broad-based fund of knowledge in communication sciences and disorders;
- Read, evaluate, and interpret research findings in order to provide evidence-based treatment protocols;
- Prevent, screen, evaluate, diagnose, and treat patients with varied communication disorders;
- Communicate effectively and professionally in both oral and written forms;
- Self-evaluate skills resulting in active steps to develop/refine clinical competencies and extend their knowledge base; and,
- Practice ethical and responsible professional conduct.

CLINIC PROGRAM OF STUDY

Clinic Contact Hours and Competencies

Full-time students who hold bachelor's degrees outside the discipline of communication disorders enter the program as 1st year graduate students. These students require eight semesters of study to complete their graduate program.

Full-time students with undergraduate preparation in the discipline require six semesters of study. These students enter the program as 2nd year graduate students and graduate as 3rd year students. Please see this link for the outlined curriculum https://catalog.uthsc.edu/preview_program.php?catoid=45&poid=3864.

The clinical program is competency-based with a clinical contact hour requirement of the ASHA which is a minimum requirement of 400 supervised clinical contact hours. Students typically exceed the ASHA minimum requirements of 400 supervised clinical contact hours (Standard V-C) for certification.; this includes 25 hours of guided clinical observation (Standard V-C). A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program. (Standard V-D)

Clinical Preparation

Your clinical supervisors will assist you in preparing for the clinical practicum described below. Additionally, each supervisor will aid you in exploring the ASHA Practice Portal for resources to guide evidence-based treatment.

While you are enrolled in Clinical Practicum, you may have opportunities to participate with specific disorder areas such as: Child Language Disorders, Speech Sound Disorders, Autism, Early Intervention, Dysphagia (pediatric and adult), Pediatric Language Clinic, Fluency Disorders, Voice Disorders, Adult Neurogenic Disorders, AAC, and Aural Habilitation. Please see the detailed description for some of these opportunities below.

Pediatric Dysphagia Clinical Practicum

The Pediatric Dysphagia practicum is designed to address clinical competency in working with children ranging in age from 12 months to 18 years of age with feeding and swallowing difficulties. Clients seen at the University of Tennessee Hearing and Speech Center (UTHSC) have a wide range of diagnoses including cerebral palsy, tube-feeding dependency for nutritive intake, syndromes/craniofacial anomalies and autism. Feeding and swallowing issues range from overt tactile/oral hypersensitivity to oral/pharyngeal strength and coordination issues.

Adult Dysphagia Clinical Practicum

The Adult Dysphagia practicum is designed to address swallowing difficulties in the adult population aged 18 and beyond. There are a variety of medical reasons why a person might experience dysphagia including head and neck cancer, stroke, Parkinson's, multiple sclerosis (MS), chronic obstructive pulmonary disease (COPD) and gastroesophageal reflux disease (GERD). There are many more causes of dysphagia, but these are the most common causes that are treated during this practicum. Diagnosis dictates the course of evaluation and treatment in dysphagia. Evaluation can include a clinical swallowing examination or a flexible endoscopic evaluation of swallowing. Treatment can include exercises, behavior modifications, dietary changes and/or compensatory strategies. These treatment options will all be discussed in detail during this clinic.

Voice Clinical Practicum

The voice practicum includes evaluation and treatment of voice and upper airway disorders. This includes head and neck cancer and alaryngeal voice restoration, including the use of artificial larynx devices, esophageal speech, and tracheoesophageal puncture.

Neurogenic Disorder Clinical Practicum

The neurogenetic practicum includes evaluation and treatment of adults with neurogenic communication disorders, such as aphasia or TBI. Services are provided individually in-person or through telehealth. In addition, communication classes for individuals with neurogenic communication disorders promoting communication skills and social connection are offered.

Pediatric Language Clinical Practicum

The Pediatric Language Clinic (PLC) is a family-focused early intervention program for children birth-to- three years of age who need specialized services due to significant social communication delays and/or a diagnosis of autism spectrum disorder. The PLC practicum is designed to address clinical competencies in assessment and intervention with young children to improve social communication, language, and play skills through parent coaching. The PLC uses the SCERTS Model to target appropriate skill sets and provide adequate support for learning in a variety of environments with various communication partners. During the practicum experience, students primarily participate in group sessions at the PLC facility. On occasion, students are asked to attend a home-based therapy session.

Augmentative and Alternative Communication Clinical Practicum

The Augmentative and Alternative Communication (AAC) practicum is designed to guide students in clinical practice to address the communication abilities of individuals with significant and complex communication needs (CCN). Students will experience clinical decision-making pertaining to use of augmentative devices/strategies to supplement existing speech, and alternative devices for use with individuals whose speech is absent. Because there are a variety of diagnoses that call for persons to need an AAC system, graduate clinicians will develop skills in working with persons diagnosed with a

variety of disorders, including cerebral palsy, autism, traumatic brain injury (TBI), apraxia, Down Syndrome, amyotrophic lateral sclerosis (ALS) and stroke. Graduate students will acquire skills in selecting techniques and tools during assessment and intervention to help individuals and their families to communicate thoughts, wants, needs, feelings, and ideas (Augmentative and Alternative Communication, ASHA Practice Portal, 2019).

Aural Habilitation Clinical Practicum

The Aural Habilitation Clinical Practicum provides experience with both aural habilitation and rehabilitation. It is designed to address clinical competencies in assessment and intervention with children and adults who are Deaf and Hard of Hearing. This program serves three primary functions: serving children with hearing-impairment and their families; educating students in audiology, speech-language pathology, and deaf education; as well as supporting the mainstream environment and offering in-services and mentorships. Housed in Child Hearing Services (CHS). This practicum uses total communication, auditory-oral, and auditory-verbal models for treatment approaches. Goals for patients in CHS are to maximize residual hearing for learning spoken communication, to function maximally in the mainstream setting both academically and socially, and to have age-level communication skills or skills commensurate with cognitive potential.

Fluency and Fluency Disorders Clinical Practicum

The Fluency and Fluency Disorders Clinical Practicum provides experience in assessment and treatment of stuttering and other fluency disorders. Stuttering is a complex disorder that may leave those affected by it frustrated and confused. Many adults, teens and the families of children who have had unsuccessful experiences with therapy may be reluctant to initiate therapy again. Those who have never had therapy may be unsure of what to expect. Feelings and emotions that impede communication are addressed through counseling and education. UTHSC graduate students will learn to develop individualized therapy plans to meet the needs of each patient, from preschoolers through adulthood. Therapy sessions aim to improve fluency, manage communication fears, and/or educate patients and caregivers on best practices in the treatment of stuttering. Through classroom education, clinical experiences and/or participation in a stuttering support group, students will leave the ASP graduate program with solid foundational skills in the evaluation and treatment of fluency disorders using a comprehensive approach.

Clinical Observation Requirements

As described in the standard, guided clinical observation generally precedes direct contact with clients/patients. Examples of guided observations per the 2020 standards include:

- debriefing of video recordings with a clinical educator who holds the CCC-SLP;
- discussion of therapy or evaluation procedures that have been observed;
- debriefings of observations that meet course requirements; or
- written records of the observations that meet course requirements; or
- written records of the observations.

It is important to confirm that there was communication between the clinical educator and observer rather than passive experiences where the student only views sessions and/or videos. Additionally, it is recommended that related debriefing activities, as described in the list above, are used with live and recorded sessions across settings with individuals receiving services with a variety of disorders.

Undergraduate Clinical Experience/Hours

No more than 50 of the clinical contact hours will be carried over from the student's undergraduate program (Standard V-D) at the discretion of the program. In order for hours to be counted toward graduation and certification, they must be:

- supervised by an ASHA certified clinician;
- completed while directly involved with assessment, treatment, or counseling with patients or family members;
- completed during management of areas considered to be within the ASHA SLP Scope of Practice (Standard IV-C);
- supervised in real time for 25% of the students' total contact time. However, direct supervision beyond 25% is at the professional discretion of the supervisor's assessment of student and patient needs, as well as guidelines mandated by specific insurance coverage (Medicaid, Medicare, private insurance). At no time will supervision be less than 25% of students' total contact with each patient (Standard V-E). Typically, students are supervised around 40-50% of the time when involved in treatment. Supervision may be increased to 90-100% during assessments. The exception to this rule is when Medicare covers the patient's cost of treatment. In this case, the supervising clinician is in the room 100% of the time and is engaged with the student and patient during the entire treatment session.

Clinical contact hours are defined as time spent in direct contact with the patient or the patient's family during assessment, intervention, or counseling activities. While in most cases students are assigned to one-on-one treatment sessions, we do assign teams of students. During these sessions, students count only those hours of direct engagement with the patient or their family. For example, Student A may count time involved in administering a standardized test and Student B may count time spent gathering case history information from the patient or the patient's family members. **In this situation, Student A cannot count hours for activities completed by Student B and vice-versa.** It is not uncommon for Student A to document responses to a test that Student B is administering as a reliability check; **however, Student A cannot count the time involved in documentation as clinic contact hours** (Standard IV-C).

As previously stated, the clinical education program is competency based. Students are expected to successfully translate classroom knowledge (Standard IV-C) to clinical skills necessary to evaluate, treat and counsel individuals across the life span in the following disorder areas.

Effective January 1, 2020, Standard IV-C is revised as follows:

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- *Speech sound production* (to encompass articulation, motor planning and execution, phonology, and accent modification)
- *Fluency and fluency disorders*
- *Voice and resonance*, including respiration and phonation
- *Receptive and expressive language*, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing)
- *Hearing*, including the impact on speech and language
- *Swallowing/feeding*, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span
- *Cognitive aspects of communication*, including attention, memory, sequencing, problem solving,

and executive functioning

- *Social aspects of communication*, including challenging behavior, ineffective social skills, and lack of communication opportunities
- *Augmentative and alternative communication modalities (AAC)*

Implementation: It is expected that coursework addressing the professional knowledge specified in this standard will occur primarily at the graduate level.

As of January 1, 2020, students must complete a program of study to achieve the following skills as outlined in Standard V-B with outcomes described as follow:

1. Evaluation

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

2. Intervention

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

3. Identify and refer clients/patients for services, as appropriate.

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

e. Adhere to the ASHA *Code of Ethics*, and behave professionally.

Additionally, the student must have current knowledge regarding:

- Principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders (Standard IV-D).
- The principles and rules of the current ASHA Code of Ethics (Standard IV-E)
- The processes used in research and the integration of research principles into evidence-based clinical practice (Standard IV-F).
- Knowledge of contemporary professional issues (Standard IV-G)
- Entry level and advanced certifications, licensure and other relevant credentials as well as local, state, and national regulations and policies relevant to professional practice. (Standard IV-H)
- Demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice (Standard V-A)

All clinical hours and competencies will be tracked through CALIPSO, a web-based program. All students are required to purchase an on-line account which will be available to them throughout their graduate study program. All competency evaluations, clinical clock hours, student self-assessments, supervisory feedback, and clinical site information forms can be assessed through this secure location. Additional information can be accessed at <http://www.calipsoclient.com/>.

PART II: CLINICAL PRACTICUM

REQUIREMENTS PRIOR TO ASSIGNMENT TO CLINIC PRACTICUM

Core Functions associated with the profession of Speech-Language Pathology

The following attributes are identified as core functions that SLP students are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. These guidelines are adapted from “A Guide for Future Practitioners in Audiology and Speech-Language Pathology: Core Functions” that was updated by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) in 2023. Core functions in this context refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations that are necessary to provide equitable access. The Core Functions listed below aim to be inclusive and are designed to facilitate discussions between students and faculty regarding any strategies, resources, and accommodations that may be necessary to achieve student success. The Core Functions below set the context for student knowledge and skill acquisition necessary to take personal responsibility for the individual care of clients and patients. To initiate a discussion regarding the Core Functions below, students are encouraged to contact their academic advisor or the program director. An additional contact may be the Student Academic Support Services and Inclusion (SASSI) <https://www.uthsc.edu/sassi/inclusion/disability-services.php>

Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

Motor

Statements in this section acknowledge that clinical practice by audiologists and speechlanguage pathologists involve a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
- Respond in a manner that ensures the safety of clients and others

Sensory

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

Cognitive/Intellectual

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills • Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

Interpersonal

Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

Cultural Responsiveness

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities,

beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

Observational Requirements

Most students who enter the graduate program have completed the required 25 hours of supervised observations as part of their undergraduate program. See additional information on page 6. Students are required to observe treatment and /or assessments of areas included in the ASHA scope of practice. Hours accepted for the requirements are those that were supervised, documented with an observation report that is signed by the ASHA certified, supervising clinician. Documentation of signed observation hours should be available in the students' academic files. Observation hours will also be documented in Calipso. If students have not completed their observational requirement, they may do so simultaneously while involved in their graduate clinical education program; however, it is required that students participate in some guided observational experiences *prior to* participating in any patient-contact time. In this situation, supervisory feedback from the certified clinician will be given either during the observation session or immediately afterward through conversation; or afterwards, by review of pre-approved written reports or summaries submitted by the student (Standard V-C).

Communication Competency Requirement

As part of the students' orientation to the graduate program during the first month of the fall semester, students complete a communication screening. If they fail the screening, they will be scheduled for follow-up with their academic advisor and, if they choose, assistance may be provided. This is to ensure that all students demonstrate the ability to communicate intelligibly and effectively with patients and faculty.

Students need to comprehend the English language expressed orally and in written form. They must also demonstrate oral English speech and language production that is readily understandable by clients. Moreover, students must be able to appropriately model articulation, voice, fluency, vocabulary and grammar of the English language. A student's speech and language skills must be intelligible and comprehensible enough for administration of speech, language, and swallowing assessment techniques and intervention strategies in a reliable and valid manner. Any concerns regarding student communication competence should be brought to the clinic director's attention immediately.

Students whose first language is not English must achieve a score level of Advance High on the OPIc test before being considered for placement into Clinical Practicum. Graduate students in Audiology and Speech-Language Pathology are eligible for support in acquiring English skills in the HSC to achieve sufficient English for placement in clinical practicum.

Writing Competency Requirement

Most students require feedback as they learn technical writing skills used for documentation and report writing. Students get on-going formative and summative feedback on both their oral and written skills throughout their clinical program. Over time, students are expected to compose written reports of clinical observations, evaluation and treatment sessions, and outcomes sufficiently for entry into professional practice (Standard V-A). Students must demonstrate English writing that is grammatically correct and use basic rules of technical writing (e.g., punctuation; capitalization) appropriately.

Professional Liability Insurance

All student clinicians enrolled in clinical practicum are automatically covered with malpractice insurance through a policy written for the University. The policy coverage is from June 1 through May 31 annually. Liability limits are \$1,000,000 per claim and \$6,000,000 per annual aggregate per student. A Certificate of Insurance will be provided if requested by off-campus clinical educators or site administrators.

Medical Clearance

All students are required to complete TB Mantoux test series or a chest x-ray annually. As a safety precaution, and as a requirement of off-campus sites, all students seeking off-campus placements will be required to have documentation of current immunizations and other required health records. All sites require evidence of flu-shots and may require evidence of COVID vaccine; students should obtain verification of all immunizations for their personal records. The Department does not guarantee students' clinical education requirements can be met if the students' immunization record precludes them from off-site placements sites. An administrative hold will be placed on students who do not provide an official immunization record to UTHSC. It is essential to upload current immunizations by or before the anniversary date to Verified Credentials. The COVID Vaccine is not required, however, it is strongly encouraged. Please see the UTHSC policy regarding the COVID vaccine for UTHSC students.

[Vaccination Requirements | Campus Updates | Coronavirus Disease Information and Resources | UTHSC](#)

Cardiopulmonary Resuscitation (CPR) Certification-American Heart Association Basic Life Support Provider

All students participating in practicum are required to complete CPR training (approved by the American Heart Association-BLS Provider), and to maintain current CPR certification throughout their graduate program. Medical sites may require completion of training resulting in CPR for Health Care Providers designation, rather than basic. Documentation of current CPR certification is on file with the Clinical Administrator. Students should complete CPR training prior to the first day of clinic. All participants pay a fee for the training.

Criminal Background/Child Abuse Clearances

The College of Health Professions requires that students meet state required background checks. In addition, off-campus educational and medical settings may require clinicians to complete criminal background checks prior to placement and drug screens. Fees to complete background checks or drug screenings are the student's responsibility. Some facilities may require that criminal background checks and drug screens are current for the year of beginning off-campus placements.

Therefore, for example, documentation completed fall of the prior year will not be adequate for clearance the fall of the subsequent year. Educational and medical settings may modify requirements from year-to-year. The Department does not guarantee a student's clinical education requirements can be met if their background precludes them from placements in required sites.

HIPAA and Code of Ethics Training

A central part of professional behavior includes following ethical guidelines as defined by the ASHA Code of Ethics and adhering to both HIPAA confidentiality and security guidelines. Students are expected to complete on-line and in-service presentations, read and study these guidelines as part of their program of study. Students are expected to complete on-line HIPAA training and any other required training provided by the UTHSC Institutional Compliance Office and must complete this training prior to participation in clinic. Additionally, information regarding HIPAA, FERPA and the ASHA Code of Ethics [Code of Ethics \(asha.org\)](http://asha.org) are included in the required clinical experience course. If at any time students have questions about HIPAA guidelines or ethical issues, they are expected to get clarification from a certified speech-language pathologist or audiologist or the Departmental Privacy Officer (865-974-5451) or they may contact the UTHSC HIPAA Privacy Office Hotline (901-448- 1700).

Management of Documentation For Practicum Participation

Calipso is our management system for securely logging hours and completing evaluation of the clinical experience each semester. New students are issued a PIN for registration in CALIPSO. Students will also receive training for familiarity and accurate logging of hours as well as participation in evaluating their clinical supervision experience. Students may upload documentation to CALIPSO of current immunizations, health insurance, CPR (AHA-BLS) training, and any other documentation as required by particular off-campus sites for clearance to participate in clinical assessment and treatment. Students are required by UTHSC to maintain immunization records in Verified Credentials. As much as possible, duplicating records across platforms will be kept to a minimum. Minimally, students should regularly update contact information in CALIPSO, including a local address and telephone number.

ASSIGNMENT TO CLINIC PRACTICUM

Clinical Program of Study

On-Campus Clinics

The goal of the clinical education program is to ensure students gain competencies in evaluation, treatment, and social interactions across nine disorder areas as previously discussed (Standard IV-C; Standard V-B). This is achieved by providing students the opportunity to develop clinical skills through their placements in the varying on-campus clinics where they will experience a diverse population of patients across the life span with varying types of communicative and swallowing disabilities (Standard V-B; Standard V-F). For example, during the first three semesters of graduate studies, students are assigned to different clinical settings within the Hearing and Speech Center, Child Hearing Services and Pediatric Language Clinic, which serve patients of all ages (infants, preschool, school age, and adults) with varying types and levels of communicative, swallowing, and feeding disorders.

Off-Campus Clinics

The fourth semester, some students are assigned to their first off-campus setting. Typically, this is a two-day per week placement in either a medical or educational setting, or the equivalent in hours of two days per week as arranged by the clinic directors in conjunction with off-campus sites whose certified personnel eligible to supervise may be variable. The fifth semester includes either a part-time or a full-time placement off campus (for students who have previously completed a part-time placement) in either an educational or a medical setting. The sixth semester includes a full-time medical externship in a medical placement for some students. Throughout the graduate program, students make requests for specific placements and the requests are honored when available and when they support the students' educational and certification requirements. Students with out-of-state residency and those who plan to live out-of-state after graduation may request out-of-state externship placements. Students should request out-of-state placements following off-campus general orientation, a meeting that is called by the clinic directors. Out-of-state placements cannot be guaranteed as agencies have the right to refuse a request at any time before the rotation begins. Additionally, agencies/sites may cancel a request that was previously approved, contingent on many factors. In some instances, there may be staff changes that disrupt a placement that had been approved. **All OFF-CAMPUS PLACEMENTS ARE ARRANGED AND CONFIRMED BY THE CLINIC DIRECTORS.**

The clinical programs outlined above offer ample opportunities for students to develop clinical competencies in the areas of evaluation, treatment and communication skills sufficient to provide effective clinical and professional services with patients, family members, and other professionals. They have sufficient opportunities to demonstrate their abilities to comprehend and to write technical reports; to write diagnostic and treatment plans as well as progress summaries and final reports (Standard V-A).

Patient populations served by the external supervisor and facility in which they practice are determined during initial in-person interviews and updated each year through ongoing discussions, midterm evaluations and final reports. Patient populations of off campus sites are tracked through CALIPSO at mid-term and final evaluations. Student placements are determined by matching the KASA standards needed by the student to the supervisor and facility that is best positioned to provide instruction in those standards.

Telepractice

Telepractice has increased in the field of SLP in response to the COVID-19 pandemic. Both on and off campus clinic assignments have implemented the use of telepractice. Students do participate in telepractice

with supervision. Guidelines for participating in telepractice will be provided by individual clinical faculty members and clinical supervisors. Please see the following link.

<https://www.asha.org/advocacy/state/info/tn/tennessee-telepractice-requirements/>

CHS Aural Habilitation Concentration

In addition to the above clinical program of study, students may apply to pursue a concentration in the area of Aural Habilitation in Child Hearing Services. Application materials may be obtained in the on our departmental website [Aural Habilitation Concentration | M.S. in Speech Pathology | Degree Programs | Audiology and Speech Pathology | UTHSC](#) . Please note that not all applicants will be admitted into the concentration. For complete information regarding the content of the Aural Habilitation Concentration application process, please see Appendix E.

Severe Disability Concentration (SDA)/AAC Concentration

In addition to the above clinical program of study, students may apply to pursue a concentration in the area of Severe Disability Concentration (SDA)/AAC Concentration. Application materials may be obtained on our departmental website [Severe Disabilities and AAC | M.S. in Speech Pathology | Degree Programs | Audiology and Speech Pathology | UTHSC](#) . Please note that not all applicants will be admitted into the concentration. For complete information regarding the content of the SDA/AAC Concentration application process, please see Appendix E.

REGISTRATION AND ASSIGNMENTS

Student Responsibilities

It is the student's responsibility to review their catalogue regarding program requirements; review and adhere to the University, and departmental calendar and clinic schedules. It is also the student's responsibility to register for the appropriate courses contingent upon academic and clinical advisement. The Program Director, as assigned by the chair, will advise students regarding course enrollments. The Clinic Directors will provide general advisement as pertains to clinical requirements and clinical hours management. Failure to register for required courses in a timely fashion may result in delays in acquiring needed practice hours or acquisition of skills. It is the student's responsibility to register in a timely fashion. Once enrolled in clinic, students have the responsibility of appropriately documenting their clinical hours for supervisor approval in Calipso.

Supervisory Requirements for On and Off-Campus Clinic:

- supervised by an ASHA certified clinician;
- completed while directly involved with assessment, treatment, or counseling with patients or family members;
- completed during management of areas considered to be within the ASHA SLP Scope of Practice (Standard IV-C);
- supervised in real time for 25% of the students' total contact time. However, direct supervision beyond 25% is at the professional discretion of the supervisor's assessment of student and patient needs, as well as guidelines mandated by specific insurance coverage (Medicaid, Medicare, private insurance). At no time will supervision be less than 25% of students' total contact with each patient (Standard V-E). Typically, students are supervised around 40-50% of the time when involved in treatment. Supervision may be increased to 90-100% during assessments. The exception to this rule is when Medicare covers the patient's cost of treatment. In this case, the supervising clinician is in the room 100% of the time and is engaged with the

- student and patient during the entire treatment session.
- Both On and Off-Campus supervisors are required to complete .2 CEUs on the topic of supervision.
- Clinical contact hours are defined as time spent in direct contact with the patient or the patient's family during assessment, intervention, or counseling activities. While in most cases students are assigned to one-on-one treatment sessions, we do assign teams of students to provide evaluations. During these sessions, students count only those hours of direct engagement with the patient or their family. For example, Student A may count time involved in administering a standardized test and Student B may count time spent gathering case history information from the patient or the patient's family members. **In this situation, Student A cannot count hours for activities completed by Student B and vice-versa.** It is not uncommon for Student A to document responses to a test that Student B is administering as a reliability check; **however, Student A cannot count the time involved in documentation as clinic contact hours** (Standard IV-C).
- See ASHA response to COVID guidance/guidelines in effect [COVID-19 Guidance From CFCC \(asha.org\)](https://www.asha.org/COVID-19-Guidance-From-CFCC)

On-Campus Assignments

Typically, students register for one (1) credit hour of on-campus clinic practicum during their first semester of the graduate program and one (2) credit hour of clinical education series (CES, ASP 534). The second semester, students register for (2) credit hours of on campus clinic practicum (ASP 533 or 515) and (2) credit hours of clinical education series (CES ASP 534). The third semester, students register for (2) credit hours of clinic practicum. The fourth, fifth and sixth semester, some students will register for (1) or (2) credit hours of clinic practicum.

Each hour of clinic practicum registration (533 and/or 515) represents 2 - 3 hours of patient contact time per week. The clinic directors work with clinic faculty to schedule students and patients. The clinic directors work with the clinical faculty to confirm student schedules. The complete list of clinical faculty members who serve as clinical educators for speech, language and aural habilitation diagnostic and treatment programs are found in Appendix B and on the Departmental website.

Clinical assignments are based on students' completion of previous course work and on previous clinical experiences. Students are assigned to specific patients or clinics if they have completed the supporting course work or if they are currently assigned to courses that support the clinical assignment. It is rare for a student to be assigned to a patient or a clinic without previously completing the corresponding coursework; however, if this occurs, the following plan is in place. The clinical faculty and the academic faculty member who teaches in that content area agree on at least five articles, chapters, and/or lectures considered to be critical to the knowledge necessary for serving individuals with the specific disorder. The student reads the material and discusses the content with the clinical faculty member and based on the outcome of the discussion, the student may begin treatment with the patient. In the early stages of the treatment, the student is supervised 75-100% and as the student demonstrates increased levels of competency, the amount of time in supervision may decrease.

Off-Campus Assignments

The Clinical Directors serve as the primary program coordinator for in-state externship placements as well as the liaison for several on-boarding tools which are used increasingly in multi-site, comprehensive facilities.

The SLP Clinical Directors also arrange out-of-state externships (ASP 537, ASP 538).

For the fourth, fifth or sixth semester off-campus placements, students may register for 3 hours of clinic for part-time placements (ASP-537 for school sites or ASP 538 for medical sites) and/or 6 hours of clinic for their full-time externship. Course registration depends on site. Students are to register for ASP 537 if assigned to a school site. Students register for ASP 538 if assigned to a medical site. It is important to register for the appropriate course associated with the site assigned.

Determination of Practicum Assignments

Students are required to meet with their advisor prior to registering for academic courses and clinical practicum. Clinical practice assignments are made by the clinical faculty and depend upon several factors, including: students' prior education and experience, educational requirements as established by the University and professional standards. Prior to the end of the current semester and before registration for the following semester, students meet with their academic advisor to confirm their course schedule for the semester. They complete a class schedule form and communicate with the appropriate clinical coordinator (in a face-to-face meeting, through email, and/or in writing) regarding on-campus practicum assignments for the upcoming clinical practicum. Students who are successful in on-campus practice meet requirements for off-campus practice and will participate in activities as described in previous sections to achieve clearance for off-campus practicum. .

Achieving Clinical Competencies

Students achieve the majority of their clinical competencies through direct service provision in assessment and treatment of individuals with communicative and swallowing disorders while assigned to on-campus and off-campus practicum sites. In all settings, supervision of student contact with patients meets guidelines for ASHA certified clinicians (Standard V-E).

In the low incidence disorder areas including stuttering, voice, and augmentative and alternative communication, students may be assigned clinical cases in these areas over the course of their three semesters on campus. However, all students are required to pass competencies by taking clinic labs (modules) which address evaluation and treatment protocols in these disorder areas. In some instances, the academic faculty may address those competencies in classroom activities. In addition to clinic labs, classroom activities, and direct contact with patients, students may gain specific competencies and a limited set of clinical hours when engaged in research activities or special projects conducted by faculty members as long as they are actively engaged in problem-solving and clinical decision-making activities.

In instances where student competencies are questionable due to limited experiences and/or difficulty in demonstrating the necessary skills for competent and independent practice, students will complete a module in that disorder area, assessment and/or treatment, to ensure adequate decision-making skills.

Clinical Methods Courses

Clinical Education Series (CES) courses typically focus on processes required for planning and implementing assessment and treatment protocols as well as disorder specific content. The course is an additional avenue beyond didactic coursework to gain clinical knowledge and practice clinical problem-solving skills. For example, students are introduced to the ASHA Code of Ethics during orientation. During their first CES, clinical course examples are provided for students to develop knowledge of how the code applies in practice. Students register for CES for two semesters, with each course building on prior topics, including a review of professional expectations for clinical assignments pertaining to certification standards for professional practice and state licensure.

Formative Assessment

Evidence of clinical skill development is monitored through formative assessment procedures. Formative assessments are routinely conducted during: (1) on-going written and verbal feedback provided for pre-treatment, treatment, and daily treatment plans; (2) on-going written feedback is provided in response to clinical implementation skills via observation forms; and, (3) on-going verbal feedback is provided during weekly conference time where students come with documentation of their self-reflections and self-evaluations of session. As part of the formative assessments, students receive feedback on their oral and written skills related to writing lesson plans, assessment and treatment reports, and documentation of clinic activities including S.O.A.P notes. (Standard V-B)

Summative Assessment

Summative assessment is provided twice during an academic semester: at midterm and at the end of each semester as a result of the number of competencies achieved at the expected level for each clinical practicum assignment. The number of competencies achieved compared to the number attempted corresponds to letter grades. Oral and written competencies are included as part of the clinical process and content relative to each disordered area is assessed. If a student receives a passing grade and does not achieve all competencies, the competencies failed are documented and the student is expected to pass the competencies during the next practicum by demonstrating skills while working with patients or they may complete a project to demonstrate the targeted clinical skills. In some cases, students may be asked to conduct a review of the literature, take an exam, or write a paper on a specific topic.

ACADEMIC AND CLINICAL SUCCESS

Academic Success

For graduate students, academic success is defined as a final grade of a “B” or higher in all courses and clinical practicum (regardless of the number of credit hours of the course or the practicum) in the major. Attaining a final grade of “C” in any course or clinical practicum will result in the student being placed on probation for the remainder of their program. The Department Chair will inform the student of this status. Failure to achieve a “B” or higher in any subsequent coursework or clinical placement is cause for dismissal from the program. Attaining a final grade below a “C” (i.e., “D” or “F”) in any course or clinical placement is grounds for immediate dismissal from the program. The grading scale for academic and clinical coursework is published online at the departmental website and also in course syllabi.

Contact Hour Requirements for Grading

In most situations, students are considered eligible for a grade when they have accrued a minimum of 10 clinical contact hours in any given area. So, for example, if high client absence or inclement weather disrupts scheduled therapy sessions and a student has earned fewer than 10 contact hours by midterm, the student would not be given a grade. However, the clinical educator may provide feedback regarding performance.

Clinic Success and Remediation Plan

Clinic success is defined as achieving clinical competencies in assigned areas so that the summative grade is 3.0 (B) or better at the end of the semester. The 3.0 (B) on the letter grade scale is not directly equivalent to the 3.0 on the numeric scale used in CALIPSO. A numeric indicator of 3.5 or above is equivalent to a letter grade of “B”. In each academic and clinical course, students will receive grades based on their demonstrated knowledge and skills respective to the course. However, the summative grade may not reflect the demonstrated knowledge/skill in any specific competency although the overall grade reflects average acceptable performance. Course instructors may determine the means necessary to achieve the competency for any specific area of knowledge and skill necessary for safe and competent practice of speech pathology.

Overall Clinical Practicum Grade Scale

A = > 0.94

B = > 0.86 & ≤ 0.93,

C = > 0.78 & < 0.85,

D = > 0.70 & < 0.77

Calipso Grade Scale Expectation per semester

First Semester	Second Semester	Third & Fourth Semesters	Fifth & Sixth Semesters
A=3.5-5.0 (94%-100%)	A=3.7-5.0 (94%-100%)	A=4.0-5.0 (94%-100%)	A=4.25-5.0 (94%-100%)
B=2.5-3.49 (86%-93%)	B=3.00-3.69 (86%-93%)	B=3.0-3.99 (86%-93%)	B=3.50-4.24 (86%-93%)
C=2.0-2.49 (78%-85%)	C=2.4-2.99 (78%-85%)	C=2.5-2.99(78%-85%)	C=2.75-3.49 (78%-85%)
D=1.5-1.99 (70%-77%)	D=1.6-2.39 (70%-77%)	D=2.0-2.49 (70%-77%)	D=2.00-2.74 (70%-77%)
F=<1.49 (<70%)	F=<1.59 (<70%)	F=1.99 (<70%)	F=<1.99 (<70%)

In the event that a student’s final grade falls below a “B,” that student is placed on clinical probation for the following semester, whether the grade is earned in an on-campus or off-campus site. The goal of probation is to alert the student, the clinical faculty, and the academic advisor of the student’s need for specific guidance and planning to establish clinical knowledge and skills. A remediation plan will be

developed to address clinical concerns and will be implemented the following semester. The Directors Clinical Education will provide oversight for the development and implementation of the plan with notice to the academic advisor. When the grade results from off-campus practice, the clinic director and educational coordinator will meet with the off-campus supervisor to devise a remediation plan to include plans for placement—whether to continue off-campus or return to campus. Possible intervention strategies may include one or more of the following:

1. observation of other clinicians;
2. literature assignments, possibly including review of client files;
3. review academic content;
4. video-recording treatment sessions and analyzing them with clinic faculty;
5. role-playing with clinic faculty; and/or,
6. demonstration-therapy presented by one or more clinic faculty members.

If the student meets the goals of the plan and earns a grade of “B” or better for the semester, probationary status is removed. If the student does not meet the requirements of the plan and receives a final clinic grade below B, the student is dismissed from clinic. A grade of “B” or better is required for clinic contact hours to count toward ASHA certification requirements.

The guideline is that if a student receives a clinic grade below a “B” for two semesters, the student is dismissed from the clinic. For example, if a student receives a “C” their first semester; then, receives grades of “B” for their second and third semesters and this is followed by a “C” in their fourth semester, the student is dismissed from the clinical education program at the end of their fourth semester.

Student Grievance Procedures

The Department of Audiology and Speech Pathology has developed the following procedural guidelines to resolve all types of students’ concerns, complaints or grievances. It is important that all students, faculty, supervisors and staff have the right to seek satisfactory solutions to all problems consistent with the basic tenants of fairness and justice. It is equally important that we work cooperatively to resolve problems at the departmental level before seeking solutions outside the department.

The suggested procedures were developed to reflect the requirements of professional ethical conduct and current codes of conduct. See the ASHA Code of Ethics (2016), with particular attention to Principle of Ethics IV which directs individuals to maintain collaborative interprofessional and intra-professional relationships and accept the professions’ self-imposed standards.

To foster open communication and cooperation, the procedures for resolution are as follows:

1. Students have a responsibility to communicate first with the clinical faculty member involved to resolve the grievance. The student should schedule an individual meeting with the clinical faculty member within five business days of the concern. If the meeting does not result in a resolution, the next step is to request a meeting with the clinical director.
2. If the grievance is still not resolved through discussion with the clinical faculty member and clinic director, a meeting will be arranged with the program director who will act accordingly to resolve the grievance. If a resolution is not achieved, the Department Chair will be notified.
3. If the Department Chair is unable to reach a satisfactory conclusion to the issue, students will be encouraged by the Department Chair to seek help and advice from the Dean of the College of Graduate Health Sciences.

Concerns Regarding Accreditation by the Council on Academic Accreditation

Program accreditation by the Council on Academic Accreditation (CAA) is an assurance that the

program is abiding by all required standards for academic content and following approved procedures in the delivery of this content. Students' concerns may relate to any of the accreditation standards of the Council on Academic Accreditation (CAA). In the event of a serious concern, students may contact the CAA directly for information. According to the CAA, complaints about programs must:

1. be against an accredited education program or program in candidacy status in speech-language pathology and/or audiology,
2. relate to the standards for accreditation of education programs in audiology and speech language pathology, and
3. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all institutional grievance and review mechanisms before submitting a complaint to the CAA.

The full process of the CAA complaint procedure is available on-line on the CAA website [Home - Council of Academic Programs in Communication Sciences | CAPCSD](#)

PROFESSIONAL BEHAVIOR EXPECTATIONS

Professional Behavior

Professional behavior is explained in numerous professional documents. Additionally, it is a topic defined and discussed as part of the Clinical Education Series (CES); students are informed that their professional reputation begins on the first day of class and the first day in their clinical practicum. Among other things, professional behavior includes showing up to class on time; being prepared for weekly clinic meetings; completing reports in a timely fashion and being prepared for all clinical service encounters (See Appendix C). Students who have a history of not meeting professional expectations and who continue to fail in these areas are at risk for delaying their off-campus placements. There must be evidence that the student can meet timelines and conduct themselves as professionals before receiving an off-campus assignment.

Civil and ethical behaviors are the most important expectations for any professional. At the University of Tennessee Health Science Center, clinical faculty members take great pride in their roles as professionals in that they show respect for patients, students, and colleagues, both on- and off-campus. Students are expected to demonstrate respectful and civil behaviors in all their encounters.

Grading Forms Associated with Professional Behavior Expectations

Failure to adhere to the professional expectations will result in consequences, including lowering of grades, probation, and/or suspension from the clinical program (Standard V-B, 3a, 3d). During all clinical practicum experience, students are graded at midterm and at the end of the semester on professional behaviors. Students who have not met professional expectations at midterm, will have an opportunity to receive feedback to demonstrate a change in behaviors. Persistent unprofessional behaviors can put the student at risk for remediation and/or lowering of grade by a letter.

The following items on the CALIPSO performance evaluation form can result in lowering of one letter grade.

1. Demonstrates openness and responsiveness to clinical supervision and suggestions.
2. Personal appearance is professional and appropriate for the clinical setting.
3. Displays organization and preparedness for all clinical sessions.
4. Practices the principles of universal precautions to prevent the spread of infectious and contagious diseases (CAA 3.8B).
5. Demonstrates knowledge of standards of ethical conduct, behaves professionally and protects client welfare (CFCC IV-E, V-B, 3d; CAA 3.1.1B-Accountability; 3.8B)
6. Demonstrates professionalism (CAA 3.1.1B - Professional Duty, 3.1.6B).

Professional Behavior: Acceptable Use of Information Technology Resources

The following link explains the policy for acceptable use of information technology resources at UTHSC. This document establishes policy for the acceptable use of information technology resources at the University of Tennessee. The University community is based on principles of honesty, academic integrity, respect for others, and respect for others' privacy and property; thus, The University seeks to:

1. Protect the confidentiality and integrity of electronic information and privacy of its users, to the extent required or allowed under federal and state law, including the Tennessee Open Records Act;
2. Ensure that the use of electronic communications complies with the provisions of University policy and state and federal law; and
3. Allow for the free exchange of ideas and support of academic freedom.

Professional Behavior: Computers and Social Media

Each student using university computer resources must have a net ID account in his/her name. Each person is responsible for all activity that occurs while using his/her account. Students are not to attempt to access resources other than those they are authorized to use and must not attempt to read, modify, print or otherwise manipulate files belonging to other users unless explicitly authorized to do so.

All computer users must abide by the University System's Acceptable Use policy and other IT policies which may be found on the UTHSC website. **Failure to abide by these rules could result in denied access and disciplinary actions.** Students are expected to be familiar with the acceptable use policy available at [IT0110 - Acceptable Use of Information Technology Resources - UT System Policies \(tennessee.edu\)](https://www.tennessee.edu/it0110)

Social Media Guidelines

Social media are internet-based tools that allow for powerful and far-reaching means of communication and information sharing. Inappropriate or unprofessional use of social media use can have a significant impact on a student's professional reputation and status. Examples of social media include Facebook, Twitter (or X), Instagram, SnapChat, LinkedIn, Flickr, Tumblr, TikTok, etc.

Students may be held liable for any posts to social media sites that compromise expectations for professional standards or ethics; the expectation is that the same professional standards are maintained for virtual as for in person interactions. The following guidelines outline the appropriate standards of conduct for social media use, so the student's and the program's reputation remain untarnished:

- Use good and mature judgement when posting to social media sites. Any complaints that are brought to the attention of the clinic director regarding inaccurate, threatening, harassing posts or use of profanity on postings may be considered a violation of professional behavior. This includes, but is not limited to text, photos, videos, and emojis on private or public social media sites.
- Further internet and email archives can permanently affect your reputation. In recent years, it is common practice for potential employers to complete social media and internet searches on potential candidates prior to extending invitations for interviews.
- It is inappropriate to use social media sites as a venue for venting of anyone related to the program. Written or photographic posts directed toward fellow students and institutional or clinical faculty or staff are considered a violation of professional behavior.
- HIPAA laws apply to all social networking, so it is the utmost priority to protect patient privacy by not sharing information or photographs of your clinical experiences.

Failure to follow the above stated guidelines may be considered a breach of appropriate professional behavior and subject to disciplinary action.

There is a student Facebook page utilized by the Department to foster group camaraderie and share news regarding social events and general professional information. For details about this, see the administrative assistant to the chairperson. **Facebook is not the official or suggested method of communicating regarding specific class or clinic requirements.** For general clinic questions or communication, students should use their email accounts issued by the university, using Office 365 or the current email service. For any official communication regarding practicum assignments students should use OneDrive and CALIPSO. Other details will be discussed as needed. Patients' names, other identifying information and care received cannot be discussed on Facebook or any other social media, such as Snap Chat, YouTube or Instagram. Students must not accept "Friend status" with patients or their family members while enrolled in the graduate program.

Finally, it is unwise to use social media to discuss faculty members or dissatisfaction with class or clinic. Students are expected to address these issues in a professional way by engaging in face-to-face

conversations.

PART III: GENERAL CLINICAL PROCEDURES

Clinical Supervision

It is an ASP Department requirement that clinical educators in on-campus and off-campus clinical settings provide students with a minimum of 25% supervision, and always at a level needed for the student's experience and knowledge level. Students should never provide services to patients if they are uncomfortable or feel that they are not capable of providing appropriate services. Discuss your concerns immediately with your clinical supervisor. If problems continue, all on-campus concerns are to be addressed with the Directors of Clinical Services and off-campus concerns are to be addressed with the directors of clinical services. The Directors will involve other essential faculty members or off-campus administrators and/or supervisors as necessary to address the concern. Student concerns are best addressed earlier rather than later and with the appropriate person who might assist in resolving the issue.

Confidentiality

Confidentiality of client information is crucial. For students to have a thorough understanding of the issues inherent in client confidentiality they must complete the on-line HIPAA instruction; names of students completing the competencies are documented and followed online. Discussion of clients, using their name or with other identifying information in any public areas (i.e., hallways, elevators, restaurants, student lounge or waiting room areas) is not permitted. If a familiar patient is discussed in a class, do not convey information related to their identity. **No document containing information identifying a client should ever be removed from the identified clinic area.** Students are expected to follow confidentiality guidelines as established by ASHA Code of Ethics and HIPAA Confidentiality (Appendix A, Appendix D).

Students have permission to work with clinical documents including personal health information (PHI) in designated work areas; however, it is important that these documents remain with students in designated areas at all times. Once the work is completed, the file must be returned to the file cabinet. Students should use only computers provided in secure locations and delete all clinical information from the computer systems when finished so that others cannot gain access to the confidential information. When working with digital files, the files should be closed completely when leaving the computer unattended for any amount of time, for any reason. Students are also directed to their clinical supervisor to review the HIPAA Training guidelines.

Release of information authorization must be obtained from patients/guardians before any clinical information is shared. This includes permission to discuss the patient on the phone with other professionals or sending written information. Student clinicians are not permitted to contact patients, family members, or professionals without permission and guidance from their clinical faculty member. Confidentiality guidelines must be followed specifically to each site.

General Clinical Documentation Guidelines

General report writing guidelines are as follows:

- Follow the guidelines and procedures of each site

- Be as concise as possible.
- Document ALL contact and attempts at contact (e.g., phone calls; unreturned calls)
- DO NOT ERASE or USE WHITE OUT to alter a report. If an error is made in a record, draw a line through the error and initial it, and add corrected information
- Never use pencil in documentation paperwork, including test protocol forms
- Be sure that your supervisor co-signs all official documentation
- Electronic Medical Records System, TIMS, is utilized at the Hearing and Speech Center and Child Hearing Services. The TIMS graduate student instructions are listed below.

TIMS SLP Graduate Clinician Instructions

To Read patient charts, Search patient name

If your patient has scanned information, it will appear under the patient activity panel.

Select patient documents, then select imported documents

You are only to access patient records on your current schedule. This will be monitored as it is a HIPAA violation to read patient information that is not assigned to you.

To enter the Session Summary Note: AFTER APPOINTMENT

Go to the patient tab

Search or select patient with a double click from patient panel

Select the date of service

Enter Session Summary in Notes (This holds the place until the final SOAP note is approved). This allows for the SLP Provider to enter the Super Bill. Examples of session summary: “Treatment was provided and addressed the following objectives....” or “Evaluation was completed. See report for details.”



Once Session summary is complete, Click the Save Button (under patient tab)

To Enter the SOAP Note:

Right click, open editor, select BLUE VIOLET, type SOAP note, click OK – Make sure to enter “Assisted by: Graduate Student Clinician Name” at the end of the SOAP Note

Click OK

Add task by clicking the plus button under the TASK panel-This will alert supervisor that draft is ready for review.

Within the Task box:

Select task “SOAP Draft Complete”

Select supervisor and assign task

Select a due date (select current date)

Search and find patient, select patient name, click ok, can add a note if desired (this is a good place to ask questions of your supervisor, etc.)

Click OK

Communication Log (Students and Supervisors):

To track any communication with family (I.e., phone calls, emails, faxes, etc). Open the Patient Summary panel (right side margin) and click on the headphones icon. Fill in yellow fields and then add notes.

Evaluation sessions:

For Diagnostic sessions, you will continue to use One Drive to write and edit documents at this time. When the final report is complete, please save it as a pdf and your supervisor will upload that into TIMS. If you need to access the report once uploaded, it will be visible under the patient activity tab.

Appearance Policy

Students should note that the dress codes may vary from clinical site to clinical site. At some facilities, students will be working on the floor with young children and parents. At other sites, there is an expectation to work sitting at a table with adults and family members and the dress may be business casual or scrubs. Students should dress so that appearance does not distract the client from participating effectively in clinical services. In clinical settings, students work with clients of varied ages and from a range of backgrounds/cultures and should be aware of how appearance impacts others. In general, extremes of dress are not appropriate for clinic practicum placements. Good grooming and personal hygiene are always essential. General guidelines for clinical appearance are listed below.

The following general guidelines should be followed:

1. Wear department ID badge at all times while on site.

- Students are expected to wear an ID badge at all times at clinical sites.
- ASHA requires that student clinicians wear an ID badge that stipulates professional status as a student, rather than a licensed professional.
- Badges should be worn, readable, and should clearly indicate role as a “student-clinician.”
- All students are expected to order department identification badges with their name and UTHSC affiliation at the beginning of their graduate program.

2. Clothing should result in a professional appearance. It should be clean, in good repair, and appropriate in size and length.

- Some students choose to wear hospital scrubs because they are easy to maintain. Scrub tops and bottoms, Scrub bottoms with a UTHSC branded, plain t-shirt, or UTHSC branded sweater or sweatshirt (no hoodies) are acceptable. Close-toed shoes should be worn with scrubs.

- Clothing must cover shoulders, back, chest, midriff, buttocks, and undergarments **at all times** regardless of body movement or position. Undergarments should never be visible (e.g., extending beyond outer clothing, or through clothing).
- Skirts should be no shorter than 2 inches above the knees when standing.
- Clothing should be neither too tight, nor excessively baggy.
- Examples of clothing that should **not** be worn in practicum: *jeans; clothing with prominent logos/advertisements; shorts; low cut necklines; tank tops; flip flops; leggings; or spaghetti strap tops, crop tops.*

3. Jewelry, tattoos and body piercing

Tattoos may be visible if they do not convey violence, discrimination, profanity or explicit content. Tattoos containing such messages must be covered with bandages, clothing, or cosmetics. Face tattoos must be covered with makeup. This may be subject to clinical placement.

- visible body piercing/jewelry except for ears and small nose studs should not be present (earrings and nose studs should not distract from patient care) Dangling earrings or hoops larger than one inch are not permitted due to safety issues.

4. Hair, make-up, & fingernails

- Hair should be groomed and well maintained.
- Cologne, perfume, and aftershave are not recommended due to the allergies of many patients.
- Fingernails should be clean and well cared for and no longer than ¼ inch from the fingertip in length. Nail jewelry is not permitted. Nail polish, if worn, is well maintained. Fingernails should not negatively impact the ability to perform clinical duties. Nails should be well groomed and kept to a length that is not detrimental to patient safety.
- If present, beards should be short and well-groomed, as should mustaches.

It should be noted that frequently individual clinical facilities have additional clothing and appearance guidelines. Students are expected to learn the dress code before beginning a placement and to follow the guidelines of each site.

******Students are expected to always wear professional clothing or scrubs while present in any of the three on campus clinic buildings – University of Tennessee Conference Center, the Pediatric Language Clinic, or the Hearing and Speech Center.******

Attendance

Student clinicians are expected to attend all scheduled clinic sessions. Unexcused or excessive absences can result in a lowering of your clinic grade by a full letter. Legitimate absences include illness (see illness policy) and pre-approved attendance at professional conferences.

A critical component of being professional is dependability, indicated by arriving on time for sessions, completing all assignments on time, and preparation to meet professional responsibilities for patient care.

Student clinicians are expected to:

- Establish a mechanism for communication (email, phone, etc.) and establish a mechanism with the clinical faculty supervisor and patients, particularly communicating absences

- from clinic when ill or unable attend the clinic.
- Prepare and conduct clinical services as assigned.
 - Prepare and conduct meetings/ conferences/ consultations within appropriate time frame, including attendance at clinical practicum meetings.
 - Carry out all duties to accomplish total case management as agreed upon with the clinical supervisor (e.g. forms, phone calls, referrals, etc.).
 - Submit all written assignments (e.g. lesson plans, test results, reports, letters, goals, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines
 - Attend all meetings/ conferences/ consultations promptly.
 - Arrange coverage from another graduate student clinician, if possible, in the event that you are absent from the clinic. You may also be expected to arrange for a make-up session for your missed patients.
 - **Cancellation of clinic to study or complete academic course assignments is NOT acceptable.**

Illness Policy

It is important that students be familiar with this policy and strictly adhere to it in order to keep our community as healthy and functional as possible. Students should provide a doctor's note to their clinical supervisor.

Student Graduate Clinicians, patients and caregivers who are sick should cancel sessions if any of the following symptoms are present:

- Fever; return when fever free for 24 hours unmedicated
- persistent cough
- vomiting
- diarrhea
- any other contagious conditions

For further information regarding the CDC COVID-19 guidelines, see the link below:

[Isolation and Precautions for People with COVID-19 | CDC](#)

PART IV: HEALTH & SAFETY PROCEDURES

Clinic Environment

Treatment rooms and clinical workspaces should be left in good working order. All materials should be returned to their correct location on a daily basis. Basic disinfection procedures are a requirement to meet standards for operation. See Universal Precautions on page 28 of this manual for related information. Additional information is included regarding management of chemical waste. Students are not expected to manage the chemical disposal which results from stroboscopy and endoscopy use.

Inclement Weather Conditions

The University of Tennessee Inclement Weather Policy can be found at:

<https://prepare.utk.edu/emergency-management/inclement-weather-procedure/>

The various clinics in the Department of Audiology & Speech Pathology follow the policy of the University of Tennessee, Knoxville in matters pertaining to inclement weather. In the event the university is open, clinical faculty, staff and students are expected to make reasonable efforts to maintain the regular clinic schedule but avoid undue risk in travel. Given that patients, students and select faculty may not be able to travel safely to the campus in spite of the university being opened, the following guidelines are used to determine if clinic will be modified:

1. If Knox County Schools are closed due to inclement weather, the Audiology Clinic, Child Hearing Services (CHS), the Hearing and Speech Center (HSC), and the Pediatric Language Clinic (PLC) typically will not hold clinic sessions from 8 until noon. Based upon the conditions, a determination will be made whether or not to cancel the afternoon sessions. As a general rule, students should follow the announcements for Knox County Schools regarding closings. Students should always check with the immediate clinical supervisor regarding the specific plan for inclement weather. Students should be aware that if the roads are clear, the assigned supervisor may continue clinic as scheduled, even if the public schools are closed.
2. If Knox County Schools are on a morning delay, Audiology, CHS, HSC, and PLC will be open for clinic sessions, unless there are exceptional circumstances (e.g., Clinical Faculty or students unable to travel.)

Students are expected to be in clinic as scheduled unless it is unsafe to do so. Students should develop an agreed upon system of contacting supervisors (e.g., email, text, phone, etc.), particularly during the winter months. In the event of clinic closings, the answering machine message in the clinics will be changed to indicate hours of closing and/or operation as a way to notify patients of closings.

For off-campus clinical placements (part-time or full-time), students should follow the inclement weather policy in place for that site or an agreed upon system/protocol to follow during hazardous inclement weather.

Clinical Education Series (CES) classes are subject to the guidelines as suggested for clinic; therefore, morning CES classes (8:00 a.m.) will be cancelled if the clinic is closed or subject to delayed opening.

The following procedures are consistent with Occupational Safety and Health Administration (OSHA) standards, Environmental Health & Safety standards and the University of Tennessee Knoxville Environmental Health & Safety Program EC-001, with the full policy available at <https://ehs.utk.edu/index.php/table-of-policies-plans-procedures-guides/hazardous-waste-management/>.

The procedures are to minimize or eliminate exposure to adverse substances in the clinic (i.e., bloodborne pathogens, bodily fluids, chemicals). Later in this section, waste management is described. Students should be aware of the condition of containers and procedures for waste management. Removal of waste management is a responsibility of Public Safety.

Universal Precautions

These procedures are designed to protect both the student and the client from transmission of communicable diseases as well as reduce the potential for allergic reactions which might result in harm to patients, staff or faculty members. To minimize risk of transmission of disease, assume that blood and all body fluids from all clients are potentially infected. All clinics will have specific Universal Precaution Guidelines. It is the responsibility of the student clinician to familiarize themselves with the clinic site's policies at the beginning of each term. Training is completed for universal precautions.

COVID-19 Response

The department of Audiology and Speech Pathology follows the current CDC guidelines in response to COVID-19.

Routine Hand Washing

The simplest way to control spread of infection or agents likely to cause an allergic reaction is by hand washing. It is recommended that you wash hands with soap and hot water for at least 20 seconds:

1. Before and after each client session
2. After sneezing, coughing or wiping a nose
3. After using the toilet
4. After handling soiled items such as a diaper, used tissues or dirty toys
5. Before preparing or eating food

Personal Protective Equipment (PPE)

PPE is provided that is appropriate to specific clinical tasks. Disposable gloves are available in on-campus sites and should be worn when there is risk of contact with body fluids. Gloves are also recommended for students with severe allergies that place them at risk for reactions during routine clinical contact with patients, other students and clinical faculty members.

At times, hospitals will require professionals working with certain patients to wear gloves in diagnostic services. Examples of this include when an audiologist conducts a hearing screening on an infant, or when a speech-language pathologist conducts an oral mechanism exam.

Hands should be washed before wearing gloves. Gloves should be disposed of after each patient, with hands washed again after removing the gloves. If a student clinician has a break in his or her skin, it should be covered with a Band-Aid and the use of gloves is strongly recommended.

Disinfection

- Any potentially contaminated surface or object will require disinfection. For example:
- Mouthed objects should be disinfected immediately. If soiled with blood, feces, or urine the objects should be disinfected or discarded.
- Tabletops used by clients should be wiped with disinfectant after each session.
- Note use of instrumentation requires specific cleaning routines; check with your supervisor for these guidelines.

Containers for Disposal of Contaminated Materials

Regulated waste containers are available in each clinic room, separate from the general trash bin. Any disposable item exposed to bodily fluid (gloves, tongue depressors, and so forth) should be placed in the special waste container which is labeled with a hazardous waste symbol. These containers should remain in the clinic rooms at all times and should not be placed in general hallways nor lobby areas.

Management of Chemical Waste

The procedures for sterilizing and disinfecting instruments for endoscopy are the responsibility of clinical faculty members with the appropriate specialty training for voice and swallow examination. Generally, special chemicals are used for the cleaning and disinfection which are not part of the routine procedures in the clinic for waste management. Clinical faculty members are responsible for managing chemicals and requesting disposal by UT Public Safety when needed. Students should report any problems with waste management immediately to their clinical faculty supervisor.

Container Management

All containers should be clearly and accurately labeled. Separate containers are maintained for items contaminated by bodily fluids/substances and chemical waste. Chemicals should not be mixed during the disposal process and should be disposed of properly. Additionally, containers must be:

1. Leak-proof with proper-fitting lids, and chemically compatible with their contents
2. Contain bags for dry solids.
3. Containers and bags marked with biohazard or radioactive warnings are not acceptable for chemical waste disposal.

GUIDELINES FOR CLINICAL EMERGENCIES (EMERGENCY PREPAREDNESS)

See the UT Public Safety website for details regarding hazards, accidents and emergencies.

[Public Safety | The University of Tennessee, Knoxville \(utk.edu\)](#)

See the UT Emergency Management website for more detailed information regarding the following topics.

[Emergency Management | The University of Tennessee, Knoxville \(utk.edu\)](#)

Unaccompanied minors

Alert a clinical faculty supervisor if children not scheduled for therapy appear to be wandering a building without adult supervision. Once observed, children should not be left alone. Children unattended should be identified and reunited with the appropriate caretaker or parent as soon as possible.

Transportation Need

If a patient's transportation arrangements fail and the patient is left sitting for a long period in a waiting room, a clinical supervisor should be alerted as soon as possible. Patients should be supported to develop a contingency plan to stabilize transportation for timely arrival and departure from the clinic. Clinical faculty members will develop solutions to reduce lengthy wait times.

Natural Disaster

Complete the Personal Preparedness Checklist available through Public Safety, and found at <https://prepare.utk.edu/ep/personal-preparedness-checklist/>

Intruder in the Clinic

It is important to wear your identification card while in the clinic. It is a safety precaution that helps identify those who should be in on-campus facilities. Pay attention to those who are typically present in your clinic and class areas. A rule-of-thumb: "If you see something suspicious, say something." If students notice individuals engaged in odd behavior who do not appear to be students, faculty members or staff, the concern should be reported immediately to a clinical supervisor or an available staff person. The clinic director should be immediately notified who as well will report to the chair and or designee. If students observe a threatening situation or have observed suspicious activity, no clinical faculty member or staff person is available. call the UT Police Department (865-974-3114).

Warning signs might include:

- Overdressed or underdressed for the weather
- A strong odor from a bag, vehicle or person
- Appearance of loitering
- Attempting to gain access in places an individual does not belong

Medical emergencies, such as falls with injuries, seizures, incontinence, or vomiting

Active Shooter or Assailant

Review information pertaining to active shooters at the link [Active Shooter |](#)

[Emergency Management \(utk.edu\)](#)

Emergency Management of UT (2019) provides the following action plan:

1. Hide

- a. If you are inside a building and the shooter(s) location is unknown, the safest option is normally to barricade.
- b. If you are unsure that you can safely exit the building, secure the area by following these tips:
 - i. Lock and barricade doors with heavy furniture;
 - ii. Stay away from doors or windows;
 - iii. Turn off lights;
 - iv. Block windows;
 - v. Turn off radios and computer monitors;
 - vi. Keep yourself out of sight (take cover/protection from bullets by using concrete walls or heavy furniture); and
 - vii. SILENCE YOUR CELLPHONE

2. Quietly Report to 9-1-1

- a. Your specific location
- b. Number of people at your location
- c. Number of injured and types of injuries
- d. Assailant(s) – location, number of suspects, race/gender, clothing, physical features, types of weapons, backpack, shooter’s identity (if known), separate explosions from gunfire, etc.
- e. If you cannot speak, leave the line open and allow the dispatcher to listen

3. Fight

- a. As a last resort, and only if your life is in immediate danger, attempt to stop the attacker by:
 - i. Working as a group, if possible
 - ii. Improvising weapons
 - iii. Committing to your actions
 - iv. Acting with physical aggression

4. Be Prepared for the Police Response

- a. Follow all instructions given by police officers
- b. Understand that the first actions by police will be to address the threat
- c. Make sure empty hands are in plain view
- d. Tell police any information you know about the shooter

5. RECONNECT Self-Report for Tracking

- a. Attempt to contact your immediate family (it is good practice to designate a common point of contact that your family and friends know to call)
- b. Provide information to university officials for roster upon request
- c. Register on the emergency database (RECONNECT) designed to share information in an emergency (<https://reconnect.tennessee.edu/>)
- d. If you're unable to register online, call the university safe line at 865-656-7233 to be added to the database

SAFETY REFERENCE NUMBERS

Emergency

9-1-1

UT Police

865-974-3111 (Emergency)

865-974-3114 (Non-emergency)

Environmental Health and Safety

865-974-5084

Office of Emergency Management

865-974-3061

Public Information Officer

865-974-1094

Facilities Services (Emergency)

865-946-7777

Distressed Student Protocol

865-974-HELP (4357)

Distressed Employee Hotline

865-946-CARE (2273)

Campus Information

865-974-1000

Emergency Information Line

865-656-SAFE (7233)

UT Institute of Agricultural Safety

865-974-4904

References

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

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

OSHA (2018). Model plans and programs for the OSHA bloodborne pathogens and hazard communication standards. United States Department of Labor.

APPENDIX A

ASHA Code of Ethics

American Speech-Language-Hearing Association. (2023). Code of Ethics [Ethics]. Available from www.asha.org/policy. Available online at [Code of Ethics \(asha.org\)](https://www.asha.org/code-of-ethics/)

It is the student's responsibility to go online print and read the Asha Code of Ethics even though the Code will be reviewed in various courses, including CES. The Code is established for the good of speech-hearing professionals, the clients served and the community-at-large. The Code can be found at <https://www.asha.org/code-of-ethics/>.

APPENDIX B

Clinical Faculty - Hearing and Speech Center				
Tricia Hedinger, M.S., CCC-SLP	Clinical Associate Professor	Fluency, pediatric language, phonology, speech sound disorders, and pediatric behavioral feeding	865-974-0658	thedinge12@uthsc.edu
Steffanie Barber, M.S., CCC-SLP	Clinical Assistant Professor	Evaluation and treatment of adult neurogenic communication disorders	865-974-2672	Sbarbe16@uthsc.edu
Kim Almand, M.S., CCC-SLP	Clinical Assistant Professor	Evaluation and treatment of Voice disorders, tracheostomy patients	865-974-4657	kalmand@uthsc.edu
Angela Orr, M.S., CCC-SLP	Clinical Assistant Professor	Adult dysphagia, Fiberoptic Endoscopic Evaluation of Swallowing (FEES)	865-974-4647	aorr14@uthsc.edu
Allison Wegman M.A., CCC-SLP	Clinical Assistant Professor & Co-Director in Clinical Education for Speech-Language Pathology	School –age speech sound and language disorders, AAC for all ages.	865-974-0658	awegman1@uthsc.edu
Jennifer Wilson, M.A., CCC-SLP	Clinical Assistant Professor	Pediatric speech sound and language/literacy, pediatric feeding and swallowing	865-974-4640	jwils176@uthsc.edu
Teresa R. Vaughn, M.A., CCC-SLP	Clinical Associate Professor	Evaluation and treatment of pediatric patients including in speech-language disorders, autism, and pediatric feeding disorders	865-974-1789	tvaughn@uthsc.edu

Maggie Wheeler, M.A., CCC- SLP	Clinical Assistant Professor	Early Intervention for children (0-3), with primary areas of interest in autism spectrum disorders, expertise in feeding	865- 974- 6702	mwilli86@uthsc.edu
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Clinical Faculty - Child Hearing Services

<p>Marilyn Owens, M.S., CCC-SLP</p>	<p align="center">Clinical Instructor</p>	<p>Children and adult aural Habilitation; aural/oral evaluations, auditory training, and aural rehabilitation treatment to individuals who use cochlear implants and hearing aids. Fluent in American Sign Language.</p>		
<p>Jestina Bunch, M.A., CCC-SLP</p>	<p align="center">Clinical Assistant Professor</p>	<p>Pediatric and Adult Aural Habilitation; Aural/Oral Communication Assessments with children and adults who utilize hearing aids and cochlear implants; Alternative/Augmentative Communication; Pediatric language disorders</p>	<p>865-974-1794</p>	<p align="center">jkbunch@uthsc.edu</p>
<p>Ashley Irick, M.S., CCC-SLP</p>	<p align="center">Clinical Associate Professor</p>	<p>Pediatric aural habilitation; Aural-Oral communication assessments with children who utilize hearing aids and cochlear implants (pre and post-cochlear implant evaluations); sign language; family support/parent education</p>	<p>865-974-4758</p>	<p align="center">ayoung12@uthsc.edu</p>
<p>Emily Noss, M.A., CCC-SLP</p>	<p align="center">Clinical Associate Professor and Co-Director for Clinical Education in Speech-Language Pathology</p>	<p>Pediatric Aural Habilitation for children who use cochlear implants and hearing aids; Aural/Oral communication assessments; pre-and post-cochlear implant evaluations; parent support, guidance, and education; adult cochlear implant auditory training; Alternative/augmentative communication</p>	<p>865-974-8663</p>	<p align="center">eclark1@uthsc.edu</p>
<p>Autumn Sanderson, M.A., CCC-SLP</p>	<p align="center">Clinical Associate Professor</p>	<p>Pediatric and Adult Aural Habilitation for children and adults who use cochlear implants, bone conduction implant systems and hearing aids; Aural/Oral communication assessments; Pre and post cochlear implant evaluations for children and adults; Family support/parent education</p>	<p>865-974-1797</p>	<p align="center">amajor@uthsc.edu</p>

Clinical Faculty - Pediatric Language Clinic

Lydia Lowe Barry, MS, CCC-SLP	Clinical Instructor Coordinator, Pediatric Language Clinic	<ul style="list-style-type: none"> • Autism Spectrum Disorder (ASD) • Early Intervention (Birth to Three) • Language Disorders 	865-974-6702	Llowe9@uthsc.edu
Katlin Steese, M.A. CCC-SLP	Clinical Instructor	Pediatrics; autism; Early Intervention	865-974-6702	Ksteese@uthsc.edu
Emily Wagonner, M.S. CCC-SLP	Clinical Instructor	<ul style="list-style-type: none"> • Early Intervention; Autism; Augmentative and Alternative Communication (AAC); Bilingualism 	865-974-0542	Ecraycr1@uthsc.edu
Amber Kapnick, OTR/L, MS	Clinical Instructor	<ul style="list-style-type: none"> • Occupational Therapy • Early Intervention • Autism 	865-974-0743	akapnick@uthsc.edu

APPENDIX C

PROFESSIONAL EXPECTATIONS FOR STUDENTS ENROLLED IN PRACTICUM OF THE UTHSC

1. Engages in professional behaviors in all classroom and clinical encounters.
2. Maintains professional appearance and conduct appropriate for clinical setting and responsibilities.
3. Maintains professional relationships in all interactions and shows respect for all aspects of patient confidentiality.
4. Is punctual for all appointments and follows established protocol for cancellations and absences.
5. Prepares physical environment before and after clinical session including universal precautions.
6. Completes lesson plans for each session and meets timeline for due date.
7. Completes all paperwork in timely fashion.
8. Follows guidelines for writing SOAP notes in terms of time and content.
9. Presents materials, procedures recommended by the clinical faculty in a timely fashion.
10. Follows departmental guidelines regarding checkout and return of patient charts and clinic materials.
11. Takes responsibility for researching evidence for assessing and treating individuals with communication disabilities.
12. Provides current documentation of CPR training and TB screening.

APPENDIX D

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Protecting the Privacy of Patient's Health Information

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is bringing significant changes to the management of health information. The final privacy rule was published in the Federal Register on December 28th, 2000. Compliance was required by April 14, 2003 – with detailed rules regarding how confidential information will be used, handled and stored.

The security and privacy provisions aim to safeguard the confidentiality of private information and protect the integrity of health data while also ensuring its availability for care. It is important to understand the differences between security and privacy.

- Security – deals with the measures an organization takes to keep their information safe.
- Privacy – deals with things a patient may expect from an organization in terms of the way their health information is used and/or released.

A few Key points that you should be aware of:

- Disclosure: To protect and enhance the rights of consumers by providing them with access to their health information and controlling the inappropriate use of that information. A written authorization for use and disclosure of health information for purposes other than continuing care. All medical records and other individually identifiable health information held or disclosed by a covered entity in any form, whether communicated electronically, on paper, or orally is covered by the final HIPAA regulations.
- Minimum necessary, reasonableness, and de-identification: The amount of information for any use or disclosure is restricted to the minimum necessary to accomplish the relevant purpose. Covered entities are encouraged to de-identify information when it is possible to do so.
- Individual rights: HIPAA creates a set of fair information practices to inform people of how their information is used and disclosed. It ensures that they have access to information about themselves and requires health providers to maintain administrative and physical safeguards to protect the confidentiality of health information and protect against unauthorized access.

What you can do to comply with HIPAA

- a. Help your colleagues become aware of HIPAA and increase your awareness of how confidential information is used. Confidential information should not be discussed in public areas where patient confidentiality could be breached.
- b. Acquaint yourself with Confidentiality policy and procedures, specifically those for all disclosures of protected health information for purposes other than treatment, payment and healthcare operations. Should you have questions – the HIPAA project or Erlanger Health Systems is being led by Rita Bowen, MA-HIMT, RHIA, Director of Health Information Management.
- c. Be aware that there are boundaries on medical record use and release of individuals' health information.
- d. Existing state confidentiality laws, like those covering mental health, HIV infection, and AIDS information will continue to apply. These confidentiality protections are cumulative, the final HIPAA rule sets a national "floor" of privacy standards that protect all Americans, but in some states, individuals enjoy additional protection.

Be aware that there are PENALTIES

- Civil: Providers that violate HIPAA standards are subject to civil liability. Civil money penalties are \$100 per incident, up to \$25,000 per person, per standard, per year. (Please note that there are numerous standards)
- Federal: This applies for anyone knowingly and improperly disclosing information or obtaining information under false pretenses. Penalties would be higher for actions designed to generate monetary gain. Criminal penalties are up to \$50,000 and one year in prison for obtain or disclosing protected health information; up to \$100,000 and up to five years in prison for obtaining protected health information under “false pretenses”; and up to \$250,000 and up to 10 years in prison for obtaining or disclosing protected health information with the intent to sell, transfer or use it for commercial advantage personal gain or malicious harm.
- Suits: HIPAA does not create a federal right to sue for violations of the Act. However, because the regulation creates a new “duty of care” with respect to health information, it is possible that violations may be the grounds for state tort actions.

Why was a federal health privacy law needed?

There is more health-related information being collected and shared about people than ever before – and until now, there were almost no legal limits on how this information could be used and disclosed. Medical records are particularly vulnerable now as we move toward networked, electronic health information. Americans are increasingly worried about the loss of privacy, and in particular the lack of privacy for their health information. Right now, people are taking drastic steps in an attempt to keep their health information confidential. A recent poll found that:

- One in five Americans believes that his or her personal medical information has been improperly disclosed. Half of these people believe that it resulted in personal embarrassment or harm.
- One in six Americans has taken steps to protect his or her privacy – they withhold information from their doctors, provide inaccurate information, doctor-hop to avoid a consolidated medical record, payout-of-pocket for care that is covered by insurance, and – in the most extreme cases – avoid care altogether.
- Two out of three U.S. adults say they don’t trust health plans and government programs, such as Medicare, to maintain confidentiality all or most of the time.

By providing basic privacy protections, HIPAA regulations have helped to improve American’s health care system – people will be more willing to seek treatment, talk honestly to their doctors, and take advantage of new medical breakthroughs, like genetic testing.

The privacy regulations detailed in HIPAA were designed to facilitate the development of a uniform computer-based health information system. Privacy regulation has the force of law and has had a sweeping impact on the health care system.

From: **RESIDENT ON-LINE HANDBOOK**
Health Insurance Portability and Accountability Act
(HIPAA) Protecting the Privacy of Patient’s Health
Information Erlanger Health System

Originally prepared
6/2001. Revised 6/2004;
10/ 2013.

APPENDIX E

AURAL HABILITATION CONCENTRATION INFORMATION

Graduate students in the Department of Audiology and Speech Pathology may apply to pursue a concentration in the area of Aural Habilitation. Application materials may be obtained from CHS faculty. The AHC Application form should be submitted after your first or second semester in CHS.

Please note that not all applicants will necessarily be admitted into the concentration.

Students in the Aural Habilitation Concentration must complete 5-6 hours of graduate level courses in audiology, language and/or aural habilitation. Courses taken for concentration will count as elective credits toward their degree.

Students may select courses from the following electives:

For Speech-Language Pathology (MS) students:

ASP 573 Pediatric Audiology for Educational Professionals, **ASP 574** Pediatric Audiology

ASP 585 Cochlear Implants, **ASP 507** Anatomy and Physiology of Hearing

ASP 593 Independent Study in Aural Habilitation **

ASP 594 Advanced Aural Habilitation/Rehabilitation for the Hearing Impaired, **ASP 590**

Professional **Seminar:** Language and Literacy, **ASP 590** Professional Seminar: Literacy and Deafness

ASP 661 Advance Study in Child Language, **ASP 652** Classroom acoustics

An approved course in Deaf Education

APPENDIX E (Continued)

Related Documents

- *Aural Habilitation Concentration Application* [Aural Habilitation Concentration Application \(uthsc.edu\)](#)
- *Written Statement of Purpose* [ahc-written-statement-of-purpose.pdf \(uthsc.edu\)](#)
- *Description of Previous and Current Experiences in Child Hearing Services* [ahc-description-of-previous-and-current-experiences.pdf \(uthsc.edu\)](#)
- *Description of Previous Experiences with Children who are Deaf and Hard of Hearing* [ahc-description-of-previous-experiences-with-children-who-are-deaf.pdf \(uthsc.edu\)](#)
- *Aural Habilitation Concentration Completion Form* [Aural Habilitation Concentration Documentation of Completion \(uthsc.edu\)](#)

Severe Disabilities and AAC Concentration Information

Graduate students in the Department of Audiology and Speech Pathology may apply to pursue a concentration in the area of **Severe Disabilities and AAC (SDA)**. Application materials can be obtained from Dr. [Jillian McCarthy](#) or Dr. [Erinn Finke](#). All concentration application materials should be submitted after the first semester of graduate studies, and after discussion with your academic advisor. Please note that not all applicants will be admitted into the concentration.

The purpose of the SDA concentration is to:

- Provide students with expert knowledge in designing and programming augmentative and alternative communication (AAC) technology and applications.
- Develop critical competencies in assessment and intervention specific to designing and selecting AAC systems.
- Develop critical competencies in broader aspects of working with and providing services to individuals with severe disabilities, covering topic such as seating and positioning, access, curriculum adaptation, dual sensory impairment, severe cognitive impairment, and severe physical impairments.
- Complement a student's existing scholarly knowledge and build upon transferable skills to prepare graduates for entry into clinical service positions working with children and/or adults with severe disabilities who use or could benefit from AAC.
- Provide students with opportunities to gain clinical practicum skills in supervised contexts with patients with severe disabilities and also with those who use or could benefit from AAC.

Students in the SDA concentration must complete the following three academic courses (9 academic credits total), in addition to 75 clinical practice hours in the areas of severe disabilities and/or AAC.

REQUIRED COURSEWORK:

ASP 561 Child Language Disorders (3 credits)

ASP 587 Severe Disabilities (3 credits)

ASP 558 Augmented Alternative Communication (3 credits)

Selection and scheduling of academic courses will be approved and monitored by the student's academic

advisor. Completion of all SDA concentration requirements will be approved by the SDA faculty and documented in the student's Program of Study by their faculty advisor. Completion of all SDA requirements must be verified by approval signatures from the academic advisor and SDA faculty on the student's *Completion of Concentration* form, which will be placed in the student's department file.

The SDA Concentration requires at least 75 clinical practice hours in assessing or treating children and/or adults with complex communication needs. At least 45 of the clock hours must be supervised by the clinical faculty in the Hearing and Speech Center, the Preschool Language Clinic or Child Hearing Services. There are many different clinical experiences that may meet the requirements for this concentration. Any questions about the appropriateness of a potential clinical experience in meeting the goals of the SDA concentration should be directed to the SDA concentration faculty in advance of the completion of the clinical hours.

In the event that a SDA concentration student receives a grade of a "C" or lower in ASP 533 (HSC/PLC Practicum) and/or ASP 515 (CHS Practicum), the student will be unable to complete further requirements for the concentration.

