

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 a 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 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, ASP 538). 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 Speech and Language Clinic or Early Intervention Services, with supervision provided by clinical faculty members who hold a 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 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 accommodations 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 plan 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).

Like 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 assist faculty one-on-one in using new instrumentation and devices for various educational, research and clinical applications. In addition to the 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 people served in the various clinics are treated with patient-centered care in mind with varied backgrounds, beliefs and perspectives. 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 beliefs and perspective. The goal is to prepare clinicians to:

- Analyze and synthesize information from a broad-based fund of knowledge in communicationsciences and disorders.
- Read, evaluate, and interpret research findings 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 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 [University of Tennessee, Health Science Center - Modern Campus Catalog™](#)

The clinical program is competency-based with a clinical contact hour requirement of 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). A total of up to 50 hours may be transferred from an undergraduate program.

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 practice.

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 of 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 infants 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 laryngeal voice restoration, including the use of artificial larynx devices, esophageal speech, and tracheoesophageal puncture.

Neurogenic Disorder Clinical Practicum

The neurogenic 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 promote communication skills and social connection are offered.

Early Intervention Services Clinical Practicum

Early Intervention Services (EIS) is a family-focused early intervention program for children birth-to-five years of age who need specialized services due to significant social communication delays and/or a diagnosis of autism spectrum disorder. The EIS 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. EIS 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 EIS clinic. On occasion, students may be 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 people 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. This practicum uses total communication, auditory-oral, and auditory-verbal models for treatment approaches. Goals for patients in this clinic 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. 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

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.

KASA Standards/Competencies

Students must demonstrate competencies in the 9 disorder areas in the areas of Evaluation, Intervention, Additional Clinical Skills and Professional Practice, Interaction and Personal Qualities. See the link for more information.

<https://www.asha.org/certification/2020-slp-certification-standards/>

Council on Academic Accreditation (CAA)

The CAA has adopted standards for accreditation. More information can be found at this link [Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology](#)

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 [School Login | CALIPSO](#)

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 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 refer 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 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 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 Core Functions, students are encouraged to contact their academic advisor or the program director. An additional contact may be the [Disability Services](#) | [Academic Success](#) | [Student Success](#) | [UTHSC](#)

Observational Requirements

Most students who enter the graduate program have completed the required 25 hours of supervised observations as part of their undergraduate program. 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 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 must be covered with malpractice insurance through a policy written for the University. Students can access the [Student Professional Liability Insurance](#) marketplace at this link. 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 the 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. Some sites require evidence of flu-shots and may require other vaccinations; 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 student immunizations.

[Student Immunization](#) | [Admissions](#) | [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 department. Students should complete CPR training prior to the first day of their practicum. 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 in the summer of the prior year may 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 the clinic and annually. 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 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 with 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 Speech and Language Clinic (including AR Clinic) which serve patients of all ages (infants, preschool, school age, and adults) with varying types and levels of communicative, swallowing, and feeding disorders. In addition, students may be assigned to Early Intervention Services, which serves children aged birth to 5 that are at risk or diagnosed with autism or social communication 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 has 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 may be determined by 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 the 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. [Telepractice](#)

Aural Habilitation Concentration

In addition to the above clinical program of study, students may apply to pursue a concentration in Aural Habilitation in the Aural Rehabilitation Clinic. Application materials may be obtained 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 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, 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 enrollment. 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 manner. 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 actively engaged 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 treatment and evaluation when appropriate. During these sessions, students count only those hours of direct engagement with the patient or their families. 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).

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 is 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 spent under 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 the 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. Please see Off Campus Supervisor Manual for more detailed information.

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 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 Microsoft 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 most 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 four semesters on campus. However, all students are required to pass competencies by completing assignments in ASP 534 CES 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 assignments, 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 if 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/simulation 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. 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 clinical 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 related 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 literature, take an exam, or write a paper on a specific topic.

Professional Enrichment Activities

As a part of your clinical education, it is expected that you will participate in other professional experiences related to the field of speech-language pathology. ASHA (American Speech-Language-Hearing Association) certification standards include competencies related to interprofessional education and practice. Providing outreach to individuals with various backgrounds and perspectives is a key competency.

Student clinicians are required, according to the ASP 533 and ASP 515 syllabus, to complete a minimum of 3 Professional Enrichment Activities during the 6-semester program. Participation in Professional Enrichment Activities will be submitted via Microsoft Forms and approved by the supervising clinical faculty member. Completion of participation will be documented in Calipso. Examples of Professional Enrichment Activities include, but are not limited to:

Friends of Aphasia group

Aphasia support group

Voice Support Group

Stuttering support group

Hands and Voices Day

NSSLHA events

NSSLHA officer
EIS/PLC community outings
CSD Movies
AAC workshops
Community screenings
Volunteer for a departmental event
Trunk or treat
Pediatric Feeding Workshop
AAC support group
TAASLP Conference/College Bowl/Spirit Competition
Mobile unit outreach
Sertoma event volunteer
Voice Conference
Sertoma Celebrate Sound Walk
Butterfly Run
Reading with the Rescues
Stutterfest
Read with me – Literacy workshop
Career Fair
Redbird trip
Volunteer your Voice Summer camp
Study abroad
Aphasia awareness event
FOT Babies events

Students must complete a Microsoft Form to submit clinic hours related to this experience to the Clinic Directors for approval of the Professional Enrichment Activity. If you are not sure if an event would meet the criteria for an additional professional experience, please email Emily Noss eclark1@uthsc.edu or Allison Wegman awegman1@uthsc.edu to discuss the details. It is the student's responsibility to look out for announcements for these professional activities and sign up.

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 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 competency for any specific area of knowledge and skill necessary for safe and competent practice of speech pathology.

Overall Graduate Grade Scale

Grade	Percentage	Quality Points
A	93-100	4.0
A-	90-92	3.7
B+	87-89	3.3
B	83-86	3.0
B-	80-82	2.7
C+	77-79	2.3
C	73-76	2.0
C-	70-72	1.7
D	60-69	1.0
F	Below 60	0.0

Clinical Practicum Grading Scale—Calipso

Semester 1 and 2		Semester 3 and 4		Semester 5		Semester 6	
A	4.00-5.0	A	4.00-5.00	A	4.26-5.00	A	4.50-5.00
A-	3.50-3.99	A-	3.70-3.99	A-	4.00-4.25	A-	4.25-4.49
B+	3.26-3.49	B+	3.51-3.69	B+	3.76-3.99	B+	4.00-4.24
B	2.76-3.25	B	3.26-3.50	B	3.26-3.75	B	3.76-3.99
B-	2.50-2.75	B-	3.00-3.25	B-	3.00-3.25	B-	3.50-3.75
C+	2.40-2.49	C+	2.76-2.99	C+	2.75-2.99	C+	3.26-3.49
C	2.20-2.39	C	2.51-2.75	C	2.66-2.74	C	3.00-3.25
C-	2.00-2.19	C-	2.40-2.50	C-	2.50-2.65	C-	2.75-2.99
D	1.50-1.99	D	1.60-2.39	D	2.00-2.49	D	2.00-2.74
F	1.00-1.49	F	1.09-1.59	F	1.00-1.99	F	1.00-1.99

If 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 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 in 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 the 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 (2023), 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 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 of 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 preparing 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 of 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 behavior in all their encounters.

Grading Forms Associated with Professional Behavior Expectations

Failure to adhere to 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 during midterm and at the end of the semester on professional behavior. Students who have not met professional expectations at midterm will have an opportunity to receive feedback to demonstrate a change in behavior. Persistent unprofessional behaviors can put the student at risk for remediation and/or lowering grade by a full letter.

The following items on the CALIPSO performance evaluation form can result in a 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. Practice the principles of universal precautions to prevent the spread of infectious and contagious diseases (CAA 3.8B).
5. Demonstrates professionalism (CAA 3.1.1B - Professional Duty, 3.1.6B).

Appearance Policy

Student clinicians must wear clean, solid color scrubs while at the UTCC. Note that the uniform may vary from clinical site to clinical site off campus. 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 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 a department ID badge at all times while on site.

- Students are expected to always wear their ID badge 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, free of stains and wrinkles, and appropriate in size and length.

- Students should 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.

******Student Clinicians are required to wear scrubs as their uniform while present in the UTCC******

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 due to safety purposes.
- 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.

Attendance

Graduate students are expected to prepare for and attend all scheduled therapy sessions. The final grade will be based on ***attendance and professionalism***, as well as ***competencies***. Students should notify the instructor if they cannot attend a session. Students may be excused from conducting a session in cases of illness and situations of family emergencies. See the Clinical Handbook for more details. [Request for Release from Clinic_Vers2024 \(1\).docx](#) These emergency situations must be presented to the instructor, and an alternative plan must be established to best meet the patient's needs. **An unexcused absence may result in a letter grade reduction.**

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.) with the clinical supervisor.
- Prepare and conduct clinical services as assigned.
- Prepare and conduct meetings/ conferences/ consultations within an 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 by scheduled deadlines
- Attend all meetings/ conferences, and consultations promptly.
- Cancellation of clinic to study or complete academic course assignments is NOT acceptable.

It is your responsibility as a student clinician to adhere to the clinic's calendar. Prompt attendance is mandatory for all scheduled clinic slots. Please complete the following steps as needed for illness:

- Call or email your supervisor(s) and the directors of clinical education if you are ill and will be absent from the clinic.
- Contact fellow SLP students and ask if someone can fill in for you; copy this email to your supervisor.
- Contact your supervisor(s) if you are late. You may be required to provide a doctor's note.

If a scheduled patient does not keep an appointment, you may be expected to be in a clinic where you can complete other clinical responsibilities.

For other absences, a "Request for Release from Clinic" form is available (see Appendix F). This must be completed and approved as excused or unexcused by the clinical directors well in advance of the requested time off (minimum of two weeks). It is your responsibility to identify a substitute clinician and provide a plan for the session.

- Unexcused absences, absences that do not meet the two-week notice, and excessive absences are considered unprofessional behavior and will result in a full letter grade drop in your final Clinic grade.
- Sick leave and/or planned absences that exceed one day within any given semester will need to be made up in the same semester. You are responsible for coordinating that make up clinic with the respective supervisor.

SLP Clinic is rarely canceled. Please refer to the clinic calendar for planned closures. When your supervisor is out of the clinic, they will arrange for another provider to supervise.

Illness Policy

It is important that students be familiar with this policy and strictly adhere to it 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

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.

[UTIA IT0110 - Acceptable Use of Information Technology Resources Security Policy \(AUP\) - UT System Policies](#)

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 attempting 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 being denied access and disciplinary action.**

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 can have a significant impact on a student's professional reputation and status. Examples of social media include Facebook, 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, the internet and email archives can permanently affect your reputation. In recent years, it has been 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 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.

AI Use Policy

The use of generative AI tools (e.g. ChatGPT, Dall-e, etc.) may be used for the following:

- Brainstorming
- Assisting with finding information on your topic (caution should be exercised since generative AI is known to fabricate information). Generative AI does not have access to copywritten databases and articles.

- Checking grammar and style. The use of generative AI tools is not permitted to:
 - o Impersonate you in educational
 - o Write any portion of a required or submitted assignment (i.e., you are not permitted to copy/paste text)

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 and off-campus concerns are to be addressed to the Directors of Clinical Education. 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 area (i.e., hallways, elevators, restaurants, student lounges 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 the 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 always remain with students in designated areas. 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 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 send written information. Student clinicians are not permitted to contact patients, family members, or professionals without permission and guidance from their clinical faculty members. Confidentiality guidelines must be followed specifically for each site.

General Clinical Documentation Guidelines

General report writing guidelines are as follows:

- Follow the guidelines and procedures of each site

- Be concise as much as possible.
- Document ALL contact and attempts at contact (e.g., phone calls; unreturned calls)
- Never use pencil in documentation paperwork, including test protocol forms
- Be sure that your supervisor signs all official documentation
- Electronic Medical Records System, IMS, is utilized at the Speech and Language Clinic. The IMS graduate student instructions are listed below.

Guidelines for Student Access and Use of Electronic Health Records (EHR) System (HIPAA-Compliant)

1. Purpose:

Ensure secure access to Electronic Health Records (EHR) on ASP department and clinic computers are consistent with HIPAA Privacy & Security Rules and UTHSC policies and standards.

The following guidelines are in addition to the federal guidelines listed under the Health Insurance Portability and Accountability Act (HIPAA) act (review [HIPAA Information | UTHSC](#) for specifics).

2. Policy Statement:

All information in client files (paper and electronic) is confidential and must be treated as such. Student clinicians must follow specified procedures when accessing confidential client files and when working in the electronic medical record, as these files and records contain Protected Health Information (PHI).

3. Authorization & Training

- Access requires the completion of HIPAA privacy and security training, plus EHR system orientation.

4. Device Security Requirements-Only Access Clinic Computers

- Antivirus and anti-malware: Devices must run up-to-date antivirus/antimalware software.
- Encryption: All devices used to access or store ePHI must use encryption compliant with UTHSC's standards.
- Password / Authentication: Strong credentials and, where feasible, biometric authentication must be used.
- Automatic Lock: Devices must lock automatically after no more than 10 minutes of inactivity.

5. Access Controls & Secure Usage

- Access must be via UTHSC-approved secure networks (e.g., VPN), using multi-factor authentication (MFA).
- **Students are expected to access EHR systems** via:
 - Designated clinic workstations
 - Student computer labs
- Login credentials must not be shared. Unique student identities are required.
- EHR sessions must be signed out immediately after use.
- No local storage of PHI is permitted. Students must avoid unapproved cloud sync, emailing via

unencrypted channels, or backup to personal storage.

- **Students are strictly prohibited from accessing EHR systems in public locations**, including but not limited to:
 - Coffee shops
 - Libraries
 - Airports
 - Shared public spacesThese environments pose a risk of unauthorized disclosure of Protected Health Information (PHI).
- **EHR access is not permitted at any offsite or externship sites** unless the site has been formally approved by UTHSC and equipped with HIPAA-compliant infrastructure.

6. Handling ePHI, Professional Conduct and Conflicts of Interest

- In all cases, it is expected that UTHSC ASP faculty and students will use their best judgment to preserve patient privacy and abide by university and clinic policies.
- Access to patient records for purposes beyond the scope of a student's academic, clinical, or research roles is a **potentially serious violation** subject to disciplinary action under UTHSC HIPAA policies.
- University policy **strictly prohibits** the use of another individual's login credentials for accessing any clinical system.
- **Students must recuse themselves from accessing the EHR or participating in the care of the following patient groups:**
 - Faculty or staff who are known to the student or who currently have, or may potentially have, a supervisory or professional relationship with the student.
 - Fellow health professional students or their family members.
 - Friends or family members of the student.
- Any concerns regarding potential conflicts of interest should be discussed with a supervising faculty member or the institutional privacy officer before accessing related records.

7. Monitoring, Reporting, and Audit

- EHR usage will be logged and monitored in accordance with institutional compliance policies.
- Students must report any incident—including device loss/theft or suspected breach—to the Privacy Officer or IT/Cybersecurity and Clinic Directors within 24 hours.

8. Policy Violations

- Policy violations may result in disciplinary action—potentially including loss of EHR access, academic probation, or dismissal from the program—per UTHSC's Code of Conduct and student disciplinary process.

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 daily. Basic disinfection procedures are a requirement to meet standards for operation. See Universal Precautions on page 36 of this manual for related information. Additional information is included regarding the 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.

Students are expected to be in the 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 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 suggested for clinics; 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 the 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.

Routine Hand Washing

The simplest way to control the spread of infection or agents likely to cause an allergic reaction is by handwashing. 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 for 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 that 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 or 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. Contains 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 member 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 online at: [ASHA Code of Ethics \(2023\)](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

Speech and Language/EIS Offices 144				
Tricia Hedinger, M.S., CCC-SLP	Professor	Early intervention, Fluency	865-974-4641	Thedinge@uthsc.edu
Steffanie Barber, M.S., CCC-SLP	Assistant Professor	Adult Neurogenic	865-974-2672	Sbarbel6@uthsc.edu
Kim Almand, M.S., CCC-SLP	Assistant Professor	Voice	865-974-4657	Kalmand@uthsc.edu
Angela Orr, M.S., CCC-SLP	Assistant Professor	Swallowing	865-974-4647	Aorr14@uthsc.edu
Allison Wegman M.S., CCC-SLP	Assistant Professor	Augmentative and Alternative Communication (AAC);	865-974-0658	Awegman1@Uthsc.edu
Teresa R. Vaughn, M.A., CCC-SLP	Associate Professor	Early intervention, School ages, Apraxia and Autism	865-974-1789	Tvaughn@uthsc.edu
Maggie Wheeler, M.A., CCC-SLP	Assistant Professor	Early Intervention; Autism; Augmentative and Alternative Communication (AAC);	865-974-7214	Mwilli86@uthsc.edu
Briana Klar M.S., CCC-SLP	Clinical Instructor	Early Intervention, AAC and Feeding	865-974-4640	Bgaines6@uthsc.edu

Lydia Lowe Barry, MS, CCC-SLP	Clinical Instructor	Early Intervention; Autism; Augmentative and Alternative Communication (AAC);	865-974-4684	Llowe9@uthsc.edu
Amanda Cox, M.S., CCC-SLP	Clinical Instructor	Early Intervention; Autism; Augmentative and Alternative Communication (AAC);	865-974-0787	Acox92@uthsc.edu
Rachael Roper, M.S., OTR	Clinical Instructor	Occupational Therapy	865-974-6965	Rroper4@uthsc.edu
Katie Akers, M.S.	Clinical Instructor	Early Intervention; Autism	865-974-4239	Khawkin6@uthsc.edu

Clinical Faculty – AR Clinic

Marilyn Owens, M.S., CCC-SLP	Clinical Instructor	Aural Habilitation	865-974-1798	Mmays5@uthsc.edu
Jestina Bunch, M.A., CCC-SLP	Assistant Professor	Aural Habilitation	865-974-1794	Jkbunch@uthsc.edu
Ashley Irick, M.S., CCC-SLP	Associate Professor	Aural Habilitation	865-974-4758	Ayoung12@uthsc.edu
Emily Noss, M.A., CCC-SLP	Associate Professor	Aural Habilitation	865-974-8663	Eclark1@uthsc.edu
Autumn Sanderson, M.A., CCC-SLP	Associate Professor	Aural Habilitation	865-974-1797	Amajor@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, are covered by the final HIPAA regulations.
- The 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.

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](#). 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

APPENDIX F



**MSSLP Program
Request for Release from Clinic
(Complete one for each clinic slot/supervisor)**

Student:

SLP: Yr2 Yr3
(Circle one)

Semester: Fall Spring Summer

Date(s) requested:

Reason for absence:

Student Substitute and email:

Signature of Student

Date_____

Signature of Supervisor

Date_____

Please email Directors of Clinical Education and Direct Supervisor

Policy in SLP Clinic Syllabus (excerpt): Graduate students are expected to prepare for and attend all scheduled therapy sessions. The final grade will be based on attendance and professionalism, as well as competencies. Students should notify the instructor if they cannot attend a session. Students may be excused from conducting a session in cases of illness and situations of family emergencies. See the Clinical Handbook for more details. These emergency situations must be presented to the instructor, and an alternative plan must be established to best meet the patient's needs. **An unexcused absence may result in a letter grade reduction.**

