

**Brigham Young University**  
**Department of Communication Disorders**  
**Speech and Language Clinic Handbook**

**Revised Fall 2013**

## **INTRODUCTION TO THE SPEECH AND LANGUAGE CLINIC HANDBOOK**

Congratulations on your admission to the Graduate Program in the Department of Communication Disorders (ComD) at Brigham Young University. As part of the graduate program in ComD each graduate student will be required to complete several clinical rotations both in the BYU Speech and Language Clinic as well as at externship sites located in and around the Wasatch Front area of Utah. This handbook contains important policies and procedures that will instruct students on important professional matters ranging from dress and grooming expectations to attendance and non-discrimination policies. The policies and procedures are most often written to help students have a clear understanding of what the professional expectations are in the field of Speech-Language Pathology and thus, in the Department of Communication Disorders.

Many of the policies contained in this handbook have been adopted from Brigham Young University policies and are written just as they appear on BYU's web pages. Others have been created due to the special circumstances regarding treatment of clients. Yet other policies have been adapted based on input from external agencies (e.g. Council of Academic Accreditation) that review our program for accreditation purposes.

The current clinic director of the Speech and Language Clinic is responsible for the content of this handbook. All policies and procedures have been reviewed and approved by the faculty of the ComD department. Please direct all comments and/or questions regarding this handbook to the BYU Speech and Language Clinic Director, Ms. Lee Robinson, MS, CCC-SLP.

The most important piece of advice I can give my students is that it is better to ask for PERMISSION THAN FORGIVENESS. In other words, if you are unsure if you are following a policy correctly, ask the clinic director. It is far easier for me to make exceptions to the policy than it is for me to ignore policy that a student has broken.

One final note of introduction; Like King Mosiah in chapter 4: 29-30 (Book of Mormon), I cannot tell you all the possible ways you could act contrary to policy. It is imperative that you begin to develop a sense of professionalism, which includes taking responsibility for your actions.

### **STATEMENT OF NONDISCRIMINATION**

Brigham Young University is committed to providing an academic and employment environment that is free from unlawful discrimination and to achieving a prompt and equitable resolution of all grievances alleging unlawful discrimination, which are filed with the university. Unlawful discrimination on the basis of race, color, gender, national origin, religion, age, veteran status, or disability will not be tolerated.

Please see [https://www.byu.edu/hr/?q=Procedures/Student Supervision/Student Non-Discrimination Procedures](https://www.byu.edu/hr/?q=Procedures/Student%20Supervision/Student%20Non-Discrimination%20Procedures) for additional information.

### **STUDENT RIGHTS**

Students are entitled to study in an environment free from unlawful discrimination. Any student, staff employee, faculty member or site supervisor who unlawfully discriminates against a student on the basis of race, color, national origin, religion, age, gender, veteran status, or disability may be subject to sanction.

### **CLIENT RIGHTS**

Clients seen either in the BYU Speech and Language Clinic or in an affiliated internship site are entitled to speech and language services in an environment free from unlawful discrimination. Any student, staff employee, or faculty member who unlawfully discriminates against a client on the basis of race, color, national origin, religion, age, gender, veteran status, or disability may be subject to sanction.

### **STUDENTS WITH DISABILITIES**

BYU is committed to providing a working and learning atmosphere, which reasonably accommodates persons with disabilities who are otherwise qualified to participate in BYU's programs and activities. It is the policy of BYU to prohibit unlawful discrimination against persons with disabilities and to provide reasonable assistance in bringing them into the mainstream of campus life. To accomplish this, BYU complies with all applicable disability laws.

Brigham Young University is committed to providing a working and learning atmosphere that reasonably accommodates qualified persons with disabilities. If you have any disability, which may impair your ability to complete this course successfully, please contact the University Accessibility Office (UAO) (801-422-2767). Reasonable academic accommodations are reviewed for all students who have qualified documented disabilities. Services are coordinated with the student and instructor by the UAO Office. Students are required to notify the instructor of the disability prior to deadlines, test dates or any other class requirement where accommodations need to be arranged. For the purposes of all sections of ComD 688R students must notify Ms. Robinson in writing during the first week of class if they are registered with UAO or if they have a disability that will require accommodations. If you need assistance or if you feel you have been unlawfully discriminated against on the basis of disability, you may seek resolution through established grievance policy and procedures. You should contact the Equal Employment Opportunity Office at 801-422-5895. D-282 ASB.

### **ASHA CODE OF ETHICS**

At the end of this handbook please find an attached a copy of the ASHA Code of Ethics. Each student is expected to read, understand and adhere to the ASHA Code of Ethics in any clinical placement. Faculty, student or site supervisor failure to comply with the ASHA Code of Ethics may be subject to sanction.

### **PREVENTING SEXUAL HARASSMENT**

Title IX of the Education Amendments of 1972 prohibits sex discrimination against any participant in an educational program or activity receiving federal funds. The act is intended to eliminate sex discrimination in education. Title IX covers discrimination in programs, admissions, activities, and student-to-student sexual harassment. BYU's policy against sexual harassment extends not only to employees of the university (including internship supervisors affiliated with BYU and the Department of Communication Disorders) but to students as well. If you encounter unlawful sexual harassment or gender based discrimination, please talk to your professor; contact the Equal Employment Office at 801-422-5895 or 801-367-5689 (24-hours); or contact the Honor Code Office at 801-422-2847

### **HONOR CODE**

In keeping with the principles of the BYU Honor Code, students are expected to be honest in all of their academic work. Academic honesty means, most fundamentally, that any work you present as your own must in fact **be** your own work and not that of another. Violations of this principle may result in a failing grade in the course and additional disciplinary action by the university.

Students are also expected to adhere to the Dress and Grooming Standards. Adherence demonstrates respect for yourself and others and ensures an effective learning and working environment. It is the university's expectation, and my own expectation in class, that each student will abide by all Honor Code standards. Please call the Honor Code Office at 801-422-2847 if you have questions about those standards.

Honor Code expectations extend to all off-campus internship sites.

Honor Code expectations also extend to all reporting of clinical hours earned on the green sheets. The times recorded on the green sheets must be an accurate reflection your work and your work alone. All recorded time must also meet ASHA standards and guidelines.

### **CONFIDENTIALITY POLICY**

Law and the Code of Ethics of the American Speech-Language-Hearing Association mandate client confidentiality. All students taking part in clinical rotation must sign a confidentiality statement stating that they will protect the confidentiality of clients. If you have not already signed a confidentiality statement at BYU please see the secretary in room 136 to do so immediately.

All client records at the BYU Speech- Language Clinic are confidential. All information regarding clients is privileged communication. Students are granted access to clinic information for only those individuals that they are treating. Client files must be checked out of the Records/Materials' Center. Clinic reports must be written on dedicated servers and computers within the John Taylor building. Reports should not be written or transmitted over the Internet. At no time should client reports or files (paper or electronic) be taken outside of the Clinic. Files, videos, tapes, DVDs, language sample transcriptions, data sheets, and anything else pertaining to your client should be stored in the file cabinet located in room 120. If you need to check files out over the weekend please keep the files in the file cabinet in room 120. Do not store files or other sensitive material in lockers. You may check files out for an extended period of time as long as you store the files in room 120. DVDs of clients may not leave the building. Destroy (shred) all paperwork regarding clients when it is no longer required. A shredding machine is located in Room 136 and at the receptionist's desk.

Discussions of a client's case should never take place in the hallways or other unsecured locations. Please use a therapy room or office. Client names should only be used when absolutely necessary. Clients should never be discussed with roommates, family, or others not directly associated with the client's case. Do not invite friends, family members, or others to observe you.

If you must leave a message for a client over the phone, leave only your name, that you are calling from the BYU speech-language clinic, and your phone number. Do not mention the client's name or why you are calling; the person receiving the message will usually understand why you are calling.

Information regarding a client, including the fact that the client is receiving treatment at the clinic, can only be released to an outside agency with the written permission of the client or a person responsible for the client.

### **HIPAA**

All students are required to pass HIPAA training through the State of New York on line course. We will discuss in class the procedure for HIPAA certification. Please see Sandy Alger, department secretary, to sign up for the course.

### **SAFETY GUIDELINES**

The Taylor Building is considered a "high risk" building in terms of safety. What I mean by that is that the Taylor Building is off campus so that the community at large has easy access to the many services we provide in the building. Many of the clients seen by Marriage and Family Therapy or Counseling Psychology are people who have severe emotional problems. Because so many of our clients are small children/minors and have disabilities we need to be very consciences of their safety. Follow this list of guidelines to keep yourself and your client safe from harm or accident.

1. Do not leave a client alone in the therapy room. If you forgot something and need to go to the materials room, take the client with you.
2. Do not allow a client stand on any furniture or materials bins.
3. Deliver clients to their caregivers at the end of the session. Make sure the caregiver knows that the client is back in the care of the caregiver.
4. If a client needs to use the bathroom, have the caregiver take them. If the caregiver is unavailable, have a supervisor or another student clinician assist you.
5. Sometimes our young clients form attachments to you. They may demonstrate that affection in a physical way. High fives, knuckle snaps, handshakes are all appropriate ways to express appreciation or excitement. Please use good judgment and consult with your supervisors regarding ways to handle clients who may wish to give you a hug.
6. Do not send a minor client to get a drink of water without you. You must watch your minor clients at all times.
7. Keep backpacks and personal belongings out of the hallways or other unattended areas.
8. Do not give the door codes to your clients. The locks on the doors are intended to keep the rooms protected and safe from those unauthorized to use the therapy rooms. When you give the code to unauthorized person it compromises the safety of our clinic.
9. Please keep yourself safe at all times. Graduate students often spend long hours in the Taylor Building long after the outer doors are locked. Please do not prop outer doors open after hours.
10. If you are studying alone in the Taylor Building late at night please protect yourself by staying in locked areas such as the therapy rooms or room 125.

### **DRESS CODE**

All students must follow BYU's policy on Dress and Grooming <http://idcenter.byu.edu/id-card-policies>. For the purposes of the BYU SL Clinic business casual is appropriate attire. Friday is a casual day. Student clinicians have permission to wear jeans on Fridays in the clinic. This dress code pertains to students only when they are participating in a therapy or diagnostic session. All other times of the day, including class time are not part of my jurisdiction.

### **CLINICAL ATTENDANCE POLICY**

The clinical attendance policy is one of the most important policies we have in the handbook. It is essential that students entering the field of speech-language pathology understand that part of being a professional involves making and keeping commitments. When a graduate student is assigned a client the student is making a commitment to be prepared for that client each and every time the client comes to the clinic for therapy. Keep in mind that your clients do pay for their services and they make an effort to travel to the clinic. It is inappropriate for a student to have a cavalier attitude about their clinic assignments. Hence the clinical attendance policy which is outlined below.

#### **Clinical Attendance Policy:**

Failure to attend a clinical assignment (e.g. BYU clinic, internship, screenings) without notifying the clinic director AND the site clinical educator may result in a failing grade. Students will also be subject to an immediate dismissal from the site and will not be allowed to return to that site in the future. NOTE: If a student receives a failing grade in any section of COMD 688R ALL clinical practicum hours earned during the semester or term become invalid and can not be submitted as ASHA hours.

**Possible reasons for exceptions to the policy:**

**Illness/Family Emergencies:**

Student must notify BOTH the site clinical educator and the clinic director the morning that he or she is unable to attend due to illness. If the student misses more than one day due to illness the student is expected to contact both the site clinical educator and the clinic director the morning of each subsequent day missed.

If a student is unable to attend a clinical assignment due to a family emergency the student must contact the site clinical educator AND the clinic director to make arrangements immediately.

**Severe Weather/Freeway Closures:**

Occasionally in the winter months, weather in and around the Wasatch front is too severe for travel on the freeways. Also, the freeways are occasionally closed due to accidents. If a student is commuting to a clinical assignment and is unable to attend due to severe weather conditions or a freeway closure then the student is expected to contact both the site clinical educator AND the clinic director immediately.

**Time Off Policy:**

If a student wishes to arrange time off during a clinical assignment for any reason other than illness, family emergency, severe weather or freeway closures, the student should follow the Procedure for Time Off Requests.

**Procedure for Time Off Requests:**

The student must submit a written request via email stating the reason for the time off and dates of the absence to the clinic director. The request must be submitted prior to placement at a site. If the request is approved then the student must arrange the time off with the internship clinical educator during the first week of the semester or term. Failure to obtain clinic director approval before discussing time off with a site clinical educator will result in a failing grade. Written requests for time off do not guarantee approval. If the student is not satisfied with the clinic director's decision then the student may submit the request to the department chair. The department chair's decision is final.

Students may not make direct requests for time off from an internship to an internship clinical educator without prior approval from the Director of Clinical Services in the

Department of Communication Disorders at Brigham Young University. Generally, requests for time off will not be granted for thesis related activities, personal activities, or other non-related internship activities.

### **UNIVERSAL PRECAUTIONS**

Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood borne pathogens (OSHA). I have included the Blood Borne Pathogen Standard as well as acceptable alternatives. Although we do not use the Blood Borne Pathogen Standard in our clinic many of our students must know and understand this standard when they work at medical externship sites.

**Blood Borne Pathogen Standard:** Observe Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM). When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material. Treat all blood and other potentially infectious material with appropriate precautions such as: Use gloves, masks, and gowns if blood or OPIM exposure is anticipated. Use engineering and work practice controls to limit exposure

**OPIM defined:**

Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**Additional OPIM definitions:**

Any unfixed tissue or organ (other than intact skin) from a human (living or dead)  
HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Acceptable Alternatives:**

The Blood Borne Pathogens Standard allows for hospitals to use acceptable alternatives to Universal Precautions. For example: Body Substance Isolation (BSI) and Standard Precautions. These precautions apply to: blood, all body fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes.

**Standard Precautions Include:**

Hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated. For the purposes of working in the BYU SL clinic the Standard Precautions will be adapted.



### **Hand Washing**

Wash your hands before and after every session. Take rings off and wash with hot water and scrub for at least one minute. Turn off water with paper towel and open the bathroom door with a paper towel. Hand sanitizer is available in the cabinets of every therapy room. If the hand sanitizer missing or needs to be replaced please tell the clinic TA.

### **Oral Peripheral Examination**

Wash hands and table before performing the oral peripheral examination. Wear gloves during the exam. Set your materials on a paper towel. Throw all your materials away. Wash your hands and table again after the exam is completed.

### **Cleaning Supplies**

Cleaning supplies are located in the upper cabinet of each therapy room in the form of 409 spray and paper towels. Clean as you go during the therapy session. Make cleaning a part of the therapy routine. Wipe the doorknobs and table and chairs at the conclusion of the session. Many studies show that cleaning doorknobs and table surfaces reduces the spread of germs that cause colds and flu-like symptoms.

## **STANDARDS FOR CLINICAL HOURS**

Standards for clinical hours are based on the ASHA Standards for the Certificates of Clinical Competence (see the current ASHA *Membership & Certification Handbook: Speech-Language-Pathology*). These, however, are minimum requirements. By the time you complete the clinical training program, you should have acquired hours well above the minimum standards.

## **DOCUMENTING CLINICAL HOURS**

You are responsible for completing and submitting the record of clinical hours. These forms, known as “green sheets” are available from the program secretaries in Room 136 TLRB. One sheet should be completed for each clinical educator each semester/term. You should complete these forms by the last day of your clinical practicum assignment and submit the form to the clinical educator for a signature and ASHA number where indicated on the top of the form.

After you have submitted the hours form to the department secretaries, they will input your hours and generate an hours summary sheet, which is kept on file in the department office. It is recommended that you make a copy for your own records of each hours form you submit. Students are welcome to make a pdf of their green sheets for their own records before submitting the form to the student secretaries. Please check the report to make sure it reflects the hours you submitted.

At least 375 hours must be in direct client/patient contact.

The “Big Nine” defined:

**Articulation**

**Fluency**

**Voice and resonance**, including respiration and phonation

**Receptive and expressive language** (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities

**Hearing**, including the impact on speech and language

**Swallowing** (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)

**Cognitive aspects of communication** (attention, memory, sequencing, problem-solving, executive functioning)

**Social aspects of communication** (challenging behavior, ineffective social skills, lack of communication opportunities)

**Communication modalities** (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)

**Prevention defined:** clinical activities that inform the public how to prevent disorder or limit the severity of the disorder. Examples include screening procedures, educational in-services, preparing and distributing client and parent education materials that are printed.

**Culturally and linguistically diverse defined:** any client that requires an interpreter, speaks English as a second language, or is multi-cultural.

**DX or Assessment defined:** Assessing a client using a variety of tools or procedures (ex. Standardized tests, language/speech samples, bedside swallow evaluations, screening procedures, collecting baseline data, etc.)

**TX or Intervention defined:** Providing a prescribed, evidence based treatment to any client who qualifies for services (ex. LSVT, language therapy, articulation therapy, phonological process therapy, stuttering intervention, swallowing therapy, etc.)

ASHA certification standards require a total of 400 clock hours of supervised clinical practicum. You must complete a minimum of 25 clock hours of observation prior to beginning the initial clinical practicum (only 25 observation hours can contribute towards the 400 hour total hours). Your first 50 clinical practicum hours must be obtained at Brigham Young University.

Under the ASHA Big 9 you **must** earn a minimum of **5 clinical hours for each of the Big 9 disorder areas as well as the prevention, multicultural, and 3 severity levels.**

A minimum of 325 hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program. Direct supervision must be in real time and must never be less than 25% of the student’s total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student’s level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the clients/patients disorder with a student providing clinical services as part of the student’s clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.

Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum. Typically, only one student should be working with a given client.

Once you have completed your clinical hours you will have an exit interview with the clinic director who will certify that you have completed your hours, that you had quality practicum experiences throughout your graduate program.

#### **400 PLUS CLINICAL HOURS POLICY**

Occasionally we will have a student who does not complete their graduate program in a timely manner. Reasons for not finishing within 2 or 3 years have included childbirth, personal or family illness, delays with a thesis project, etc. When a student takes longer than expected to complete their graduate program they often go more than a year without clinical experience. Given that our field is such a clinical, hands-on profession it stands to reason that we require students who may take longer to complete their graduate program to enroll in clinic periodically to maintain their clinical skill level. Hence the 400 plus clinical hours policy.

##### **400 plus clinical hours policy:**

A student who has completed 400 clinical hours must continue to enroll in some form of clinical practicum (typically 1 credit of 688R) until graduation.

##### **Possible exception to the policy:**

A student may go for one semester or two terms (spring/summer consecutively) without enrolling in a clinical experience. If the student has not graduated by the end of that semester or two terms then they must enroll in 1 credit of ComD 688R and be engaged in an appropriate clinical activity that has been approved by the clinic director and the thesis chair.

The student may petition their thesis chair and clinic director in writing via email to extend the clinic break for one additional semester (or two terms). Submission of a written request does not imply approval. The written request must include: a timeline of the student's clinical activities to date, the student's projected graduation date as well as a rationale for why the student needs the extension.

If the student would like the department to continue tracking their clinical hours then it is the student's responsibility to provide the name, ASHA number, contact phone number, address, and site location to be entered into the database.



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Date Entered in Computer Database \_\_\_\_\_ By \_\_\_\_\_

Students: Check all boxes that apply to each minute submitted.

For ASHA and BYU hours requirements, refer to the back of this sheet.

- At least 375 hours must be in direct client/patient contact
- The “Big Nine” defined:
  - **Articulation**
  - **Fluency**
  - **Voice and resonance**, including respiration and phonation
  - **Receptive and expressive language** (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
  - **Hearing**, including the impact on speech and language
  - **Swallowing** (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacila myofunction)
  - **Cognitive aspects of communication** (attention, memory, sequencing, problem-solving, executive functioning)
  - **Social aspects of communication** (challenging behavior, ineffective social skills, lack of communication opportunities)
  - **Communication modalities** (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)
- **Prevention defined:** clinical activities that inform the public how to prevent disorder or limit the severity of the disorder. Examples include screening procedures, educational in-services, preparing and distributing client and parent education materials that are printed.
- **Culturally and linguistically diverse populations defined:** any client that requires an interpreter, speaks English as a second language, or is mulit-cultural.
- **DX or Assessment defined:** Assessing a client using a variety of tools or procedures (ex. Standardized tests, language/speech samples, bedside swallow evaluations, screening procedures, collecting baseline data, etc.)
- **TX or Intervention defined:** Providing a prescribed, evidence based treatment to any client who qualifies for services (ex. LSVT, language therapy, articulation therapy, phonological process therapy, stuttering intervention, swallowing therapy, etc.)
  
- ASHA certification standards require a total of 400 clock hours of supervised clinical practicum.
- You must complete a minimum of 25 clock hours of observation prior to beginning the initial clinical practicum (only 25 observation hours can contribute towards the 400 hour total hours).
- Your first 50 clinical practicum hours must be obtained at Brigham Young University.
- Under the ASHA Big 9 we **must** you earn a minimum of 5 clinical hours for each of the Big 9.
- A minimum of 325 hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level at the discretion of the graduate program.
- Direct supervision must be in real time and must never be less than 25% of the student’s total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student’s level of knowledge, experience, and competence warrants.
- A supervisor must be available to consult as appropriate for the clients/patients disorder with a student providing clinical services as part of the student’s clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.
- Only direct contact with the client or the client’s family in assessment, management, and/or counseling can be counted toward practicum. Typically, only one student should be working with a given client.

## PERFORMANCE EVALUATION

Development of clinical skills and characteristics is a process. Evaluation of clinical work is based on several factors, including professional conduct, growth toward independence, development of clinical competencies, and demonstration of professional commitment.

Please note: If any of the following occur, your final clinic evaluation will be negatively impacted and may place you on marginal status for progress in your graduate program: poor professionalism; unexcused absences from colloquium; inadequate file(s); missing the deadline at the end of the semester/term for turning in final reports and checked out materials.

### Evaluation of Clinical Performance

Each clinical educator will evaluate student clinicians at two points during the semester: once at a midterm evaluation meeting and once at the final evaluation meeting. On the following pages please find the Evaluation of Clinical Performance form, which will be filled out at these evaluation points.

**Definition:** Clinical assignment; a clinical assignment is a case assigned to a student for either treatment or diagnostic purposes. During fall semester students are usually assigned two treatment clients and one diagnostic client. Thus a student has three clinical assignments.

Students must receive a final rating of 84 or better in all clinical assignments to continue to the next semester or term. If the final rating for any clinical assignment is below 84, the student may be placed on marginal status. If this occurs, the student will be informed what must be done to remove the marginal status and to be able to continue on in the clinical program. The condition for status change will depend on the nature of the clinical problem. Students may be required to review and pass a tutorial, complete a case study, serve another clinical assignment in the BYU SL Clinic, or perform another activity designed by the faculty or clinic director. If the problem is serious enough that a student is in danger of failing the clinical assignment, a Student Review Plan will be formulated and implemented.

### Midterm Evaluation

Students will meet with the clinical educator to review the student's experience to that point. Students are responsible to make an appointment with their clinical educators. Students should fill out a clinical knowledge and skills checklist and rate themselves using the rating scale provided. We ask students to rate their own skills for two reasons; a) to help us gauge how students view their own clinical growth and b) ensure that students have read the checklist and know what skill areas their clinical educators are evaluating. A student's self-rating is not calculated into the midterm or final grade.

After reviewing the skills check list the clinical educator and the student will review what the clinical educator sees as the student's areas of strength as well as areas where the student can make improvements. The clinical educator and the student will then set one to three goals targeting identified improvement areas. The goals will be recorded on the Evaluation of Clinical Performance form and a copy will be provided to the student. The student will be asked to report on the progress of these goals at the final evaluation meeting.

The clinical educator will also inform the student of their midterm rating. The midterm rating is not factored into the final grade. We do not factor in the midterm rating for a very important and specific reason. If the student is in danger of failing one or more clinical assignment then the clinical educator can and will issue a low midterm rating. We tend to think of a low midterm rating as a "warning" to the student that they must make changes in their clinical skills if they wish to pass the course for the semester. However, we assume the student wants to improve and is willing to do what is necessary to improve. By not factoring in the midterm grade we are allowing the student to make positive change between midterm and final evaluations. In other words we are trying to give the student a chance to not fail but rather to improve to the point of passing the course with a B- or better.

### **Final Evaluation**

At the end of the semester, students will meet with the clinical educator to evaluate the student's clinical performance. The clinical educator will review areas of strength as well as areas that need improvement. She will also provide a rating of the student's performance and complete the competencies checklist. The clinical educator will also ask the student to report on their progress with the goals they set at midterm. The final rating given will be factored in to the final grade for the course. Please see your current syllabus for an explanation of how grades are issues.

The following four pages of this handbook have examples of the Evaluation of Clinical Competence form and the Clinical Knowledge and Skills Checklist.

### **B- OR BETTER POLICY**

Please note that, just as with all other ComD graduate classes, if a student earns lower than a B- in any section of ComD 688R then they must re-take the same clinical experience (e.g. C grade during a semester means the student must retake the course during another semester, a spring term would not count). Also, the clinical hours for the semester or term in which a student earns a C+ or lower are invalid and cannot count towards ASHA hours. We have to invalidate the clinical hours earned because the experience is considered sub-standard.

# BYU Speech and Language Clinic Handbook

Brigham Young University  
Comprehensive Clinic  
Speech-Language Clinic

## Evaluation of Clinical Performance

Student Name \_\_\_\_\_ Semester/Year \_\_\_\_\_  
Supervisor \_\_\_\_\_ Site \_\_\_\_\_  
Student Level: \_\_\_\_\_ Beginning (0-50 clinical hours) Case Type(s) \_\_\_\_\_  
                  \_\_\_\_\_ Intermediate (51-200 clinical hours)  
                  \_\_\_\_\_ Advanced (200+ clinical hours)

### INITIAL EVALUATION

Instructions: Please describe student's strengths and weaknesses. Then write 3 to 4 specific goals/objectives for the student to focus on during the remainder of the experience.

Date \_\_\_\_\_ Midterm Rating \_\_\_\_\_

### FINAL EVALUATION

Instructions: Summarize progress and give rationale for rating. If applicable, please give recommendations for next clinical experience.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Final Rating \_\_\_\_\_



**Rating Levels**

The rating is based on the following: [**Note:** These are the midrange; you may assign numbers between these.]

- 98 Outstanding; displays independent and superior competencies in all areas
- 93 Outstanding in almost all descriptors; needs minimal guidance to improve performance on remaining descriptors
- 88 Above average performance on most descriptors; requires average amount of guidance to improve
- 84 Expected ability at experience level seen on most descriptors; amount of guidance needed is commensurate with current level
- 81 Expected ability at experience level on about half of the descriptors, while others are fair; requires a significant amount of guidance in some areas  
Competencies are adequate but gives minimum effort
- 78 Fair ability on most descriptors; may have differing competence levels with some skills being good, but others requiring supervisory intervention to achieve an adequate level of performance
- 74 Fair ability on about half of the descriptors, while others are adequate only with continued supervisory intervention; generalization/consistency is adequate
- 71 Marginal; skills on some descriptors are fair; some descriptors are adequate only with considerable direction and/or demonstration from supervisor; generalization and/or consistency is adequate
- 68 Unacceptable performance; demonstrates considerable difficulty on most descriptors; has shown improvement in some areas with extensive direction and/or demonstration from supervisor; generalization/consistency is fair  
**One area is causing significant (ie, out of proportion) clinical difficulty that is impeding client progress**
- 64 Unacceptable performance; demonstrates considerable difficulty on most descriptors; has shown only slight improvement in some areas with extensive direction and/or demonstration from supervisor; generalization/consistency is slight
- 61 Unacceptable performance; demonstrates considerable difficulty on most descriptors; can master small skill with extensive direction and/or demonstration from supervisor; shows little or no generalization on similar tasks
- 58 Unacceptable performance; demonstrates considerable difficulty on most descriptors; does not consistently perform skill even with extensive direction and/or demonstration from supervisor

**Other comments:**



# BYU Speech and Language Clinic Handbook

## Instructions to the Site Supervisor: Please answer the following questions.

In which of the 9 disorder areas listed below did the student demonstrate competence in Evaluation? (list by numbers) \_\_\_\_\_

In which of the 9 disorder areas listed below did the student demonstrate competence in Intervention? (list by numbers) \_\_\_\_\_

In which of the 9 disorder areas listed below did the student demonstrate competence in Interaction and Personal Qualities? (list by numbers) \_\_\_\_\_

Did the student demonstrate competence while engaged in prevention activities? (circle one) Yes No

Did the student demonstrate competence while working with culturally or linguistically diverse populations? (circle one) Yes No

Additional comments (optional):

I judge this student (student name): \_\_\_\_\_ to be competent in the areas of Evaluation, Intervention, and Interaction and Personal Qualities in the disorders listed (list by numbers): \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **ASHA #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The 9 disorder areas defined by ASHA:

1. **Articulation**
2. **Fluency**
3. **Voice and resonance**, including respiration and phonation
4. **Receptive and expressive language** (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
5. **Hearing**, including the impact on speech and language
6. **Swallowing** (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
7. **Cognitive aspects of communication** (attention, memory, sequencing, problem-solving, executive functioning)
8. **Social aspects of communication** (challenging behavior, ineffective social skills, lack of communication opportunities)
9. **Communication modalities** (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)

**Prevention defined:** clinical activities that inform the public how to prevent disorder or limit the severity of the disorder. Examples include screening procedures, educational in-services, preparing and distributing client and parent education materials that are printed.

**Culturally and linguistically diverse populations defined:** any client that requires an interpreter, speaks English as a second language, or is multi-cultural.

### **STUDENT REVIEW PLAN (REMEDIATION)**

Occasionally, a student clinician may be struggling with a clinical assignment to the point the student is in danger of failing the course. In such cases, the clinical educator may feel the need for additional observation and input from other clinical educators and professors may provide important feedback to the student. To facilitate this process, the Student Review Plan is formulated (see the following page for a sample).

If a Review Plan is considered:

- The clinical educator will meet with the student to discuss the concern and plan how to resolve it.
- The student will write a one-page summary of what they think the problem is and a plan for improvement. We ask students to write the one page summary for two reasons: a) to ensure that the student understands the problem and b) to help the student gain insight into how they can self-reflect and take steps to self-improve.
- If necessary, other faculty members will observe the clinician in a session (live or recorded) and provide feedback focusing on the stated concern.
- The clinical educator then will meet with the student (and with the observers if desired) to go over the feedback and design a plan of action. Specific performance criteria may be set as needed.
- When these criteria are set, the student will be informed as to the current grade and the consequences that will result if the student fails to meet the performance criteria.
- The student and the clinical educator then sign the Review Plan to indicate their agreement with the plan of action.

The student and the clinical educator should discuss periodically the student's progress toward meeting the goals of the Review Plan so that modifications can be made as appropriate. When specific performance criteria are achieved, the clinical educator and the observers should initial their agreement. At the end of the semester/term, the clinical educator should complete the Evaluation of Plan section to indicate the effectiveness of the plan and if any further action will be necessary.

**Brigham Young University  
Comprehensive Clinic  
Speech-Language Clinic**

**Student Review Plan**

Student \_\_\_\_\_ Supervisor \_\_\_\_\_ Term \_\_\_\_\_

**Description of Concern:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Observer 1:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Observer 2:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Suggested Plan of Action:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Problem Resolution:**

<u>Performance Objective</u>	<u>Target Date</u>	<u>Achieved</u>
_____	_____	_____ (Init. Sup.)
_____		_____ (Init. Obs.)
<u>Performance Objective</u>	<u>Target Date</u>	<u>Achieved</u>
_____	_____	_____ (Init. Sup.)
_____		_____ (Init. Obs.)
<u>Performance Objective</u>	<u>Target Date</u>	<u>Achieved</u>
_____	_____	_____ (Init. Sup.)
_____		_____ (Init. Obs.)

**Consequence if not resolved:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

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

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date of Plan

**Evaluation of Plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## Code of Ethics

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

Index terms: ethics

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**Preamble**

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

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

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

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

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

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

**Principle of Ethics I**

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

**Rules of Ethics**

- A. Individuals shall provide all services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

- F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
- G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
- H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
- I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- K. Individuals shall not provide clinical services solely by correspondence.
- L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
- M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
- N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
- O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
- P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
- Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

## Principle of Ethics II

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



**Rules of Ethics**

- A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
- C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
- D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
- E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

**Principle of Ethics  
III**

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

**Rules of Ethics**

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
- D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
- E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
- F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

**Principle of Ethics IV**

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

**Rules of Ethics**

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