After reading this Handbook, you must sign and return the Grad Handbook Confirmation Form to Dr. Robey’s mailbox, Bavaro 212 by Friday, September 7
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Introduction

This Handbook provides students enrolled in the master’s degree program with important information about the Communication Sciences & Disorders Program. Study its contents carefully, as it will answer most of your questions. The academic and clinical requirements included in this edition of the Handbook will guide your day-to-day activities in our graduate program. Each year, the Handbook is revised. In future years, you will be bound by new editions of the Handbook in terms of changes to existing policies and procedures in the Communication Sciences & Disorders Program and the UVA Speech-Language-Hearing Center. Comments about how the Handbook might be improved are certainly welcome.

Occasionally, a new or revised policy must go into effect immediately. When that happens, you will be notified.

Program policies and procedures supplement those of the University of Virginia and the Curry School of Education, rather than supersede them. Students enrolled in the Communication Sciences & Disorders Program are subject to the policies specified in the Curry School section of the Graduate Record (http://records.ureg.virginia.edu/index.php); the Undergraduate Record is the default on this page; you must select the Grad Record in the selection box near the top of the page. Each student must assume responsibility for meeting all deadlines (including those pertaining to registration and fees) pursuant to his/her graduation.

Associate Clinicians are required to comply with all aspects of this Handbook.
The Graduate Program in Communication Disorders

At their inception, the Communication Sciences & Disorders Program and the University of Virginia Speech-Language-Hearing Center (U.Va. SLHC) were products of the vision and imagination of two men: Dr. Karl Wallace, Professor of Speech, and Dr. Fletcher D. Woodward, Professor of Otolaryngology. In 1941, their efforts led the Board of Visitors to establish an academic program in speech pathology and audiology and a center for clinical instruction and public service. At the time of its founding, the Speech-Language-Hearing Center was the only one of its kind between Washington, D.C., and Alabama.

The Communication Sciences & Disorders Program offers a baccalaureate degree (B.S.Ed.) in communication disorders, a master’s degree (M.Ed.) in speech-language pathology, and a doctoral (Ph.D.) degree in speech-language pathology. Completion of the master’s degree program fulfills academic and clinical requirements for obtaining professional credentials in speech-language pathology from the Virginia Board of Audiology and Speech-Language Pathology and the American Speech-Language-Hearing Association (ASHA). The master’s degree program is accredited by ASHA’s Council on Academic Accreditation (CAA).

Students entering the master’s degree program with bachelor’s degrees in Communication Sciences and Disorders (CSD) typically complete academic and clinical training in 5-6 semesters. Students entering without undergraduate training in CSD typically require 7-8 semesters to complete all requirements.

Graduates of the M.Ed. curriculum are prepared to practice in a wide variety of professional settings, including: public and private schools; hospitals; rehabilitation centers; community clinics; university clinics; federal, state and local government service programs; private health care agencies; and private practices. Graduates are prepared to work with the wide variety of communicative disorders that affect individuals of all ages and cultural backgrounds.

Today, Speech Language Pathology (SLP) and Audiology services are provided through the Sheilah C. Johnson Center (SJC). Graduate students provide SLP services under the supervision of licensed and certified Clinical Instructors. Further clinical education is provided through externship experiences in settings typically throughout central Virginia. In the final semester, clinical education culminates in a full-time clinical internship.
Getting Started: Information for New Graduate Students

Academic Calendar Overview: August 2018 – May 2019

Two very important points:

1. Importantly, the Clinic Calendar and the Academic Calendar differ a bit.

   For all clinic matters, follow the Clinical Calendar.

   For all academic matters, follow the Academic Calendar.

2. The full clinic calendar that was provided in the Clinic Orientation, is the go-to document regarding clinical dates. The Clinic Calendar is posted on the Clinic Canvas page.

Academic Calendar

Fall 2018

August 28 Courses Begin
September 3 All classes in session
October 6-9 Reading Days
November 21-25 Thanksgiving recess
December 7 Classes end
December 9 Reading Day
December 10-18 Final Exams

Spring 2019

January 14 Courses begin
January 21 MLK Holiday
March 9-17 Spring recess
April 30 Classes end
May 1 Reading Day
May 2 – May 10 Final exams
Guidelines for Planning Time in Graduate School

Graduate courses are intensive and students are asked to carefully consider the advisability of making extracurricular commitments. For a general sense of commitment, consider the following guidelines:

1. One semester hour (s.h.) of academic credit requires 1 hour per week in lecture and the expectation of 3 hours of preparation outside of class (i.e., reports, reading, presentations, etc.). Thus, a 1 hour academic credit will take approximately 4 clock hours per week or 60 clock hours per semester. An average graduate course load is 15 to 17 semester hours (although a greater number is sometimes required).

2. One semester hour of clinical credit typically requires 3 contact hours per week. This may include classroom experience, direct client services, consultation with the student’s supervisor, report writing, test scoring, etc. Thus, during clinical internship (6 s.h. each), it is expected that at least 18 clock hours will be devoted to the clinical assignment each week. During the externships semester (12 credit hours), it is expected that at least 36 clock hours will be devoted to the clinical assignment each week.

3. An average graduate course load is 15 to 17 credit hours (although a greater number is sometimes required) which results in an expectation that students will devote a minimum of 60 to 68 hours each week to their academic and clinical courses.

A Simple Rule Regarding Priorities

In a clinical training program, no activity, be it a job or any other sort of outside commitment, takes precedence over a clinical assignment. Clinical assignments must command highest priority.

A student who does not accept a clinic assignment (for any reason), forfeits the expectation of graduating on time and may not be offered another assignment until every other student has received one. A student failing to meet a standing clinical obligation also forfeits the expectation of graduating on time.

Nothing is more important for students in a clinical education program than opportunities to practice the profession.
Financial Aid

The University offers financial assistance to graduate students through a variety of programs: student wage employment, fellowships, assistantships, work-study plans, loans, etc. U.Va.

Student Financial Services provides detailed information about each of these programs, including the criteria for awards, application procedures and filing deadlines (http://sfs.virginia.edu).

Typically, with satisfactory progress and the availability of funds, students are eligible for internal financial support on a competing basis. Once awarded, that Student-wage employment is continued through the penultimate semester, but not into the final internship semester.

The ASHA website includes information about numerous sources of financial aid (http://www.asha.org/students/financial-aid).

Every year, the Communication Disorders Foundation of Virginia (http://www.cdfvirginia.org/) offers two scholarships to graduate students in Communication Disorders who are attending a university in Virginia. The application deadline is usually May 1, but be sure to check.
Anticipated Expenses

Joining the National Student Speech-Language-Hearing Association (NSSLHA) is a Program requirement. Many clinical and academic assignments require access to the “Members Only” ASHA web pages.

A few commodities are required of each student. These following items must be in your possession when you see a client.

- Stopwatch (or a stop watch app)
- Digital audio recorder
- Penlight Thumb drive
- Lanyard for your ID Card
- Wrist watch

Students must acquire TB immunization annually and CPR certification every two years.

A security background check is required for placement. Costs associated with background checks are the responsibility of the student. A Certified Background Check will cost $40.00. Some offsite facilities will accept this background check. However others will require different background checks as well as proof of different immunizations (flu shot, etc…). In addition, some facilities require drug testing.

Access to a car is a necessity for commuting to and from internship/externship sites. Housing is always an expense during internships/externships.

Internet access throughout the day and evening is a necessity for clinical and academic assignments. Regular access to your University e-mail account is imperative.

Calipso is the on-line program used to track and document clinical experiences. There is a onetime fee of $85. This fee covers the time you are enrolled in the program plus one additional year following your graduation. It provides you with documentation for your clinical hours earned during the program.
ASHA Membership and Certification Manual

The *ASHA Membership and Certification Manual* is available through the ASHA website: [http://www.asha.org/certification/](http://www.asha.org/certification/).

There, you will find information about how to apply for …

- the National Examination
- your Clinical Fellowship
- your Certificate of Clinical Competence
- ASHA membership

when the time comes!
National Student Speech-Language-Hearing Association (NSSLHA)

The National Student Speech-Language-Hearing Association (NSSLHA) is a national organization that promotes professional interest among university students in speech-language pathology and audiology. Two kinds of memberships are available: membership in the national association and membership in the U.Va. Chapter.

Joining the National Student Speech-Language-Hearing Association (NSSLHA) is a Program requirement for graduate students. A national membership allows access to ASHA web resources required for classes. National dues are $60.00 at https://www.nsslha.org/Membership/Join-or-Renew/. Purchase after September 1 for the best deal. National membership enables students to receive ASHA and NSSLHA journals. Further, two years of NSSLHA membership substantially reduces the initial ASHA membership fee. Applications for national membership are available on-line.

U.Va. Chapter dues are $40.00 in your first year and $20 in your second year. All undergraduate and graduate students in the Communication Sciences & Disorders Program are eligible for membership. The Chapter holds business/informational/social meetings, is involved in fundraising and charitable work, and organizes social events. All students are encouraged to participate in the U.Va. NSSHLA Chapter.

Chapter officers (e.g., President, Vice President, Secretary, Treasurer) are elected each year. Ms. Shackelford serves as Advisor to the chapter and liaison to the faculty and University.

Communication Screenings

Speech, language, and hearing screenings are required for all incoming students. These screenings will be scheduled during clinic orientation and conducted in the SJC at no cost. Students are encouraged to pursue any recommendations for follow-up made as a result of the screening and subsequent communication evaluation.

Because oral communication skills are essential for clinical practice in speech-language pathology, students must demonstrate proficiency before they can begin clinical assignments. Students whose communication skills do not allow them to complete all practicum requirements may not be eligible to apply for ASHA certification. Students who initially are ineligible for practicum assignments may opt to engage in a treatment program to improve their oral communication skills in the SJC. If proficiency can be demonstrated following treatment, the student will be able to complete practicum requirements and apply for ASHA certification following graduation.
Communications within the Program

E-mail is the primary, and oftentimes the sole, means for communicating essential information within the Communication Sciences & Disorders Program, the Curry School, and the University. It is very important to understand that messages from the Program concerning, for example, grades, clinical hours, clinical responsibilities, comprehensive exams and eligibility for graduation will be sent only through e-mail. E-mail messages from the Program, School and University are sent to your University account. Students may have e-mail forwarded from their University accounts to private accounts; however, e-mail from the Program, School and University will be sent only to University accounts. Once the University account has been established, it is the student’s responsibility to check for communication from the Program, School and University on a regular daily basis.

Responses related to clinical assignments/issues are required within 24 hours.

If you have a change in mailing address, phone number, e-mail address, etc., it is your responsibility to send changes to your Academic Advisor and the front office.

Student Wage Employees

Student Wage Employees (SWEs) make valuable contributions to the Program, as well as to the work of individual faculty members and Clinical Instructors. Program operations and faculty productivity depend heavily on the efforts of SWEs. Therefore, it is important that SWEs treat their work assignments responsibly, just as they would any other job. For example, SWEs should expect to work the full number of hours they have committed to work each week. If SWEs are expected to work on a fixed schedule, they should report reliably and on time. If it is necessary to bank hours because of an exam or an out-of-town commitment (that has been approved by the supervisor), SWEs are expected to work the hours that were banked. Typically, SWEs are expected to work from beginning of classes through to clinic closing.

Students with Special Needs

Any student who has a documented disability that might require adaptive instruction or that might interfere with performance in clinical practicum should schedule a private meeting at the beginning of the semester with the Director of Clinical Services. The student must provide documentation of the disability to the U.Va. Student Disability Access Center (SDAC) (http://www.virginia.edu/studenthealth/sdac/sdac.html). SDAC will contact the classroom instructor(s) with suggestions for accommodation.
Library Facilities

Most journal articles are available on-line through the UVA Library. Some books and journals relevant to our field will be found in Alderman Library. Many other journals and texts will be found in the Health Sciences Library, the Science and Engineering Library, and Alderman Library. Library hours are posted on the web. Information about the U.Va. Library system (composed of 12 libraries) can be found at http://www.lib.virginia.edu/.

Written Assignments

Writing Style


Plagiarism

Plagiarism is a serious offense in terms of professional ethics, academic integrity, and personal honor. As a matter of cheating and theft, plagiarism is an Honor Code offense. Recently, a graduate’s Ph.D. degree was revoked when it was learned that he plagiarized in his dissertation document!

The most frequent form of plagiarism is cutting and pasting from a web page into an assignment. The most frequent excuse is, “I didn’t know.” Both are unacceptable.

It is each student’s responsibility to (a) understand what constitutes plagiarism (including paraphrasing), (b) not commit plagiarism and (c) appropriately attribute another’s work through correct literary citation.

It’s very important that you read the following document from the UVA Honor Committee:

http://honor.virginia.edu/academic-fraud

For further instruction, read the following page defining

http://honor.virginia.edu/plagiarism-supplement
Open, Honest, and Safe Communication

Questions, Suggestions, Concerns, and Complaints

The first step in resolving a question, a concern, a suggestion, or a complaint is open communication. A student who is not sanguine with some aspect of the Program should first have a discussion with the faculty member most directly involved with that aspect of the Program and explore options for a satisfactory resolution. If a successful resolution is not forthcoming, a student should speak with the Program Director or, alternatively, ask a member of the Ombuds Committee to speak with the Program Director on his or her behalf. An unsatisfactory outcome can always be brought before the next-higher administrative level. The ordering of officers in the appeal process is first Dr. Gest and then Dean Brighton if necessary.

Second level: Chair: Department of Human Services Dr. Scott Gest
Third level: Assoc. Dean for Undergraduate and Graduate Studies Dr. Catherine Brighton

A problem requiring the attention of the Council on Academic Accreditation should be directed through actioncenter@asha.org.

The most important step in resolving serious questions is always prevention through open, straightforward, and non-threatening communication leading to positive and productive problem solving.

Faculty members hold two important concerns above all others: (1) your preparation for a career in SLP as an alum of the University of Virginia, and (2) the future and wellbeing of the Communication Sciences & Disorders Program at the University of Virginia. If some aspect of the Program needs to be changed to better serve those two interests, it is certainly important that we examine options for making such a change.

We encourage you to become our partners in resolving any unforeseen difficulties through a productive, positive, and goal-oriented process leading to positive solutions that serve the best interests of your career and the best interests our Program.
The Ombuds Committee

Members

The members of the Ombuds Committee are:

Ms. Julia Ruth (Grad Student Representative)  jar4yq@virginia.edu
Dr. LaVae Hoffman (Faculty Representative)  lmh3f@virginia.edu, 434-924-4618
Dr. Filip Loncke (Chair)  ftln4n@virginia.edu, 434-924-7838

Purpose

The purpose of the Ombuds Committee is to provide assistance in:

- Representing student concerns, suggestions, and questions
- Resolving questions
- Resolving complaints
- Communicating the results of representing student concerns, suggestions, questions, and complaints
- Sexual harassment and discrimination issues
- Referral in instances where the Committee feels other resources within the university may be better qualified to find a resolution.

Operation

The Committee deliberations and actions are strictly confidential. No names will be disclosed without a student’s permission.

Students may approach any member of the Ombuds Committee to explore a matter in confidence and seek advice. However, a Committee member will not refer a matter for deliberation by the entire Committee without a student’s permission. Furthermore, no member of the Committee takes unilateral action. The student must decide if s/he wants the matter referred to the entire Committee. If a Committee member is directly related to the matter for discussion, the student may ask that the member be recused from Committee deliberations. Through the most appropriate and expeditious means, the outcome will be communicated to the student, or the entire student body, as indicated through circumstances.
The University of Virginia Honor System

Honor is one of the most cherished traditions at the University of Virginia. The Honor Code is an enormously important and serious matter within the Communication Sciences & Disorders Program at the University of Virginia.

Within the spirit of individual and collective honor, the faculty and students of the Communication Sciences & Disorders Program form a Community of Trust. Becoming a member in our community-of-trust means carrying out an ongoing commitment to one another: we each refrain from dishonorable conduct (i.e., lying, cheating and stealing). We can, and do, trust one another. If an individual demonstrates dishonorable behavior, the members of the community-of-trust must carry out an even more demanding commitment – a responsibility to ask those who violate the standard of honor to leave the University. The University of Virginia Honor System is unique in two ways: (a) it is entirely student-run, and (b) it provides for single sanction.

As a graduate and a professional degree program, the notion of dishonorable conduct within the Communication Sciences & Disorders Program extends to encompass (a) academic fraud (see http://honor.virginia.edu/academic-fraud), (b) unethical conduct, and (c) unprofessional conduct.

As a student at the University of Virginia, you will be asked to write and sign the Honor Pledge on exams and assignments, just as generations of students have done before you. The Honor Pledge is:

On my honor as a student, I have neither given nor received aid on the exam/assignment.  
(Signature)
Master’s Degree Curricula

Pre-Professional Courses Required for the Graduate Degree

The following pre-professional courses may be taken prior to, or concurrent with, graduate courses. Students may wish to take pre-professional courses prior to their first Fall Semester at the University of Virginia. U.Va. titles and course numbers are listed here but equivalent coursework may be accepted, as determined by the student’s advisor. Decisions of this nature can be made only by the assigned advisor (in concert with academic advising policies). To substitute for a U.Va. pre-professional course, a grade of B- or better is required.

Students with undergraduate degrees in communication sciences and disorders who enter the graduate program without having taken and passed (with a grade of B- or better) the equivalent of all U.Va. pre-professional courses must do so at the graduate level. Adding courses to the graduate curriculum may extend a student’s program.

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<td>Clinical Phonetics</td>
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<tr>
<td>EDHS 4030</td>
<td>Introduction to Speech and Hearing Science</td>
<td>3</td>
</tr>
<tr>
<td>EDHS 4040</td>
<td>Anatomy and Physiology of the Speech and Hearing Mechanisms</td>
<td>3</td>
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<tr>
<td>EDHS 4050</td>
<td>Introduction to Audiology</td>
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## Required Graduate Courses

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<tr>
<td>Introduction to Speech and Hearing Science</td>
<td>EDHS 4030</td>
<td>3</td>
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<tr>
<td>Anatomy and Physiology of the Speech and Hearing Mechanisms</td>
<td>EDHS 4040</td>
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<tr>
<td>Introduction to Audiology</td>
<td>EDHS 4050</td>
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<td>Evidence-Based Practice</td>
<td>EDHS 7020</td>
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<td>Cognitive Linguistic Development</td>
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<td>Disorders of Phonology and Articulation</td>
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<td>Aural Habilitation and Rehabilitation</td>
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<tr>
<td>Neuroanatomy and Neurophysiology of Communication, Swallowing, …</td>
<td>EDHS 7190</td>
<td>3</td>
</tr>
<tr>
<td>Disorders of Communication: Augmentative and Alternative Systems.</td>
<td>EDHS 8020</td>
<td>3</td>
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<tr>
<td>Neurogenic Communication Disorders</td>
<td>EDHS 8030</td>
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</tr>
<tr>
<td>Language Disorders I</td>
<td>EDHS 8090</td>
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<tr>
<td>Language Disorders II</td>
<td>EDHS 8100</td>
<td>3</td>
</tr>
<tr>
<td>Disorders of Communication Based in Cognitive Dysfunction II</td>
<td>EDHS 8120</td>
<td>2</td>
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<tr>
<td>Dysphagia</td>
<td>EDHS 8130</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Seminars</td>
<td>EDHS 8150</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Externship</td>
<td>EDHS 8170</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Practicum Communication Disorders</td>
<td>EDHS 8691</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Internship in Speech-Language Pathology</td>
<td>EDHS 8800</td>
<td>12</td>
</tr>
</tbody>
</table>
## Track I Curriculum

### First Fall
- **EDHS 7040**  Cognitive and Linguistic Development  
  3
- **EDHS 7060**  Disorders of Phonology and Articulation  
  3
- **EDHS 7190**  Neuroanatomy & Neurophysiology of Communication, Swallowing …  
  3
- **EDHS 7120**  Prevention, Assessment, and Intervention I  
  3
- **EDHS 8090**  Language Disorders I  
  3
- **EDHS 8691**  Clinical Practicum  
  3

Total 18

### First Spring
- **EDHS 7020**  Evidence Based Practice  
  3
- **EDHS 8030**  Neurogenic Communication Disorders  
  3
- **EDHS 8100**  Language Disorders II  
  3
- **EDHS 7140**  Autism  
  2
- **EDHS 8130**  Dysphagia  
  3
- **EDHS 8150**  Clinical Seminar  
  1
- **EDHS 8691**  Clinical Practicum  
  3

Total 18

### First Summer
- **EDHS 8120**  Disorders of Communication Based in Cognitive Dysfunction: Adults  
  2
- **EDHS 8080**  Fluency Disorders  
  2
- **EDHS 8170**  Clinical Externship in Speech-Language Pathology: Adult  
  6

Total 10

### Second Fall
- **EDHS 8020**  Disorders of Communication: Augmentative and Alternative Comm.  
  3
- **EDHS 7180**  Aural Habilitation and Rehabilitation  
  3
- **EDHS 7090**  Disorders of Voice and Resonance  
  3
- **EDHS 8170**  Clinical Externship in Speech-Language Pathology: Child  
  6

Total 15

### Second Spring
- **EDHS 8800**  Clinical Internship in Speech-Language Pathology  
  12

Total 73
### Track II Curriculum

#### First Fall

- **EDHS 7040**  Cognitive and Linguistic Development  
- **EDHS 4020**  Clinical Phonetics  
- **EDHS 7120**  Prevention, Assessment, and Intervention  
- **EDHS 7060**  Disorders of Phonology and Articulation  
- **EDHS 4050**  Introduction to Audiology  
- **EDHS 8090**  Language Disorders I  

#### First Spring

- **EDHS 8100**  Language Disorders II  
- **EDHS 4040**  Anatomy and Physiology of the Speech and Hearing Mechanisms  
- **EDHS 4030**  Introduction to Speech and Hearing Science  
- **EDHS 7020**  Autism and Related Disorders  
- **EDHS 7140**  Evidence-Based Practice  
- **EDHS 8691**  Clinical Practicum  

#### First Summer

- **EDHS 8120**  Disorders of Communication Based in Cognitive Dysfunction: Adults  
- **EDHS 7080**  Fluency Disorders  
- **EDHS 8691**  Clinical Practicum in Speech-Language Pathology  

#### Second Fall

- **EDHS 8020**  Disorders of Communication: Augmentative and Alternative Comm.  
- **EDHS 7180**  Aural Habilitation and Rehabilitation  
- **EDHS 7190**  Neuroanatomy & Neurophysiology of Communication, Swallowing …  
- **EDHS 7090**  Disorders of Voice and Resonance  
- **EDHS 8691**  Clinical Practicum in Speech-Language Pathology  

#### Second Spring

- **EDHS 8030**  Neurogenic Communication Disorders  
- **EDHS 8130**  Dysphagia  
- **EDHS 8150**  Medical Clinical Seminar  
- **EDHS 8170**  Clinical Externship in Speech-Language Pathology: Child  

#### 2nd Summer

- **EDHS 8170**  Clinical Externship in Speech Language Pathology: Adult  

#### Third Fall

- **EDHS 8800**  Clinical Internship in Speech-Language Pathology  

**Total** 88
**Part-Time Study**

Only in very special cases is part-time status possible. The Advisor and Program Director must agree to a request for part-time status. Courses, however, are only offered when normally scheduled. Part-time students must enroll in a minimum of two courses each consecutive semester and complete the degree within a period of five years. Further, students need to make themselves available for all clinical assignments (U.Va. SJC, two internships and one externship). The times at which courses are offered cannot be changed to accommodate part-time students.

**Comprehensive Examination**

The Comprehensive Examination occurs in two parts. First, students must obtain a passing score on the Praxis Examination. A passing score makes a student eligible to take the Program Comprehensive Examination. Passing that exam is required for graduation.
Advising

Academic Advising

Incoming students receive preliminary advising materials during the summer. The advisor creates the student’s Program of Study. A copy is given to the student and a copy is kept in the student’s advising file. The student may then register for Fall Semester classes. Students are encouraged to schedule meetings with their advisors in each subsequent semester.

Program of Study

Only a student’s academic advisor can make decisions regarding a student’s academic program, and all decisions must be consistent with established academic policies.

Pre-Professional Coursework

For students entering the graduate program with undergraduate preparation in communication sciences and disorders (CSD), courses in *Basic Human Communication Processes* may fulfill pre-professional coursework requirements at U.Va. For example, courses in Anatomy and Physiology of the Speech and Hearing Mechanisms, Phonetics, Speech and Hearing Science, and Audiology that are judged by the student’s academic advisor to be equivalent to U.Va. 500-level courses will be accepted. A college level course in statistics may also be accepted. Decisions are made by the student’s advisor during the advising period that precedes the beginning of Fall Semester classes. A course from another university cannot substitute for a U.Va. pre-professional course unless the student earned a grade of B- or better. Students with undergraduate degrees in CSD who enter the graduate program without having taken and passed (with a grade of B- or better) the equivalent of all pre-professional courses must do so at the graduate level.

When developing a student’s Program of Study, the following requirements will be observed:

A course in Hearing Science or a course in Speech Science cannot replace EDHS 4030, Introduction to Speech and Hearing Science. Students must have taken a course or courses that cover both areas.

Students must have taken a college-level statistics course or add a graduate-level course to their program.

EDHS 4050 (or equivalent) is a prerequisite for EDHS 7180; these courses cannot be taken concurrently.
Professional Coursework

*Graduate-level* courses completed at other ASHA-accredited programs in CSD *may* be accepted as replacements for up to six credit hours of *Professional Coursework* (i.e., 7000- and 8000-level courses at U.Va.), contingent upon approval from the student’s academic advisor and the U.Va. course instructor. Decisions are made during the advising period that precedes the first day of classes. The student must have earned a grade of B- or better in the course proposed as a replacement and provide a course syllabus, catalog description, and evidence of the course’s graduate status.

*As specified in the ASHA Membership and Certification Handbook

Enrollment in Independent Studies

Policy and practice concerning independent studies (i.e., enrollments in EDHS 7993) are consistent with the requirements of the Curry School of Education. Only under exceptional circumstances will a student be permitted to take an independent study in lieu of a regularly scheduled course. For an EDHS 7993 enrollment to be considered, work load, content, and evaluation criteria must be equivalent to those of the regularly scheduled course.

Enrollment requires the approval of the prospective instructor, the student’s advisor, the Graduate Committee, and the Program Director. Approval is based on an assessment of the student’s proposed plan of study (i.e., title, credit hours, instructor, dates of course, topics/content, description of learning activities, readings, evaluation criteria, etc.) and the faculty member’s projected work load. Once approved, an Independent Study Contract is completed in full and submitted to (a) the student’s file in the Curry School Office of Admissions and (b) the student’s advisement file in the Communication Sciences & Disorders Program.

Enrolling for an Academic Overload

Students seeking an overload enrollment (i.e., ≥ 18 credit hours) must petition the Associate Dean for Academic Affairs of the Curry School. Before the petition moves forward, the request must be approved by the Academic Advisor.
A Grade of Incomplete

A grade of ‘incomplete’ (INC) is issued when an instructor decides that there is just cause for extending the deadline to submit all course requirements.

A grade of INC cannot be issued to avoid a failing grade. An INC may not be used to allow a student to “raise a grade” past the end of a semester.

Once an INC is issued, the requirement need to be completed as soon as possible. An INC is permanently converted to an F after 200 calendar days.

Once the requirements are completed, the instructor will issue whatever grade has been earned.

Passing and Failing Grades

A grade of B- or better is a passing grade. Grades of C+ or lower constitute failing grades.

Academic Courses

A failing grade in an academic course means that the course must be retaken (as a new and separate enrollment) and passed when next offered.

Clinical Courses

A failing grade in a clinical course means (a) the clinical enrollment must be re-taken covering the same type of clinical setting/assignment (as a new and separate enrollment), (b) that the clinical clock hours will not be endorsed to ASHA, and (c) graduation is likely set back by a semester or more. A student who is terminated by an externship or internship site will receive a grade of F.

Academic/Clinical Standing

A student who is passing courses and completing Performance Objectives on schedule is said to be in Good Academic/Clinical Standing. A student who receives a failing grade is said to be on Probation. A student receiving a passing grade on a second attempt at a previously failed course is re-instated to Good Academic/Clinical Standing.
Appealing an Advising Decision

A primary goal in advising is to make advising decisions uniform from situation to situation and from student to student – thereby assuring fairness to all. Hopefully, all advising decisions work well for both students and faculty. However, students have certain rights and we want you to be aware of them.

- A student wishing to petition for exception to an academic policy should make the case to the advisor who will bring the matter before the entire faculty for a decision.

- A student wishing to appeal an advising decision should make the case to the Program Director.

- A student wishing to appeal a decision made at the Program level should speak with the EDHS Department Chair, Dr. Scott Gest.

- A student wishing to inquire about an accreditation matter should the Council on Academic Accreditation should be directed through actioncenter@asha.org.
The Central Role of Performance Objectives in a Clinical Curriculum

Performance Objectives

Mastering the full set of clinical competencies in the SLP Scope of Practice is the primary objective in obtaining our clinical degree (M.Ed.). Those competencies are operationalized in our curriculum as performance objectives, or clinical learning outcomes. We use the term performance objectives to emphasize that you must demonstrate, or perform, SLP clinical competencies with your instructors while working with clients.

We teach and assess each of the performance objectives throughout the curriculum. Satisfaction of each performance objective (P.O.) is systematically tracked for each student through the Knowledge and Skills Tracker. The Director holds meetings each Spring to review progress and to update each student’s Knowledge and Skills Tracker. Student must actively monitor their progress and keep the Tracker current as it is the road map and the primary archival document for ASHA certification.

Progress in Mastering the Set of Performance Objectives

Performance Objectives and Beginning Clinicians

Building your clinical skills is like any other learning experience: it takes practice; it takes reflection; it takes more practice. The first time any of us try a new skill, our performance is never the best performance we eventually demonstrate. That learning curve is normal and when we see it, we understand it for what it is. Importantly though, we won’t ignore a sub-standard performance (for whatever reason). Rather, we will always address it in the spirit of fostering further development – and never in the spirit of fault finding.

Fostering or facilitating the clinical growth of any student is an individualized enterprise. Clinical Instructors consider the learning status and the learning needs of each student on a case-by-case basis. Therefore, how a Clinical Instructor responds to one student likely differs from how that same Clinical Instructor responds to another student. Ultimately, a Clinical Instructor may …

- clarify expectations,
- perhaps make a reading assignment,
- maybe make an observation assignment,
- assign some other learning experience,
- implement other learning strategies/styles,
- engage in a roleplaying exercise,
- demonstrate the expected behavior,
that the Clinical Instructor deems appropriate for that student, that client, and that situation.

As always, your questions are essential in this growth process.

**Performance Objectives in the Greater Context**

Recall though that our primary objective is to produce independent entry-level clinicians capable of (a) making high-stakes clinical decisions and (b) implementing those decisions safely and competently. Clinical growth is both the fundamental and the premium quality for completing the degree on schedule. That means that the learning curve is steep and the calendar for on-time graduation is relatively brief.

The last page in the *Knowledge and Skill Tracker* is the endorsement sheet for ASHA certification. It is a summary of completed performance objectives. Without the signature of the Program Director on this sheet, certification is not possible. Therefore, a demonstrated lack of progress in mastering the P.O.’s makes it impossible for an individual to become a Speech-Language Pathologist since these are the very skills required for that career.

**Performance Objectives and Improvement Plans**

Therefore, when a student is truly struggling with one or more performance objective(s), we must create, implement, and assess what ASHA calls an Improvement Plan. Just so you know, we have a handful of Improvement Plans in effect at just about any point in time; they are not common, but they are not uncommon.

*Improvement plans are just a means for faculty members to assure the complete and timely growth of each student in a structured and systematic fashion.*

Many of our alumnae successfully completed an Improvement Plan at some point.

**The Nature of Improvement Plans**

When a performance objective is not successfully demonstrated in the normal course of events, an instructor (1) creates an Improvement Plan, (2) establishes a criterion for a successful completion, (3) establishes a calendar for completing the plan, (4) implements the plan, (5) re-assesses the performance objective, and (6) reports the results to the faculty.

a. In academic classes, a student must demonstrate the successful completion of a failed performance objective by the last day of classes in the following semester. Sooner is better. The form of demonstration is the prerogative of the instructor and is not necessarily the same instructional or assessment means as required in class. Failure to complete the plan on schedule suspends clinical privileges until a satisfactory performance is demonstrated.
b. In any clinic assignment, the Clinic Instructor(s) define a deadline for completing an Improvement Plan within the same semester. The schedule may consist of a few days or weeks.

c. Performances on all already-completed performance objectives are monitored throughout the program for each student. A less than satisfactory performance on a P.O. that has already been established initiates a personalized Improvement Plan for that student. In effect, instruction for achieving the performance objective is started over.

**Lack of Progress in Mastering the Performance Objectives**

**The Nature of Insufficient Clinical Progress**

Once in a while, a student struggles far in excess of (a) typical start-up challenges or (b) an occasional need for an Improvement Plan.

For instance, a student might struggle with …

-understanding or recalling basic clinical knowledge, 
-translating book knowledge to clinical planning, decisions, and actions, 
-delivering services at the speed required in clinical practice, 
-understanding -- in-the-moment -- when a plan is no longer appropriate, 
-appropriately adapting -- in-the-moment -- when a plan is no longer appropriate, 
-relating appropriately to clients or family members in an interpersonal sense, or 
-communicating effectively with clients or family members.

Most often, a student demonstrating one or more of these struggles is ultimately successful in overcoming their clinical-learning challenges. Sometimes doing so may require an extra semester or two.

But not everyone though is cut out for becoming a successful clinician. For instance, someone who is painfully shy, just cannot remain painfully shy and become a successful clinician.
Our Approach to Managing Insufficient Progress

There is only one criterion for success in clinic: independent clinically-competent performance. That is, a student must independently demonstrate the necessary skill set.

For a student who is mightily struggling in clinical assignments, we provide two streams of information and support.

First, we provide our very best collective efforts in supporting a student to bring about the necessary clinical growth.

Second, based upon our observations, we provide our frank and honest estimate of how long it might take to achieve the performance-objective expectations. Importantly, although the schedule may be open to alteration, the criteria for success cannot be adjusted. The only variable open to manipulation is time-to-completion.

We begin providing both streams of support and information as early as possible. It’s important that a student understand the situation, understand the criteria on performance expectations, understand the path forward, and, when necessary, understand the possible costs of extending his Program of Study (e.g., time and tuition).

If, when we repeat a clinical assignment, we see adequate progress leading to independent clinical competence, we continue matriculation. Most often, this is approach is successful, and the student completes the degree and goes on to a successful career. Rarely though, an individual demonstrates no progress or progress that is so slight and slow that matriculation could continue indefinitely. In these rare instances, our responsibility is to address the matter early and directly by assisting the student in finding another career path.

Policy on Insufficient Progress in Accomplishing Performance Objectives in Clinical Assignments

1. In the clinic, failure to complete one or more Improvement Plan(s) by the end of the semester results in:
   a. A failing grade.
   b. Clinical clock hours that are obtained under substandard clinical performances are not counted for ASHA endorsement.
   c. A required repetition of the same type of clinical assignment. The repetition likely requires an extension of the Program of Study. A passing grade on the second attempt removes the failing grade as a factor in determining student status (i.e., probationary).
2. When repeating a clinical assignment in a new semester, a student must enroll only in a clinical course specified by the Clinical Services Committee and no other academic course. When the failed assignment was an externship or internship, the following enrollment may be a repetition of the same type of off-site clinical assignment, or it could be a return to the SJC Clinic.

Because the M.Ed. is a clinical degree, a student struggling in clinic must focus solely on achieving satisfactory clinical progress. Therefore, in a clinic-repetition semester, a student enrolls only for the clinical assignment; that is, enrolling in academic courses is not possible until a passing grade is achieved in the repeated clinical enrollment.

Upon achieving a passing grade on the second attempt, the failed grade is removed as a factor in determining student status, and classes resume under a revised and approved Program of Study.

A concurrent second failure, however, leads to dismissal from the Program. The broader policy on page 86 clarifies that a second course failure, of any sort, leads to dismissal.

3. A student who withdraws from a clinical enrollment must repeat the same type of clinical assignment in the following semester. That student may complete the academic courses during the first semester, but must enroll only in an intensive clinical enrollment in the following semester.

4. In the event that a student is terminated by an off-site clinical-placement institution, a failing grade results.

If it becomes necessary to end a practicum assignment and remove a student from a site because of professional, ethical, or competency based reasons, the final clinical grade will be “F.”

Furthermore, ...

a. Clinical clock hours obtained under substandard clinical performances are not counted for ASHA endorsement.

b. The student must enroll for a clinical assignment determined by the Clinical Services Committee. The repetition likely requires an extension of the Program of Study. A passing grade on the second attempt removes the failing grade as a factor in determining student status (i.e., probationary).

Underpinning all of this section in the Handbook is the fact that the M.Ed. degree in SLP is a clinical degree and a prerequisite for achieving ASHA certification. There is no non-clinical option for the M.Ed. A non-clinical masters degree in SLP, or some other alternative to the SLP degree, just doesn’t exist. When mastering the performance objectives on a realistic and reasonable trajectory becomes unlikely, faculty members initiate career counseling and/or refer
the student to career counseling services at the University. A student may change majors, or withdraw from the University.

The most important step in resolving serious questions is always prevention through open, straightforward, and non-threatening communication leading to positive and productive problem solving.

Faculty members hold two important concerns above all others: (1) your preparation for a career in SLP as an alum of the University of Virginia, and (2) the future and wellbeing of the Communication Sciences & Disorders Program at the University of Virginia. If some aspect of the Program needs to be changed to better serve those two interests, it is certainly important that we examine options for making such a change.

We encourage you to become our partners in resolving any unforeseen difficulties through a productive, positive, and goal-oriented process leading to positive solutions that serve the best interests of your career and the best interests our Program.

Policy on Insufficient Progress in Accomplishing Performance Objectives in Academic Classes

A student must demonstrate successful completion of a failed performance objective by the last day of classes in the following semester. The form of demonstration is the prerogative of the instructor and is not necessarily the same instructional or assessment means as required in class. Failure to do so suspends clinical privileges until satisfactory performance is demonstrated.

Performances on already-completed P.O.s are monitored throughout the program for each student. A less-than-satisfactory performance on a P.O. at any point initiates a personalized Improvement Plan for that student. All Improvement Plans are monitored until satisfactory performance is demonstrated.
Annual Student Evaluation

Each Spring, the faculty meet to review the academic and clinical performance of each student in the Program. Questions, concerns, and decisions (if any) are conveyed to a student by a designated faculty member. Notes from the Student Evaluation meeting and subsequent meetings with the student (if subsequent meetings are necessary) are submitted to the student’s advisement file.

The purpose of these evaluations is to identify any possible early-warning signs that may jeopardize success in (a) the classroom, (b) clinic, (c) internship, or (d) your career. In our experience, all occurrences of serious problems have been preceded by early indicators.

*Our objectives then are to (1) identify, as early as possible, any matter that might be a precursor to a larger concern down the road, and (2) to intervene as thoughtfully, as discretely, and as early as possible.*

So, this evaluation is to prevent difficulties in a positive and productive fashion – and not to find fault or to punish.

In that spirit, we want you to know from the very beginning exactly what indicators we examine and comment upon. So, please examine the form on the following page and the associated KEY for interpreting our observations.
### Academic Progress

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>P 1.</td>
<td>Satisfactory Progress on Performance Objectives</td>
</tr>
<tr>
<td>P 2.</td>
<td>Professional conduct is evident</td>
</tr>
<tr>
<td>P 3.</td>
<td>Demonstrates constructive and professional attitude</td>
</tr>
<tr>
<td>P 4.</td>
<td>Is prepared for class</td>
</tr>
<tr>
<td>P 5.</td>
<td>Participates in class</td>
</tr>
<tr>
<td>P 6.</td>
<td>Work is thorough</td>
</tr>
<tr>
<td>P 7.</td>
<td>Work is prompt</td>
</tr>
<tr>
<td>P 8.</td>
<td>Writing skills</td>
</tr>
<tr>
<td>P 9.</td>
<td>Interpersonal communication skills</td>
</tr>
<tr>
<td>P 10.</td>
<td>Academic performance</td>
</tr>
<tr>
<td>P 11.</td>
<td>Progressing through the curriculum on schedule</td>
</tr>
<tr>
<td>P 12.</td>
<td>Demonstrates growth toward independence</td>
</tr>
<tr>
<td>P 13.</td>
<td>Demonstrates initiative &amp; good work ethic</td>
</tr>
</tbody>
</table>

**P**: Positive progress is noted. Every “P” note is a positive comment affirming your learning and growth. These are areas of your performance in which you are meeting expectations. Good for you!! You are doing well and making us proud.

**C**: We are communicating a potential concern. Interpret this as an “early heads up” note. This are areas where there is not yet a problem, however your performance in this area is not as strong as we expect. You need to pick up your game and polish your performance in this area to prevent the possibility of it becoming problematic in the future. All “C” notations are provided in the spirit of pointing your attention to an area of your performance that, if left unchecked, will become a growth/progress obstacle for you in the future.

**I**: This is an area of your performance that needs improvement. This is an emerging or present area of difficulty that will need to be specifically remedied right away. Additional information or instructions are provided in the comments section below.

### Clinical Progress

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>P 15.</td>
<td>Demonstrates self-awareness &amp; self-reflection</td>
</tr>
<tr>
<td>P 16.</td>
<td>Professional conduct is evident</td>
</tr>
<tr>
<td>P 17.</td>
<td>Demonstrates constructive and professional attitude</td>
</tr>
<tr>
<td>P 18.</td>
<td>Prepared for clinical appointments</td>
</tr>
<tr>
<td>P 19.</td>
<td>Is flexible and adapts to changing conditions</td>
</tr>
<tr>
<td>P 20.</td>
<td>Responds to supervision / follows recommendations</td>
</tr>
<tr>
<td>P 21.</td>
<td>Growth in professional speaking skills</td>
</tr>
<tr>
<td>P 22.</td>
<td>Growth in professional writing skills</td>
</tr>
<tr>
<td>P 23.</td>
<td>Interpersonal communication skills</td>
</tr>
<tr>
<td>P 24.</td>
<td>Growth in clinical competencies</td>
</tr>
<tr>
<td>P 25.</td>
<td>Growth toward independence</td>
</tr>
<tr>
<td>P 26.</td>
<td>Accepts new assignments</td>
</tr>
<tr>
<td>P 27.</td>
<td>Volunteers for announced opportunities</td>
</tr>
<tr>
<td>P 28.</td>
<td>Integrates academic info into clinical performance</td>
</tr>
<tr>
<td>P 29.</td>
<td>Responsibility in clinic planning &amp; problem solving</td>
</tr>
<tr>
<td>P 30.</td>
<td>Demonstrates initiative &amp; good work ethic</td>
</tr>
<tr>
<td>P 31.</td>
<td>Seeks out additional resources as necessary</td>
</tr>
<tr>
<td>P 32.</td>
<td>Demonstrates caring &amp; empathy</td>
</tr>
<tr>
<td>P 33.</td>
<td>Professional conduct is evident</td>
</tr>
<tr>
<td>P 34.</td>
<td>Demonstrates constructive, professional attitude</td>
</tr>
<tr>
<td>P 35.</td>
<td>Uplifts and supports colleagues</td>
</tr>
<tr>
<td>P 36.</td>
<td>Appropriately handles stress</td>
</tr>
<tr>
<td>P 37.</td>
<td>Involved in Program activities and NSSHLA</td>
</tr>
<tr>
<td>P 38.</td>
<td>Actively engaged in the Program</td>
</tr>
<tr>
<td>P 39.</td>
<td>Demonstrates initiative &amp; good work ethic</td>
</tr>
</tbody>
</table>

Please see our comments on the following page.
Dismissal from the Program

Three policies govern dismissal from the Program: (1) poor academic/clinical performance, (2) inability to demonstrate the essential skills for a career in SLP, and (3) unprofessional or unethical conduct. A description of each follows.

Poor Academic/Clinical Performance

A student receiving a second failing grade, that is two concurrent failing grades, is dismissed from the Program.

Inability to Demonstrate Essential Skills for a Career as an SLP

A. Policy

A student who cannot successfully demonstrate the following essential functions, or essential skills for clinical practice, cannot be endorsed to the American Speech-Language-Hearing Association (ASHA) for clinical certification.

For each student, the Program faculty and Director will identify signs of possible struggle in the first semester of matriculation and as early as is possible. The faculty member identifying a sign of struggle, the Program Director, the Advisor, and the Director of Clinical Services will meet with the student to explore the situation. As indicated by circumstances, the faculty will (a) counsel the student, (b) prescribe an Improvement Plan (per ASHA/CAA standards), (c) implement the plan, and (d) monitor the outcome. The intent of the first and follow-up meetings will be (1) to support and facilitate growth/progress in developing the student’s skills and functions (2) apprise the student of his/her status as perceived by the faculty, and (3) counsel the student regarding possible and likely dispositions. If the faculty determines that supportive interventions are not leading to a reasonable expectation of success for ASHA certification, the student will be counseled out of the Program at the earliest point.

The essential skills/functions are listed below by domain.
Interpersonal Communication, Clinical Conduct, Appropriate Social and Affective Behavior

A student must demonstrate adequate behavioral and social attributes to:

- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
- Recognize and show respect for all professionals.
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- Demonstrate interpersonal communication skills necessary for providing clinical services.
- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and University and federal privacy policies.
- Demonstrate an ability to adapt to stressful situations or conditions.
- Maintain general good physical and mental health and self care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.
- Accept appropriate supervision, suggestions, and constructive criticisms and respond accordingly with modifications.

Communication

A student must demonstrate adequate communication skills to:

- Communicate proficiently in both oral and written English language.
- Demonstrate reading and writing skills sufficient to meet curricular and clinical demands.
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of course work and professional practice.
Perceive and demonstrate appropriate non-verbal communication for culture and context.

Modify communication style to meet the communication needs of clients, caregivers, and other persons served.

Convey information accurately with relevance and cultural sensitivity.

Motor

A student must demonstrate adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities.
- Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.
- Access transportation to clinical and academic placements.
- Participate in classroom and clinical activities for the defined workday.
- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).

Intellectual / Cognitive

A student must demonstrate adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.*
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
- Self-evaluate, identify, and communicate limits of one’s own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
• Utilize detailed written and verbal instruction in order to make unique and independent decisions.

**Sensory / Observational**

A student must demonstrate adequate sensory skills of vision, hearing, tactile, and smell to:

• Visually and auditorily identify normal and disordered communication (e.g., fluency, articulation, voice, resonance, respiration, hearing and balance disorders, swallowing, cognition, social interaction related to communication, as well as normal and disordered characteristics of oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology).

• Identify the need for alternative modalities of communication.

• Visualize and identify anatomic structures.

• Visualize and discriminate imaging findings.

• Identify and discriminate findings on imaging studies.

• Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.

• Recognize when a client’s family does or does not understand the clinician’s written and or verbal communication.

**Technical Clinical Skills, Clinical Conduct, Professional Conduct**

A student must demonstrate technical and pragmatic proficiency in these areas:

• Demonstrate mastery of the knowledge base and the skill set for competently practicing speech-language pathology.

• Demonstrate flexibility in decisions and actions to make adaptations to changing client performance, client needs, clinical circumstances, or clinical tasks. That is, the ability to provide clinical services competently under a variety of changing conditions and under all forms of legitimate clinical supervision.

• Observe professional dress codes

• Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.

**B. Purpose of the Policy**

To assure graduates are eligible for ASHA certification.
C. Individual(s) to Whom the Policy

Applies to all graduate students

D. Individual(s) Responsible for Upholding the Policy and Documenting Compliance

All faculty members and ultimately the Program Director

E. Procedure

1. When signs of struggle or difficulty are detected, faculty members intervene for the purposes of (a) educating/counseling a student, (b) identifying and invoking appropriate student support services, (c) formulating an Improvement Plan, (d) setting explicit expectations on outcomes, and (e) monitoring progress. Faculty members will meet with the student as indicated to review progress and likely dispositions. Once a student is determined to be at risk for failure based upon a demonstrated deficiency in terms of essential functions, the student’s standing is moved from ‘good standing’ to ‘probation.’ If the Improvement Plan is successful, a student’s standing in the Program is returned to ‘good standing.’

2. When the outcomes of counseling interventions and Improvement Plans do not indicate acceptable growth, the Program must fulfill the ethical responsibility of terminating a matriculation plan that is not leading to clinical competence sufficient for meeting ASHA certification standards. Under these circumstances, a student is dismissed from the Program and counseled regarding career alternatives.
Unprofessional or Unethical Conduct

A. Policy

Each of the following is grounds for dismissal.

Unprofessional or unethical conduct may motivate dismissal for cause. Examples include: Unprofessional or unethical conduct, for any reason, interfering with the clinical management of an individual having a communication disorder.

Unprofessional or unethical conduct, for any reason, interfering with professional relationships with clients, colleagues, instructors, or Off-Grounds supervisors.

Lying, cheating, or stealing

B. Purpose of the Policy

To assure graduates are responsible professionals and eligible for ASHA certification.

C. Individual(s) to Whom the Policy Applies to all graduate students

D. Individual(s) Responsible for Upholding the Policy and Documenting Compliance

All faculty members and ultimately the Program Director

E. Procedure

1. An indication of unprofessional or unethical conduct will motivate a communication with the Director who will organize and initiate a fact-finding initiative.

2. Collectively, the faculty will deliberate to decide disposition on a case-by-case basis. If the facts of the matter indicate a minor and unintended infraction, a meeting of the student and the principals will occur to review the decided disposition. The student’s status is moved from ‘good standing’ to ‘probation.’ A remedial plan will be established, implemented, and monitored. The Director’s endorsement of a student’s application for ASHA certification cannot occur until the remedial intervention is declared successful. If the Improvement Plan is successful, a student’s standing in the Program is
returned to ‘good standing.’ Any sort of repeated unprofessional or unethical conduct motivates dismissal from the Program.

If the facts of the matter constitute what the faculty deem a serious breach in professional or ethical conduct, the student will be dismissed from the program.
Clinical Practicum Policies

Professional Definition, Identity, and Conduct

1. The professional title of students assigned to clinical duties is Associate Clinician.

2. Associate Clinicians are expected to conduct themselves as professionals. It is required that they will dress in a manner appropriate to professional contact with the public (see Dress Code section). Formal address (Miss, Ms., Mrs., Mr., Dr.) is always used.

3. Associate Clinicians and all students observing clinical operations are bound by the ASHA Code of Ethics http://www.asha.org/Code-of-Ethics/

Some General Matters Regarding Clinical Practicum and Supervision

1. Clinical practica are an essential component of graduate education in speech-language pathology. Clinical practice is not only the opportunity to apply theoretical knowledge acquired in academic courses; it is the training ground for mastering the full skill set required for clinical practice including interpersonal communication, writing skills, professional conduct, behavior management, evidence-based practice, as well as business related aspects of speech-language pathology such as billing and reimbursement.

2. The first 25 - 50 hours of every student’s clinical practicum at U.Va. takes place in the SJC. Once the 25 - 50 hours are completed under the supervision of U.Va. Clinical Instructors and a student is judged clinically competent by U.Va. Clinical Instructors, assignments to offsite institutions begin. Each student completes at least two externships. Typically, one of these externships takes place in a public school and the other takes place in a facility delivering services to adults. Each student completes one full-time semester-long internship.

3. Associate Clinicians in the SJC are carefully supervised. At the Clinical Instructor’s discretion, the nature and amount of clinical supervision will be adjusted according to the experience and ability of the Associate Clinician.

4. Decisions regarding client evaluation and management shall be implemented or communicated to the client only after approval by Clinical Instructor.

5. The Clinical Instructor must approve termination of therapy.

6. Students should expect regular feedback from Clinical Instructors. If you have
questions, schedule a meeting with your Clinical Instructor.

7. Supervisory conferences may be scheduled by either the Clinical Instructor or the Associate Clinician.

8. Cell phones should not be used to view the time while in a treatment room. Cell phones must be turned off when working with clients/family members.

9. Students should have a watch or some means of tracking elapsed seconds and minutes.

10. Diagnostic and therapy sessions begin promptly at the scheduled time.

11. The failure of students to show up for a scheduled appointment is unprofessional and unacceptable clinical behavior. This behavior will be noted in the Knowledge and Skills Tracker, the Student Clinical Skills Performance Evaluation, and the Annual Student Evaluation. The first offense will result in a meeting with the Clinical Instructor and the Clinical Director at which time a plan of action and Improvement Plan will be drawn up. The second offense will result in revocation of clinical privileges, a failing grade for clinical practicum for the semester and possible dismissal from the program.

12. Associate Clinicians are responsible for returning all diagnostic and therapy materials to their designated locations.

13. Nonfunctional equipment should be reported immediately to the Clinical Instructor.

14. Students are responsible for using appropriate procedures to clean the equipment, materials, and environment (see Infection Control, pages 79-86).
Clinical Education, Clinical Learning, and Clinical Supervision

Different Clinical Instructors have different views regarding supervision and different methods regarding Speech-Language Pathology.

That is true of every clinic and every university.

To insure equity and fairness to all students, we systematize many of our supervisory processes. Beyond that though, there is sometimes more than one efficacious means to a common end. A professional fact of life is that you will be dealing with different supervisory styles and expectations in just about every setting in which you practice. Manage it and try to benefit from different learning opportunities.

Different Associate Clinicians have different clinical learning needs and strengths. Furthermore, not everyone learns the same way. For educators and supervisors, that is a fact of professional life; a part of our job is to work with different students in different ways to establish one or another clinical competency. That means that the assignment of a client to an Associate Clinician is calibrated to that student’s level of progress and current goals. In addition, not every student will receive the same type of preparation assignment.

That means we have two overriding goals in working with Associate Clinicians: (1) meet the learning needs of each student to master all of the clinical competencies, and (2) treat all Associate Clinicians as equitably and fairly as possible.

The fundamental point is that we aren’t manufacturing cars on an assembly line. Providing a good clinical education for each individual student in a diverse group of learners is enormously complex. Faculty members meet in regular and ad hoc meetings continuously to make certain we are getting it right for each individual.

There is another very important factor at play in all of this: privacy. The background issues pertaining to each student are strictly a matter of privacy. We hold that privacy paramount. We will fashion interventions/lessons/activities on an individual basis and we will implement them as discretely as possible. However, in the middle of a client session, an intervention is necessarily public. We will do that with a goal of upholding the dignity of every student. What we won’t do is to publicly justify the reasons for one intervention or another and violate the privacy of confidential information. We ask that you too respect those boundaries and focus on your own clinical education.

The take-home messages are: (a) don’t compare your experience with the experience of another student, and (b) don’t compare the two different learning experiences that you may witness for two different students around you.

Of course, we strive for fairness for all. Equally important though, when it comes to clinical education, we strive for fairness for each.
Basic Tenets of Professionalism


When this article appeared in 1998, it instantly became legend. You will find it in just about every clinical education program.

• You show up.

• You show up on time.

• You show up prepared.

• You show up in a frame of mind appropriate to the professional task.

• You show up properly attired.

• You accept the idea that “on time,” “prepared,” “appropriate,” and “properly” are defined by the situations, by the nature of the task, or by another person.

• You accept that your first duty is to the ultimate welfare of the persons served by your profession, and that “ultimate welfare” is a complex mix of desires, wants, needs, abilities and capacities.

• You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.

• You place the importance of professional duties, tasks and problem solving above your own convenience.

• You strive to work effectively with others for the benefit of the person served. This means you pursue professional duties, tasks and problem solving in ways that make it easier (not harder) for others to accomplish their work.

• You properly credit others for their work.

• You sign your work.

• You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.

• You do what you say you will do. By the time you said you would do it. To the
extent you said you would do it. And to the degree of quality you said you would do it.

- You take active responsibility for expanding the limits of our knowledge, understanding and skill.

- You vigorously seek and tell the truth, including those truths that may be less than flattering to you.

- You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.

- You value the resources required to perform professional duties, tasks, and problem solving, including your time and that of others.

- You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.

- You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long they are not objectively harmful to the persons served.

- When you attempt a task for the second time, you seek to do it better than you did it the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practices.

- You accept the imperfections of the world in ways that do not compromise the interests of those you serve, or your own pursuit of excellence.

- You base your opinions, actions and relations with others upon sound empirical evidence, and upon examined personal values consistent with the above.

- You expect all of the above from other professionals.
Code of Ethics

Carefully read the ASHA Code of Ethics at:
http://www.asha.org/Code-of-Ethics/

Helpful documents addressing specific ethical issues are found at
http://www.asha.org/practice/ethics/ethics_issues_index.htm

Scope of Practice in Speech-Language Pathology

Review the ASHA Scope of Practice in Speech-Language Pathology at:
http://www.asha.org/policy/SP2016-00343/

Philosophy of Clinical Supervision

The clinical faculty of the Communication Sciences & Disorders Program at the University of Virginia are proud of their crucial role in student training/education. Although educational backgrounds, work experiences, and interests vary among Clinical Instructors/supervisors, the faculty are united in their philosophy of clinical supervision.

Clinical supervision is a process in which both supervisor and supervisee are active participants in the development of an independent, autonomous professional who will be able to provide the full range of services in speech-language pathology to clients of all ages and in all clinical settings. The supervisory process encompasses three stages:

1. the evaluation-feedback stage in which the supervisor generates most of the input for clinical behavior;
2. the transitional stage in which there is a collaborative problem-solving approach to analyzing and modifying clinician behavior; and
3. the self-supervision stage in which the supervisee effectively manages his/her own clinical behavior, using the supervisor and other resources in a consultative manner.

At every stage of supervision, the relationship between supervisor and supervisee should be a positive, constructive experience for both participants, and there should be open communication about the nature of the relationship. When a supervisee has multiple clinical assignments, there may be involvement at more than one stage at any given time. However, by the end of the clinical training program, a supervisee should be functioning predominantly at the self-supervision stage.
Clinical supervision maintains a commitment to high standards, with emphasis on responsibility to clients. To achieve these standards, there should be a close working relationship between clinical and academic segments of the training program and compliance with policies set forth by the ASHA’s CAA and principles of the ASHA Code of Ethics.

**Clinical Supervision**

Each student majoring in the Communication Sciences & Disorders Program is assigned to an Academic Advisor who assists in planning a program of studies that will fulfill departmental requirements for graduation. Clinical advising is the responsibility of the Clinical Instructors and the Clinical Services Committee. The student retains the same Academic Advisor throughout the period of graduate training but the Clinical Instructor will change throughout the course of study. A student may also have more than one supervisor at one time depending on clinical assignment/site(s).

**Evaluation of Associate Clinicians and Clinic Grades**

Students participating in clinical practicum will be given a midterm evaluation and final grade using the *Speech-Language Pathology Clinical Practicum Evaluation* form. Students must earn a B- or better in clinical courses for a passing grade.

**Speech-Language Pathology Clinical Practicum Evaluation**

Please refer to the Clinic Canvas site to view the form for assessing Associate Clinician performance and progress. Students often meet weekly with their Clinical Instructors. Students may request an assessment conducted at mid-term and at the end of each term.
Goal Attainment/Grade Calculation

What follows is the grade calculation and grading scale. See our Canvas site for the full test.

Calculate the grade by following the steps below:

Step 1. Calculate a % by dividing total points earned by number of points possible.

\[
\text{Total points earned} \quad \text{Number of items assessed} \times \text{rating appropriate for placement (points possible)}
\]

Step 2. Determine the letter grade using the scale listed below:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>100%</td>
</tr>
<tr>
<td>A</td>
<td>95 – 99.99%</td>
</tr>
<tr>
<td>A-</td>
<td>90 – 94.99%</td>
</tr>
<tr>
<td>B+</td>
<td>87 – 89.99%</td>
</tr>
<tr>
<td>B</td>
<td>83 – 86.99%</td>
</tr>
<tr>
<td>B-</td>
<td>80 – 82.99%</td>
</tr>
<tr>
<td>C</td>
<td>70 – 79.99%</td>
</tr>
<tr>
<td>D/F</td>
<td>&lt;69.99</td>
</tr>
</tbody>
</table>

Supervisor Signature  
Student Signature  
Date

For externships and internships: Please fax, email, or mail to Ms. Vickie Thomas  
vat3w@Virginia.edu  --  434-924-1433 (fax)  --  434-924-7472
Leave Requests

Because the SJC is a fully operational clinic, it is necessary to track when clinicians are available for clinical assignments. Leave requests are standard practice in all professional settings.

**Associate clinicians are expected to submit a leave request for any time they will miss a client assignment, be unavailable for PRN coverage, or miss a scheduled meeting.**

Submitting Leave Requests applies to (a) all Associate Clinicians (b) in all clinical assignments (in the SJC and at offsite placements) (c) and all business days (Monday through Friday, 8-5).

Every clinician is awarded 5 days of leave at the beginning of each academic year (opening of clinic in the fall to closing of clinic in the summer). The leave request must be submitted as far in advance as possible but a minimum of 2 weeks is required (unless because of illness).

Leave Requests must be approved by both the Clinical Services Committee and the offsite supervisor, if applicable. A copy of the Leave Request is found in this Handbook, in the Internship/Externship Handbook, and on Canvas.

Leave Requests apply only to the clinic and clinical responsibilities. Academic classes and coursework are not impacted by this policy. You must discuss missing class or class work with your academic instructors.

Regularly scheduled appointments, such as medical or dental checkups, should be made on days that you do not have clinical responsibilities or during regularly scheduled breaks such as the winter holidays, or spring or summer breaks.

If you have ongoing obligations (such as medical procedures) that interfere with clinic, see your Clinical Instructor for discussion.

The following are examples of events that **DO** count towards your 5 awarded days:

- Personal vacation plans (weddings, travel, family reunions, etc)
- Sickness
- Medical or dental appointments

The following are examples of events that **DO NOT** count towards your 5 awarded days:

- Attendance at professional conferences
- Acute illness or injury (e.g. requiring immediate medical care)
- Death in the immediate family (parents, siblings, grandparents)

*Each excused leave is considered on a case-by-case basis.*
Submitting Leave Requests

A request must be made for BOTH SJC AND offsite placements.

If you need to request time away from your clinical assignment, you must submit an electronic Leave Request form to Ms. Rehm and Dr. Hilton. The Leave Request will be considered by the Clinical Services Committee (CSC) at the next meeting. Please note that this committee generally meets every other week so please plan accordingly.

For Leave Requests during your off-site placements, make sure to discuss the leave policies for the facility with your supervisor upon starting each placement. Please have your current offsite supervisor approve the leave request then submit it to Ms. Rehm and Dr. Hilton for final approval. You must have the CSC approval prior to taking the day off.

Arranging Coverage of Clinical Assignments

Work with your CI to arrange coverage for any clinical assignments.

In case of illness, the Associate Clinician must contact the Clinical Instructor at the earliest possible time to arrange coverage, rescheduling, or cancellation. The very last option is cancellation. Only a Clinical Instructor may cancel a session.

In case of a death in the immediate family (parents, siblings, grandparents), the Associate Clinician must notify the Clinical Instructor and Ms. Rehm immediately if you are planning on leaving to be with family or attend the funeral.
Dress Code for Clinical Practice

A. Policy

Each person entering in the U.Va. SJC will dress in professional attire. This dress code applies at all times. Anyone entering into the Center, for any reason, must comply with the dress code. Professionalism should be considered in all clothing decisions. Students should be aware that they are visible from cameras which view all angles. Attention should be given to the image portrayed from all angles. Generally, dress pants and polo shirts are acceptable clinic attire.

If a Clinical Instructor considers that you are inappropriately dressed for a session, you will not be allowed to provide services. If you have questions about the appropriateness of your dress, please consult a Clinical Instructor for guidance.

Associate Clinicians should be aware that many facilities have more stringent dress codes. It is the student’s responsibility to ask the off-site Clinical Instructor to review the code with them.

B. Purpose of the Policy

Establish and maintain a professional environment in action and perception.

C. Individual(s) to Whom the Policy Applies

Clinical Instructors, Director of Clinical Services, Program Faculty, Staff, and Associate Clinicians

D. Individual(s) Responsible for Upholding the Policy and Documenting

Compliance Director of Clinical Services, Clinical Instructors

E. Procedure

Individuals providing services in the SJC will dress in a professional manner. The most appropriate dress consists of Khaki pants and a polo shirt that is tucked into the pants.

Consider this a standard 'go to' outfit for all clinic sessions.

Nametags must be worn in clear sight, on the upper left or right lapel on a retractable badge clip or attached to a neck lanyard.

Clothes must be neat and clean with the proper fit and length. This includes dresses and skirts that when measured from a seated position, are no shorter than four (4) inches from the front of the knee to the bottom hem of the dress or skirt.
Dress Code requirements include …

- No torn, ripped, or frayed clothes
- No midriff or off-the-shoulder blouses, sweaters or dresses
- No tight, sheer, or revealing clothing
- No t-shirts with advertisements, sayings or logos
- No spaghetti strap or strapless shirts or dresses
- No jeans (any color)
- No shorts
- No sports attire (including jogging suits, sweat pants, or lycra leggings)
- No hats, caps or bandanas

(Exception: head covering worn for safety purposes or established religious customs)

- No flip-flops, sports sandals or athletic shoes
- No visible body piercing, with the exception of ears
- Earrings should be kept to a minimum and removed if they are distracting to the client or pose a safety risk to the clinician
- Excessive tattooing must be covered (this includes tattoos on the lower back)
- Hands and feet (when wearing sandals) should be clean and well groomed; nails should be no longer than ¼ of an inch in length
- Underwear should not be visible
- Fragrances and perfumes should be minimally noticeable
- Hair must be dried
Working in the Sheila C. Johnson Center for Human Services

Clinical Instructors

Jane C. Hilton, Ph.D., CCC-S  
Speech-Language Pathology  
Clinical Assoc. Professor

Kazlin Mason, Ph.D., CCC-S  
Speech-Language Pathology  
Clinical Instructor

Rebecca A. Rehm, M.S., CCC-S  
Speech-Language Pathology  
Clinical Instructor

Kristin C. Roush, Ph.D., CCC-A  
Audiology  
Clinical Asst. Professor

Anne R. Shackelford, CCC-S  
Speech-Language Pathology  
Clinical Instructor

Jaimee R. Traub, M.S., CCC-S  
Speech-Language Pathology  
Clinical Instructor

Additionally, Dr. Hilton serves as our Clinic Director.

From time to time, students may also be supervised by academic faculty members holding the CCC credential.

SJC Hours and Clinical Appointments

The SJC is open Monday through Friday from 8:00 a.m. to 5:00 p.m. In order to assure appropriate delivery of clinical services to our clients and appropriate education for our students, students are expected to be available for clinic assignments Monday through Friday.

The minimum unit of service is 25 minutes. All sessions begin on the hour or on the half-hour.

Clinical activity at the SJC continues through the examination period. Associate Clinicians should plan to meet with their clients during this period except when there is a direct conflict with a scheduled exam. If this does occur, please notify your Clinical Instructor in case the client can be rescheduled.

All Associate Clinicians are expected to remain available through the last scheduled day of clinic. Because the clinic is open 12-months/year, clinical experiences are available between semesters. Clinic dates are posted on Canvas.

New students not enrolled in a practicum course may be assigned to observe other Associate Clinicians; otherwise, all clinical assignments are associated with a course number.

Clinical assignments are subject to change throughout the semester.
The Clinical Instructor is responsible for ensuring appropriate cancellation and re-scheduling of appointment, if necessary.

**Clinic Operations**

The following section applies to activities at the SJC:

1. Associate Clinicians will receive clinical assignments from the Clinic Director. All students registered for clinical courses agree to participate as assigned. Changes in assignments may not be made unless approved by the director.

2. Clinical Instructors and/or Associate Clinicians are responsible for obtaining signature from parents/guardians on the HIPPA forms, Release of Information forms, and Consent Form (see the next page) for treatment, observation, and recording when services are initiated. Please refer to the consent forms before recording sessions.

3. All information pertaining to a client should be given to the front office staff for scanning and placement in the client’s permanent file immediately upon its receipt: evaluation and progress reports; correspondence to and from clients and/or their families and other professionals; pre-evaluation information (e.g., referral information, test results from other agencies, completed case history forms); test forms and any other materials containing identifying information.

4. Clinical faculty mailboxes are located in SJC Room 033 for students to leave messages.

5. Students needing supplies for clinic should discuss the need with the supervising Clinical Instructor.

   At the end of each session, the Associate Clinician is responsible for assuring that all furniture in the room is returned to the appropriate location. If a student is unable to keep a therapy or diagnostic appointment he/she, should notify the Clinical Instructor as soon as possible. The Clinical Instructor should notify the client.

6. All questions pertaining to fees should be directed to the Clinical Instructor.

7. All students have access to the clinic scheduling calendar SOS scheduling program once you have obtained your VPN token.

8. Students are alerted to diagnostic and therapy assignments as well as client cancellations through e-mail. Students should check the SOS scheduler and email several times each day.
Diagnostic Procedures

1. Associate Clinician reviews all information contained in the client’s chart.

2. Associate Clinician sets up appointment with Clinical Instructor to discuss diagnostic procedures when a client is assigned to that time slot or at least 4 working days prior to the evaluation session.

3. Diagnostic tests must always be checked out. Associate Clinician must practice administering each test three times before the evaluation. During working hours, tests must not be removed from the facility. Tests may be checked out overnight; however, the tests can only be checked out between 4:30 and 5:00 pm and must be returned by 8:15 the following morning.

4. Associate Clinician should arrive at least 30 minutes prior to the scheduled evaluation. Associate Clinician prepares diagnostic room (materials, room arrangement, etc.) prior to evaluation. Associate Clinician must check equipment, e.g., digital recorder, to assure it is operating properly. Portable audiometer listening check should be conducted and documented. Other equipment should be calibrated as warranted.

5. Test forms are in the file cabinet in the Clinic Room 055. If you take a form to use and the supply is getting low (less than 4 forms), leave a copy of the form and a note to reorder in Ms. Rehm’s mailbox. If you are practicing a test, please make a copy of the form; do not use the actual form. Never use copied test forms when testing a client.

6. Diagnostic evaluation findings, recommendations, and treatment plan are discussed between the Clinical Instructor and the Associate Clinician(s).

7. First draft of the typed evaluation report must be submitted to the Clinical Instructor no later than two working days after the evaluation session. No identifying information other than client code is included in draft reports. Evaluation reports should be completed so the Clinical Instructor can ensure that report is mailed to the client within two weeks of the appointment date.

8. Test results must be immediately submitted for scanning.

9. Clinical Instructors will be responsible for maintaining clients’ permanent charts (stored in the front office).
Therapy Procedures

1. Clinical Instructor and Associate Clinician review(s) all information in client’s chart.

2. Director of Clinical Services, in conjunction with Clinical Instructors, will schedule clients. Associate Clinicians will be alerted to assignments via the clinic scheduling system (SOS) and through email.

3. Students with clinical assignments are expected to be present at the clinic at least 15 minutes prior to the appointment.

4. Associate Clinicians must submit therapy lesson plans 24 hours prior to the therapy session. For Monday clients, lesson plans must be submitted by noon on the previous Friday. Actual therapy time is 50 minutes for a session scheduled for one hour or 25 minutes for a 30 minute session. The final 5 or 10 minutes is for clean-up and documentation. All sessions should begin on time.

5. Session SOAP notes (Subjective, Objective, Assessment, and Plan-SOAP) are due to the Clinical Instructor following every treatment session. A draft of the SOAP note should be written immediately following the session and submitted to the Clinical Instructor immediately, whenever possible. If it is not possible to write the note immediately after the session, the draft should be submitted to the Clinical Instructor no later than 12:00 noon of the day following the session.

First drafts are reviewed by the Clinical Instructor and returned to the Associate Clinician for revisions. Notes should then be re-typed and approved by the Clinical Instructor.

All SOAP approved notes must be uploaded into SOS by the 25th of the month for that month. SOAP notes for sessions occurring after the 25th of the month are due to the chart by the 25th of the following month.

6. Client and/or family must be informed periodically regarding the status of the communication disorder.

7. Students with clinical assignments are expected to be present at the assigned clinic at least 15 minutes prior to the appointment.
Confidentiality Rules

The confidential treatment of client records is mandated by both the ASHA Code of Ethics and by the Health Insurance and Portability Act, HIPAA (For specific HIPAA information, see pages 58-64).

The ASHA Code of Ethics specifically mandates: "Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally " (Principle I) and "Individuals shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community" (Principle I, Rule L). "Any action that is in violation of the spirit and purpose of this Code shall be considered unethical" (Preamble to the Code).

Students are expected to treat information related to clients in an ethical manner. Students are held responsible for knowing and following the rules regarding confidential treatment of client records. When you have read the Confidentiality Policies, complete the Student Acknowledgement Form and return it to Dr. Hilton.

No written or spoken information that could identify clients, or permit knowledge of a client’s disorders can be made available intentionally or inadvertently to unauthorized persons.

Students shall not discuss, use or release client information except when necessary to support treatment, payment or business operations, when authorized by the client, or as otherwise permitted or required by law. Students shall access and use only the client information that students need to know as part of their authorized clinical activities.

DO NOT remove or separate any of the following from clients’ permanent charts: evaluation and progress reports; correspondence to and from clients and/or their families and other professionals; pre-evaluation information (e.g., referral information, test results from other agencies, completed case history forms); test forms and any other materials containing identifying information.

DO NOT remove clients’ permanent files from the SJC.

REMOVAL OF A CLIENT FILE OR THE CONTENT OF A FILE FROM THE CENTER WILL RESULT IN A FAILING GRADE IN CLINIC AND TERMINATION FROM THE PROGRAM. Any student removing permanent records from the Center or engaging in other non-professional conduct will receive a failing grade in clinic and is subject to termination from the program.

Audio recordings of client sessions must not leave the SJC. If you need to review a session, you must do so within the SJC; you must use a room in which others cannot see or hear the recording playback.
Prior to inclusion in SOS, all forms of communication referencing a client must only use the Clinical-Instructor generated client ID code.

Similarly, use only the Clinical-Instructor generated client ID code in all emails. The U.Va. email system IS NOT SECURE.

The writing of clinic reports at any other building, on or off grounds with the exception of the student’s home, is prohibited. Care must be taken to prevent free access to information by roommates and visitors.

Once the report is finalized and ready for printing, the client name and other identifying information should be added to the report. When printing a report, stand at the printer and retrieve the report immediately. Immediately de-identify the file on your computer.

Dispose of unneeded client information by shredding.

Never use the client’s name or other identifying information (e.g., date of birth, file number) on treatment plans. Clients are identified by initials only on lesson plans, progress notes, and treatment plans. Identifying information is added only after receiving the approval of the Clinical Instructor.

When writing reports, DO NOT include specific information from evaluations done outside of the SJC unless you have a signed consent from the client, parent(s), legal guardian(s), or spouse. Such information includes specific scores (e.g., IQ, raw scores, quotients, standard scores, percentile ranks, grade level equivalents, and, in some instances, diagnostic labels). The permission that you receive to obtain such information does not grant permission to make it available to others.

Associate Clinicians must have a Clinical Instructor’s permission to share any report. DO NOT provide any agency or person with reports or spoken information regarding a client without signed informed consent from the client, parent(s), legal guardian(s), or spouse. Review the list of authorized recipients at the time of each re-evaluation or written report of progress and change it as needed.

When contacting agencies to find services for clients, DO NOT provide the client’s name or other identifying information (e.g., where the client works or goes to school). If you are asked for the information, say that you must withhold it until a formal referral is made and you have permission to release information. In addition, do not confirm or deny that a client has received or is receiving services to unauthorized persons. An informed consent must be signed to release any verbal or written information.

DO NOT provide information that is not directly related to a client’s communication disorder, such as personal/family problems, to anyone who is not directly responsible for that client’s treatment program.

DO NOT discuss any information about clients or their communication disorders in public places including hallways, the waiting room, and the front office.
DO NOT hold conferences with parents, even short discussions about therapy, immediately following treatment sessions, in public places (including the waiting room). Speak with the parents in your therapy room or find an empty room or office if your therapy room is no longer available.

Protection of the confidentiality of information includes that obtained through observations.

Only parents, legal guardians, or spouses may observe a session with a client unless you receive permission directly from the client. Exceptions to this rule are students, Clinical Instructors, and faculty members in this Program who are granted broad permission when clients sign the consent form. Please refer to the Consent Form before observing a client’s session.

Family members of one client must never have information about another client. Keep doors to therapy/observation rooms closed at all times when therapy is in session. Close doors behind you when you enter or leave therapy rooms, even if you found them open.

Write session and/or observation notes in such a way that they cannot be read by clients, family members or other clients.

Be aware of the position of computer screens, ensuring that unauthorized persons do not read client information over your shoulder.

Always use fax cover sheets that contain a privacy statement.

Offices where client information is stored should be locked when not in use.
Clinical Contact Clock Hours

ASHA requires that the applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client contact working with clients representing the broad spectrum of ages, backgrounds, and communication disorders. “Working” with these clients entails screenings, assessments, treatments, as well as counseling sessions centering on rehabilitation and prevention. The initial portion of the 375 clock hours come from working in the SJC where we establish core clinical competencies that make you eligible for assignments in clinical externships and a final clinical internship.

Observation Hours

Observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology.

For certification purposes, observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area. The applicant must maintain documentation of time spent in supervised observation, verified by the Program.

If a student has completed the 25 hours of clinical observation prior to coming to U. Va., the student must present the Academic Advisor and the Director of Clinical Services with signed copies documenting the experiences. These documents must have the ASHA number of the supervising SLP. Graduate Students obtaining observation hours at U.Va. must record the hours each week using the on-line documentation system Calipso.

Direct Clinical Contact Hours

The 375 hours of direct client contact should be distributed with clients across the lifespan and across the scope of practice in speech-language pathology. Our students typically graduate having accrued more client contact hours than the minimum required by ASHA.

Students are assigned practicum only after they have acquired a sufficient knowledge base to qualify for such experiences. Only direct contact with the client or the client’s family in assessment, management, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client’s family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, students may receive credit for the time each student spent in providing the service. However, if one
student works with the client for 30 minutes and another student works with the client for the
next 45 minutes, each student receives credit for the time he/she actually provided services – that
is, 30 and 45 minutes, not 75 minutes. The student must maintain documentation of time spent
in supervised practicum, verified by the Program.

Direct treatment hours obtained at another university do not count toward U.Va. totals. However,
the hours are incorporated into the U.Va. hour accounting system and those hours are represented
to ASHA in a graduate’s total – provided that (a) the hours were obtained through a CAA
accredited Program and (b) official documentation is provided by that program.

What to Count as Clinical Clock Hours

Taken from: Hegde and Davis, *Clinical Methods and Practicum in Speech-Language Pathology*,

Sometimes there is confusion on what types of activities can be counted as clinical clock hours
and what category the clock hours should be counted under. Use the following guidelines in
recording your clock hours.

1. Count clock hours earned in conjunction with a class assignment and during clinical
   practicum. For example, if as part of a class assignment in a course on aphasia, you
   are required to evaluate a client with aphasia, you may earn diagnostic clock hours
even when not enrolled in clinical practicum. However, to earn those hours, your
   practicum assignment must be preapproved and you must be supervised by an
   individual who holds a CCC in speech-language pathology.

2. Count clock hours spent on screening and assessments of communication and
   swallowing disorders. Typically, the Associate Clinician may screen individuals at
   local preschools, area public and private schools, health fairs, and the university
   clinic. Speech, language, and swallowing screenings may be performed at facilities
   serving the elderly. Evaluations will likely be part of your experience at any clinical
   site. Evaluation hours may be earned while you are enrolled in a section of the clinic
designated solely for diagnostics. Formal reevaluations may also be counted. For
   example, you also may acquire diagnostic hours as part of the assessment of your
   clients at the beginning of a treatment period. Re-administering specific tests or other
   assessment procedures at the end of treatment to document the status of the client also
   may be counted as evaluation hours. However, administering probes during the
   treatment period should not be counted as evaluation hours. Time spent administering
   probes should be counted with treatment hours.

3. Count clock hours spent counseling or training family members. Such counseling, of
course, is closely related to the swallowing or communicative disorder of the client.
For example, providing treatment for a client with a diagnosis of aphasia might
include not only direct language intervention with a client, but also sharing
information with the client’s family. It might be necessary for you to explain to the
family members what aphasia means and how they can help the client regain some of the lost communicative behaviors. Or, your articulation treatment for a preschool child might include a home training program. In that case, you need to train the parents to ensure that they are able to carry out the home assignments.

4. **Count clock hours spent in obtaining or giving assessment and treatment information.** You can count the time you spend taking a case history and interviewing the client or the client’s family, or both. You can also count the time you spend discussing your diagnosis and recommendations with the client or client’s family.

5. **Count clock hours spent during the treatment and evaluation of a variety of disorders.** You will work with clients of varying ages who exhibit different communicative and swallowing disorders. In your medical practicum site you will gain much experience in evaluating and treating swallowing disorders. You will also evaluate and treat clients with such disorders as aphasia, dysarthria, and other neurological disorders. Working with school-age clients, you will evaluate and treat disorders of fluency, articulation, hearing, voice, and language. You may work with infants and toddlers who have speech, language, hearing, or swallowing and feeding problems secondary to genetic syndromes or other risk factors. Each site will offer different learning opportunities, so learn as much as you can at each site.

6. **Count time spent on certain clinically related activities.** These include activities performed to prevent communicative disorders or to develop, maintain, or maximize communication skills. For example, in certain settings the team of professionals providing rehabilitation services for a client may meet to discuss the client’s treatment, progress, prognosis for further gains, and recommendations for future treatment. Also, you may be in a setting where you will train certain staff members to communicate more effectively with your client and to assist your client in communicating more effectively with the staff.

7. **Do not count preparation time as clinical clock hours.** Although you will spend much time in gathering materials or ideas, writing reports and lesson plans, scoring tests, or transcribing language samples, you cannot count clock hours spent on these activities.

8. **Remember that most clinical practicum clock hours are earned for direct client contact time only.** Your clinical supervisor will answer any questions you have regarding how to count, record, or report your clinical hours.
Weekly Report of Contact Hours for ASHA Certification

Calipso is an on-line clinic documentation system used to track clinical experiences during your program at UVA. This system is the basis for certifying you have accumulated sufficient clinical hours to satisfy requirements for U.Va. graduation and ASHA certification.

Logon to Calipso weekly and record the hours you earned for that week. Specific procedures will be reviewed during the weekly student staffing. Once you have entered your hours, an email is automatically generated and sent to the clinical instructor you designated. The Clinical Instructor will then go into the system and approve the hours.

Please record your hours by Friday by 5:00 PM. Failure to register hours on Calipso according to prescribed timelines may result in hours not being counted. Program faculty need current information on accumulated hours to manage all clinical assignments.

The number of direct clinical clock hours should be entered in the appropriate columns. Hours should be recorded as full clock hours. In the comments section, please provide the client code for the hours you are submitting. If you have acquired supervised undergraduate hours, provide the supporting documentation to Dr. Hilton.

Final Summary Report of Contact Hours for ASHA Certification in SLP

The final report of all clinical hours is available through Calipso at any point in the program (for you to monitor), and for one year following graduation.
HIPAA

The HIPAA Act of 1996 was intended to provide better access to health insurance and provide health care reform by reducing administrative costs. This new rule was also intended to save money by regulating administrative simplification via standardization of billing and claims transactions. Two more Rules on Privacy and Security were added to the Act, requiring Health and Human Services to adopt regulations to protect patients’ medical information.

The Privacy Rule promotes confidentiality and security of patient Protected Health Information (PHI), requires notification of patients about how their PHI may be used and disclosed, and requires specific written authorizations for certain uses and disclosures outside of routine treatment, payment, and business operations. The regulation also describes the rights patients have to inspect their medical records, request restrictions on the use of their information, receive an accounting of disclosures, and have access to a formal complaint process. There are requirements for physical, administrative, and technical safeguards to maintain the security of oral communications, paper records and electronic records. There are requirements for maintenance of certain documents for a certain number of years and there are civil and criminal penalties for violations. Enforcement is under the oversight of the Office of Civil Rights.

All students must complete “Privacy & Security Training” (HIPAA) training to practice in the SJC. See page 82 of this Handbook for information on accessing the HIPAA training module.

PHI pertaining to any client may not be disclosed except when authorized by the client or as otherwise permitted or required by law. Every person employed or otherwise providing services, or receiving training, in any capacity that includes access to PHI, including all persons involved in health care education and research, must comply with this requirement. PHI consists of all individually identifiable health and billing/payment information about a client regardless of its location. Health information is “individually identifiable” if it includes any one of the identifiers listed on page 58.

A Notice of Privacy Practices was implemented effective April 14, 2003, describing uses and disclosures of, and client rights and health care providers’ duties regarding PHI. The Notice (see page 59) is provided to all clients on the date of first service delivery. All clients must provide written acknowledgement of receipt of the Notice (see page 59). If acknowledgement is not obtained, reasons why the acknowledgement was not obtained shall be documented.

Every healthcare facility must designate a “Privacy Officer” who develops, implements, and oversees policies regarding PHI. The Privacy Officer also handles complaints and maintains a log of complaints received and their disposition. The Privacy Officer also forwards institutional data regarding confidentiality to the appropriate individuals at U.Va. The Privacy Officer for the SJC is Dr. Hilton.

Students are responsible for reporting alleged, apparent or potential breaches of confidentiality of protected health information to the Privacy Officer for investigation and follow up.

Appropriate corrective action will be taken regarding violations of this policy and other Program
Policies on confidentiality of protected health information. Student sanctions, which may include suspension or termination from the Program for serious misconduct, will be implemented as appropriate.

No retaliatory action will be taken against any person who files a complaint, participates in any proceeding, or otherwise engages in reasonable, good faith opposition to practices in violation of applicable privacy laws.

**HIPAA De-identification Standard**

The following client identifiers are to be removed (de-identified):

2. Names
3. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code
4. All elements of dates except year.
5. Dates directly related to an individual, including birth date, admission date, discharge date and all ages
6. Telephone numbers
7. Fax numbers
8. Electronic mail addresses
9. Social security numbers
10. Client record numbers
11. Health plan beneficiary numbers
12. Account numbers
13. Certificate/license numbers
14. Full face photographic images and any comparable images
15. Any other unique identifying number, characteristic, or code that is derived from or related to information about the individual.
HIPAA Notice (text)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. Effective date: April 15, 2003 (amended February 17, 2006)

The following categories describe different ways that we may use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Treatment.** We may use and disclose your protected health information to provide, coordinate or manage your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

**Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or another third party. We may also tell your health plan about a treatment you are going to receive, to obtain prior approval or to determine whether your plan will cover treatment.

**Health Care Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to make sure that all of our patients/clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**Business Associates.** There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we’ve asked them to do. Similarly, there are departments of the University that provide services to us and may need access to your health information to do their jobs. We require business associates and other U.Va. departments to appropriately safeguard your information.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent an immediate, serious threat to your health and safety or the health and safety of the public or another person.

**Military and Veterans.** We may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
Workers' Compensation. We may release medical information about you for workers' compensation or similar programs.

Public Health Risks. We may disclose medical information about you to report abuse or neglect of children, the elderly and incompetent patients.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, warrant, summons or similar process.

Medical Examiners and Funeral Directors. We may release medical information to a medical examiner for identification, cause of death, or other duties authorized by law (this will be subject to state preemption).

Fundraising Activities. We may use contact information about you to reach you in an effort to encourage donations for the Speech-Language Pathology and Audiology services in the Sheila C. Johnson Center for Human Services. We may disclose contact information to a foundation related to the University so that the foundation may contact you to encourage donations. “Contact” information means your name, address and phone number and the dates you received treatment or services at the Sheila C. Johnson Center for Human Services. If you do not want to be contacted for fundraising efforts, you may notify the Sheila C. Johnson Center for Human Services, 417 Emmet Street South, Charlottesville, VA 22904-4260.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the progress of all patients who received one form of treatment to those who received another for the same condition. All these research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. In some cases, your authorization would be required. In other cases it would not, where the review process determines that the project creates at most a minimal risk to privacy. We may also disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the University.

And if a research project can be done using medical data from which all the information that identifies you (such as your name, social security number and medical record number) has been removed, we may use or release the data without special approval. We also may use or release data for research with a few identifiers retained-dates of birth, admission and treatment, and general information about where you live (not your address)--without your authorization.
However, in this case we will have those who receive the data sign an agreement to appropriately protect it.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** In most cases, you have the right to inspect and copy your medical and billing records. To inspect and copy your medical or billing records, you must submit your request in writing to the Sheila C. Johnson Center for Human Services, 417 Emmet Street South, Charlottesville, VA 22904-4260. If you request a copy of the information, we may charge a fee for costs of copying and mailing.

**We may deny your request to inspect and copy in some circumstances.** We may refuse to provide you access to certain notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

**Right to Amend.** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to the Sheila C. Johnson Center for Human Services, 417 Emmet Street South, Charlottesville, VA 22904-4260. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Was not created by us; we will add your request to the information record.
- Is not part of the medical information kept by the Center;
- Is not part of the information which you would be permitted to inspect and copy.
- Is not accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures of medical information about you that were not for treatment, payment or health care operations and of which you were not previously aware. To request this list of accounting of disclosures, you must submit your request in writing to Sheila C. Johnson Center for Human Services, 417 Emmet Street South, Charlottesville, VA 22904-4260. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. If you ask us to disclose information to another party, you may limit the information we disclose. To request restrictions, you must make your request in writing to the Sheila C. Johnson Center for Human Services, 417 Emmet Street South, Charlottesville, VA 22904-4260. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
**Right to Request Alternative Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request alternative communications, you must make your request in writing to the Sheila C. Johnson Center for Human Services, 417 Emmet Street South, Charlottesville, VA 22904-4260. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice and make the changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain on the first page, in the top left-hand corner, the effective date. In addition, each time you register we will have copies of the current notice available on request.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Sheila C. Johnson Center for Human Services. To file a complaint, you must submit your request in writing to the Dr. Jane Hilton, U.Va. Sheila C. Johnson Center for Human Services, 417 South Emmet St., Charlottesville, VA. You may also send a written complaint to the U.S. Department of Health and Human Services.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you request the transmission of any protected health information to a third party you will need to complete a written authorization for each recipient. Your authorization must include; to whom the information may be disclosed; a definition of the information to be used or disclosed; the purpose of the disclosure; an expiration date; your acknowledgment in writing of your rights to revoke authorization of disclosure and to not authorize disclosure. You may revoke that permission, in writing, at any time by contacting the Sheila C. Johnson Center for Human Services, 417 Emmet Street South, Charlottesville, VA 22904-4260.

**MORE INFORMATION**

If you have any questions you may contact:

Dr. Jane Hilton, Ph.D., CCC-SLP  
Sheila C. Johnson Center for Human Services  
417 South Emmet St.  
Charlottesville, VA 22904  
Phone: (434) 924-46254
HIPAA Information Links

Office of Civil Rights (OCR) HIPAA website http://www.hhs.gov/ocr/hipaa/ includes the Privacy Rule, guidance, summary, Frequently Asked Questions (FAQs), and fact sheets


Centers for Medicare and Medicaid Services (CMS) website https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/PrivacyandSecurityInformation.html includes information on The Privacy Rule, deadlines, and background

Clinical Externships and Internship

Introduction

Clinical internships and externships immerse graduate students in SLP practice in a variety of clinical settings with clients presenting a variety of communication disorders spanning the breadth of our Scope of Practice. Externship and internships are essential for meeting ASHA requirements for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

The purpose of clinical internships and externships include:

- Increase a student’s level of independence in providing clinical services. Offsite Clinical Supervisors expect students to arrive with all core clinical skills (established in SCJ).
- Provide enriching clinical experiences across the depth and breadth of the profession.
- Contribute to the 400 direct clinical contact hours needed for ASHA certification.

During the program of study at UVA, you will complete two externships: One at a school and one at a medical based facility. You will also complete a fulltime clinical internship in your final semester.

The Clinical Services Committee (“CSC”; composed of clinical faculty members) place students for their externship experiences. Dr. Hilton and Mr. Ryan Mehring are the coordinators for Adult/Medical placements as well as internship placement. Ms. Traub and Dr. Hilton are the coordinators for School placements.

Roles and Responsibilities of Clinical Externs and Interns

Students are expected to:

- Function as a professional.
- At least two weeks before the start of the offsite placement, email your offsite supervisor to (1) introduce yourself, (2) list the academic courses that have been completed and those you are concurrently taking, and (3) present a summary of the clinical contact hours you have obtained to date. Organize these clinical hours by client age (adult/child), by type of disorder (voice, articulation, etc.), and type of clinical activity (Dx and Tx).
- Follow the policies/procedures and the work schedule of the offsite facility.
- Fulfill all clinical responsibilities such as treatment/diagnostics, writing reports, participating in clinic staffing, and interacting with other disciplines, as well as carrying out any other duties assigned by the offsite supervisor.
• Progress throughout the term and ultimately take over a caseload, with a high level of
independence, as assigned by the offsite supervisor. The offsite supervisor maintains
ultimate control and responsibility regarding client/patient evaluation and management
decisions.

• Follow the Leave Request policy (1) as specified by the site, and (2) as specified in this
Handbook.

Adult Medical Facility Externship

The Medical Facility placement focuses on working with adults. These facilities can be
hospitals, inpatient rehab facilities, skilled nursing facilities, outpatient clinics, etc.

Every effort is made to accommodate student preferences based on supervisor and facility
availabilities; however, no guarantees can be made regarding facilities or the location of
placements. The goal is to complete the program with 400 clinical hours across the lifespan in
the disorder areas in which we provide service.

Students should begin to consider preferences for population and location of their externships twelve
to eight months prior to the start of the offsite placement (see below for deadlines). Medical
placements often request student interest and resumes well in advance of when you will actually
begin to work at the facility.

All externship facilities must be approved by the CSC. A list of facilities with which we have or
have had affiliation agreements is available on Canvas for your reference. An affiliation agreement
(referred to as a contract) must exist between U.Va. and the externship/internship facility prior to a
student being assigned there. Students are expected to familiarize themselves with the clinical
affiliation agreement with facility for their externship.

Most facilities require that students produce evidence of criminal background checks, medical
evaluations, health insurance coverage, clinical competencies, vaccinations, drug screenings, and
possibly other information. Some facilities have specific requirements and processes to complete
prior to acceptance (e.g., presenting a resume, an official transcript, a personal statement, de-
identified clinical writing examples, and an interview). **Please be aware that many facilities have
application deadlines and specific acceptance dates.**

The program differentiates local facilities vs. facilities outside of our catchment area. The map
below outlines the ‘local’ area. Any other locations are considered ‘outside of our catchment area.’
The local catchment area is defined as Charlottesville, Culpeper, Fredericksburg, Richmond,
Lynchburg, Harrisonburg and all counties in-between. In special circumstances, we may need a
student to look for a placement in her hometown, or another location of her choice. Dr. Hilton will
discuss this option if it is needed.
Students should not contact facilities in our local catchment area directly, unless a previous agreement has been made between the student and Dr. Hilton, Mr. Ryan Mehring and Ms. Traub.

Charlottesville and surrounding areas do not have many hospitals nor outpatient facilities. First year Track I’s and second Year Track II’s all are placed in a medical externship in the summer semester. Due to the large numbers of students being placed, second year Track II students are expected to look outside the local catchment area for their summer medical externship sites. Additionally, second year Track II students do not have any course work and it is easier for them to travel outside our immediate area. For these reasons, Track II second years are asked to identify facilities in other areas. Track II students often take advantage of using this time to re-locate to other states, return home, or stay with family and friends in order to gain a clinical experience at exceptional facilities.

Medical externships are generally 3 days a week. However, some facilities require students to attend 5 days a week. Students are expected to meet the facility’s expectations.

**Deadlines for Requesting Your Adult Externship**

1. Review list of local facilities (Excel spreadsheet is posted on Canvas) with which we have or have had affiliation agreements. Site Critiques are also posted on Canvas. Also available on Canvas are Site Critique forms, providing information from students who have had practicum experiences at different facilities.

2. Email Dr. Hilton and Mr. Ryan Mehring your top three types of facility choices (e.g., hospital, skilled nursing facility, etc.) AND the top five facility names, by the deadlines below:
   
   a. For Track I, 1st year students: **November 1**
   
   b. For Track II, 2nd year students: **November 1**
3. Dr. Hilton and Mr. Ryan Mehring will inform you if an application form, resume, and/or interview are needed.

Please be sure to review the U.Va. Speech-Language Pathology Externship/Internship Handbook on Canvas. This document is emailed to all offsite supervisors. It is the students’ responsibility to be familiar with its contents.

Once the final placements of all students in their adult or child internships have been procured, you will be informed of the details of your clinical assignment, as close to the beginning of the semester as possible.

Offsite facilities have no financial obligation to students.

**Child/School Externship**

The child externship provides a clinical learning experience at a public school. Students are simultaneously enrolled in academic courses and so are completed locally. Track I students complete the child externship during their second Fall term at a local school. Track II students complete the child externship during their second Spring term. These placements are typically three days/week.

**Deadlines for Requesting Your Child Externship:**

Email Dr. Hilton and Ms. Traub the top three age groups with which you would like to work (e.g., pre-school, elementary, middle, high, or no preference) by the deadlines below:

a. For Track I students 1st Year: **March 1**

b. For Track II students 2nd Year: **July 1**

**Internships**

The final internship is completed during the last semester of graduate school. The internship provides an intensive, five full days per week, clinical placement at one facility providing the students an opportunity to integrate academic and clinical skills and knowledge. During the final internship, students should accrue approximately 30 client contact hours per week.

The internship also prepares the student for the Clinical Fellowship experience (CF). The CF is completed following graduation from U.Va.

ASHA stipulates that graduate programs must ensure all graduate students understand the various models of delivery of speech-language pathology services (e.g., hospital, private practice, education, etc.). The standards also require that students acquire the ability to integrate information pertaining to normal and abnormal human development across the life span. To fulfill these standards, students must complete placements that offer them exposure to a variety of populations, settings and supervisors.

Students complete all academic coursework before beginning the internship. Final internships may be
completed either locally or outside our local area. Internships can be either medical or school placements.

All internship facilities must be approved by the CSC. A list of facilities with which we have or have had affiliation agreements is available on Canvas for your reference. An affiliation agreement (referred to as a contract) must exist between U.Va. and the internship facility prior to a student being assigned there. Students are expected to familiarize themselves with the clinical affiliation agreement with facility for their internship.

Finding final internships is a collaborative process between the student, Dr. Hilton, Mr. Ryan Mehring and the CSC. Students are encouraged to be proactive and take initiative to research potential placements. Keep in mind the rules for contacting facilities in our local catchment area.

Students may need to be flexible with regard to population and/or location of their final placement. (For example, if a student desires to stay within the local Charlottesville area for their final semester, they must understand that there are limited opportunities for an acute care hospital placement).

Students should begin to consider preferences for population and location of their internships twelve to eight months prior to the start of the offsite placement (see below for deadlines).

_steps for obtaining a final internship_

_For adult final internships in the Charlottesville local region_, please DO NOT directly contact the facility. Notify Dr. Hilton and Mr. Ryan Mehring that you are interested in a local facility and the name of the facility. They will then contact the facility about a possible placement. Please do not contact local facilities on your own.
For adult final internships outside of Charlottesville local region but in the state of Virginia, the student must send the contact information to Dr. Hilton and Mr. Ryan Mehring. The student is free to reach out to those facilities **directly**, keeping Dr. Hilton and Mr. Ryan Mehring appraised of all contacts made and developments.

**For adult final internships in any state other than Virginia,** the student is responsible for researching and identifying possible clinical sites. The student is responsible for emailing Dr. Hilton and Mr. Ryan Mehring, about placement plans and choices **BEFORE** the student contacts any out-of-state facility. Dr. Hilton and Mr. Ryan Mehring will then check with the UVA attorneys about the possibilities of contracting with that facility/state. Once the attorneys agree to the facility/state, Dr. Hilton and Mr. Ryan Mehring will notify the student and then the student can contact the facility. Please email the contact person’s name and email to Dr. Hilton and Mr. Ryan Mehring and they will begin to work with the facility to establish a contract and secure the placement.

Resources for locating out of state facilities include completing an online search and establishing 4-5 options; reviewing the Excel spreadsheet posted on Canvas (which lists facilities with which we have or have had affiliation agreements); and/or by reviewing the Site Critiques also posted on Canvas. This allows the student to compare facilities and proactively determine which facilities best match their educational needs.

If you are no longer interested in pursuing a facility, you must contact that facility with appreciation for their willingness to consider you. Also, inform Dr. Hilton and Mr. Ryan Mehrling that you have thanked the facility so they can do likewise.

Once a student is accepted by a facility, the student should find out the deadline for a decision on the student’s part (if you are waiting to hear from other facilities). It is not acceptable for a facility to hold a slot indefinitely. There may be other students from other universities that have an interest in the site. **Once a student has agreed to attend a facility, it is not acceptable for a student to break that agreement.**

**Back Up Plan**

The student should ensure there is a backup plan: Sometimes, contracts cannot be completed due to legal issues, or other factors beyond our control. Again, flexibility will be key in moving forward and securing a clinical placement.

Important: If the student affiliation agreement between the University and a facility is not finalized approximately **two months** prior to the projected practicum start date, then the student **must** select an alternative site **in Virginia** (preferably a site with which we have an existing agreement). The deadline for the completing the affiliation agreements for non-local placements remain the same as previously stated.
Communication with Facilities (outside of the local catchment area)

Below are talking points for the conversations with facility personnel once the student has permission to communicate directly with off-site facilities:

- When making initial contact with a facility, be clear with the person with whom you are speaking, that you are researching potential sites.
- Inquire whether they are accepting SLP students for the timeframe you need.
- Obtain the full name, title, mailing address, phone number, and email of the contact person.
- Provide the above information to Dr. Hilton and Ryan Mehring.
- Be clear about your needs and expectations in order to avoid confusion and to determine if the facility is a good fit your needs.
- Ask about the application process, including if an interview is required and the timeline for application.
- It is appropriate for the student to contact a facility to follow-up on an application and/or a previous contact.

Deadlines for Requesting Your Final Internships

a. For Track I students 1st Year: June 1
b. For Track II students 2nd Year: January 1
## Planning Calendar for Externships & Internships

<table>
<thead>
<tr>
<th>Term</th>
<th>Track I Students</th>
<th>Track II Students</th>
<th>Track I Students</th>
<th>Track II Students</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Clinical Placement</td>
<td>Planning Activity</td>
<td>Clinical Placement</td>
<td>Planning Activity</td>
</tr>
<tr>
<td>Fall 2018</td>
<td>SCJ</td>
<td>October 1 2018, start planning for Summer 2019 Adult Externship</td>
<td>SCJ</td>
<td></td>
</tr>
<tr>
<td>Spring 2019</td>
<td>SCJ</td>
<td>February 1 2019, start planning for Fall 2019 Child Externship</td>
<td>SCJ</td>
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<tr>
<td>Fall 2019</td>
<td>Child Externship</td>
<td>SCJ</td>
<td>October 1, 2019, start planning for Summer 2020 Adult Externship</td>
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<tr>
<td>Spring 2020</td>
<td>Final Internship</td>
<td>Child Internship</td>
<td>February 1 2020, start planning for Fall 2020 Internship</td>
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<tr>
<td>Summer 2020</td>
<td></td>
<td>Adult Internship</td>
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<tr>
<td>Fall 2020</td>
<td></td>
<td>Final Externship</td>
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Legislation from Other States Affecting Externships and Internships Outside of Virginia

A few states do not participate in the National Council for State Authorization Reciprocity Agreements (NC-SARA; http://nc-sara.org/). Placing an intern in one of these states may be practically impossible. In addition, a few state legislatures have passed laws on contractual language that the Virginia state legislature can’t accept. These complications are rare. Dr. Hilton will review all of this with you in the coming year. Further, we will work with you in finding the internship placement that is just right for you.
Infection Control Procedures

Students who provide clinical services are required to follow guidelines to minimize the risk of exposing themselves and clients to infection. Below, are a brief overview of how infections occur and the Center’s infection control guidelines. In order for a microbial infection to occur, there must be a microbe that enters a host and a host who is susceptible to the infection. There is little we can do to control the infectious properties of a microbe or how resistant a host is to infection. We can, however, control the number and types of microbes that are transmitted from person-to-person, from person to object, and from object to person.

The most common source of microbes capable of causing infection and diseases in humans is from humans themselves, in contacts from person-to-person. Cross contamination takes place many times throughout the day. For example, individuals inadvertently touch various parts of their skin, mouth, eyes, etc., and then touch another person or a surface, which in turn gets touched by another person.

Hand Hygiene

The hands are the most common medium for spreading infection and cross contamination. Therefore, the single most important activity that limits the spread of infection is regular, thorough hand washing.

Hand washing should always take place:

- Before and after each client session
- Before and after:
  - Eating
  - Adjusting contact lenses
  - Applying cosmetics or lip balm
- After:
  - Removing gloves
  - Contact with any potential or actual contamination
  - Toileting
  - Completing the day’s work
Hand Washing Procedure:

- Wet hands with water
- Lather with soap covering all surfaces of the hands and fingers, for at least 15 seconds
- Rinse well
- Dry with disposable towel
- Use towel to turn off faucet
- Avoid use of hot water and use hand lotion to prevent skin chapping
- If water is not available or time does not permit hand washing with soap and water, use a no-rinse, alcohol-based hand rub. Apply product to palm of one hand and rub hands together covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer’s recommendations regarding the volume of product to use. Soap and water should be used as soon as possible.

General Precautions

- Disposable items are preferred to reusable ones.
- If a clinician is pregnant, special precautions may be needed with certain clients. Any clinician who is pregnant should notify her Clinical Instructor.
- Clients should be encouraged to reschedule sessions if they have a fever and/or other illness.
- Clinicians should practice excellent personal hygiene at all times, including keeping fingernails clean and trimmed.
- Cuts and sores should be covered with a non-permeable bandage/bandaid.
Universal Precautions

CPR Certification, Health Insurance, TB Test, Hepatitis B Virus and Other Vaccinations

Healthcare professionals who are not correctly and currently immunized pose a significant health risk to their patients, to their co-workers, and to themselves. Most school and medical practicum sites require evidence of complete and current immunizations (e.g., measles, mumps, rubella, polio, hepatitis B, chicken pox, as well as yearly TB tests and influenza shots).

The SCJ vaccination policy is consistent with the Center for Disease Control: see “Recommended Vaccines for Healthcare Workers” found at http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html . At that point, verification will be required for Hepatitis B, Influenza, MMR (Measles, Mumps, & Rubella), Varicella (Chickenpox), Tdap (Tetanus, Diphtheria, Pertussis), and Meningococcal.

Also please note that a large number of practicum sites presently require that the students have, at the student’s expense, a physical examination (including TB test and/or chest x-ray, a rubella titer, etc.). Many facilities require immunization for HBV or a signed refusal for the series. In some cases, a formal application for a religious exemption may be possible. However, that possibility, the application process, and the criteria to be met is solely governed and decided within each institution.

As a result, the Program cannot guarantee that a student who is not currently and properly immunized will (1) graduate on time, if at all, or (2) satisfy the ASHA minimum on clinical clock hours for certification.

Finally, please note that proof of health insurance coverage is also required by some facilities.
Completing Mandatory Learning Modules

Completing the following training modules is required of each student when they enroll in the Communication Sciences & Disorders Program:

1. Privacy & Security Training
2. Blood borne Pathogen/Infection Control Orientation
3. Cultural Diversity in Healthcare
4. Quality & Safety: Once you are enrolled in the net learning system, you will receive an email detailing how to begin your training.

Students are also required to complete annual retraining modules.

You will be notified via email of the deadline by which the retraining modules must be completed.

Gloving

Gloves should be worn during all patient-care activities that may involve exposure or when there is a risk of exposure to blood, to any other body fluids (except sweat), to other potentially infectious materials (such as drainage, mucous membranes or skin lesions), or when medical history indicates an infectious disease. Gloves should also be worn when handling items that are contaminated with blood or body fluids, such as handling contaminated equipment or toys. It is important to remember that gloves do not provide complete protection against hand contamination.

The following is a partial list of procedures often performed by speech-language pathologists that place the clinician at risk for contact with bodily substances and requires the wearing of gloves:

- Oral mechanism examination
- Dysphagia management if contact with saliva is possible
- Feeding therapy for pediatric patients
- Oral motor stimulation
- Indirect laryngoscopy
- Voice evaluation requiring the occlusion of nares, nasal emission, or anchoring of patient’s tongue
- Modified barium swallow
- Handling hearing aids worn by patients

**Gloving Procedure:**

- Select latex (or vinyl, if patient or clinician show latex sensitivity) examination gloves that fit properly; that is, tightly, like a second skin. If gloves are loose, your dexterity will be decreased, causing frustration.
- Always change gloves between patients. Replace glove if it becomes torn or perforated. Never wash or reuse disposable gloves.
- If questioned about the use of gloves, explain that gloves are used to protect the patient and that it is our policy to wear gloves while performing that procedure.
- Place a bandage on any open sores or cuts before putting on gloves.
- Double glove when treating patients known to be infected with HIV or Hepatitis B.

When removing gloves, make sure that hands do not come in contact with potentially infectious material on the surface of the gloves.

**To remove gloves:**

- Peel off one glove from wrist to fingertip
- Grasp that glove in the gloved hand
- Using the bared hand, peel off the second glove from the inside, tucking the first glove inside the second, as it is removed
- Dispose of gloves in a lined waste basket.
- Wash hands after glove removal is complete.

**Gowns/Masks/Face Shields**

These should be used only when there is a risk of splatter of potentially infectious substances. This is not even remotely anticipated at our Center. Clients and clinicians should wear gowns and masks when treating clients who have an active cough and are known to have a contagious respiratory infection.
Use, Cleaning, and Care of Equipment

Audiometric Equipment

1. Audiometer earphones should be wiped clean with a non-alcohol antiseptic after each use. The headband and cords should be cleaned as needed. In the presence of draining ears, or lice, clean immediately following client contact.

2. Immittance tips, ear molds, and otoscope specula should be placed in the cleaning beakers following use and sanitized daily. Disposable specula should be discarded.

Therapy Instruments

1. Therapy instruments, such as spoons, straws, and paper cups, in contact with oral mucosa, should be disposable, wrapped, and discarded after use.

2. Laryngeal mirrors should be cleaned after use with soap and water and soaked in antiseptic solution overnight. Rinse with water prior to next use.

3. Contaminated therapy items should not be allowed to come into contact with surfaces. For example, a used tongue depressor should be returned to its disposable wrapper and then discarded.

Toys

1. Therapy toys should be washable and kept in plastic storage bins. Always use nonporous, easily cleaned toys, preferably those that can get wet. This allows the use of spray disinfectants, or a disinfectant towelette on the toys. Disinfect the toys daily after use. Show your Clinical Instructor toys you feel need to be replaces or are old and broken. Avoid stuffed animals, small toys and non-washable items in environments used by young children. Machine washable stuffed animals are available and recommended.

2. All toys will be disinfected after a child plays with them.

3. Any toys used by children who have obvious URIs or whose body fluids come into contact with the toys should be cleaned immediately with Cavicide. Use gloves to handle these toys.
Environment

Therapy rooms and audiometric suites

2. Each room should contain a box of tissues, a bottle of disinfectant spray, a supply of paper towels, and a lined wastebasket.

3. Carpets should be cleaned on a regular basis and liquid spills cleaned immediately.

4. Mirrors should be cleaned daily.

5. Tables must be cleaned after each session, using disinfectant spray and clean paper towels. Spray surface with disinfectant/cleaner and wipe away all gross contamination using a paper towel. If using a towelette, wipe the surface thoroughly. Spray or wipe the surface again, this time leaving it wet for the time specified on the label, then wipe dry or allow it to air dry. It is during this time, when the surface is wet, that the germs are killed.

Waste Disposal

Nearly, if not all, all of the waste (gloves, paper towels wipes, etc.) that we encounter in our Center can be placed in a regular, lined trash receptacle. When placing contaminated waste in a regular receptacle, an attempt should be made to separate it from the rest of the trash by sealing it to minimize the chance of custodial personnel coming in contact with it. This can be done by sealing the item in a plastic bag or wrapping it in paper.

We are very unlikely to encounter waste contaminated with significant amounts of blood. In the very rare case that this would occur, the contaminated waste should be placed in a bag marked with the international symbol for biohazard and handled by a waste hauler licensed to carry medical waste.

References

http://www.cdc.gov/HAI/prevent/prevention.html

Emergency Procedures

Shelter in Place or Evacuate

The University will tell us how to respond to an emergency situation. Sometimes, that direction is to shelter-in-place and that is what we will do. In other situations, the University may direct us to evacuate the building.

Evacuation Site

The evacuation site for Bavaro and Ruffner Halls, as well as the Dell buildings is the

Perry-Fishburn Tennis Courts (The Dell).

Evacuation Preparedness

Emergency preparedness and emergency responses are detailed in the Emergency Information web page: http://uvaemergency.virginia.edu/

and the Emergency Planning page: http://uvaemergency.virginia.edu/plans

When Calling 911

When calling 911 for any sort of emergency situation, be sure to report …

The street address: 417 Emmet Street South

The office number or exact location on the floor

The University of Virginia employs an emergency notification service called U.Va. Alerts as a tool for reaching students, faculty and staff in critical emergency situations. The U.Va. Alerts service is designed for students, faculty and staff who will be affected directly by an emergency on the University Grounds or nearby areas. Members of the University community may register for U.Va. Alerts at http://uvaemergency.virginia.edu/uva_alerts. Some frequently asked questions about this service are provided below:

Why should I get U.Va. Alerts?

Text messaging is more reliable in emergency situations when communication systems reach high capacity. Text messages will get through when phone calls won't.

You will receive alerts anywhere, even when you do not have access to a computer.

What will the U.Va. Alerts tell me?

A short text message will state the type of threat and indicate suggested action. For instance, in the case of a chemical spill: “CHEMICAL SPILL ON GROUNDS. AVOID (LOCATION). DETAILS AT WWW.VIRGINIA.EDU.” Because the messages must be brief, you will always be directed to go to the University's Web site (www.virginia.edu) where details will be available.

How many U.Va. Alerts text messages will I receive?

The exact number of U.Va. Alerts messages is difficult to predict, but there should be very few. There will be occasional tests of the system, but the aim is to alert you only to emergency situations in which there is an imminent threat to public safety. You will receive messages within seconds of their transmission. If your cell phone is turned off when a text message is sent, you will receive it after you turn your cell phone on, but only if you do so within seven days from the original transmission.

What do I need to get U.Va. Alerts and how much does it cost?

All you need is a cell phone with text messaging capabilities. There is no charge to users for signing up. Individual cell phone plans will apply normal charges for the text message.

Note: All landlines, most Tracfones and some pay-as-you-go phones will not register on the U.Va. Alerts system. This is a limitation of the phone providers.

How do I sign up for U.Va. Alerts?

To register, you do need to have your cell phone handy. Complete the New User Signup Form. On the form you will be asked to create a password for your U.Va. Alerts account and provide your mobile phone number and carrier information. After submitting the form, you will receive a
text message that will include a 4-digit validation code. You must enter the validation code on the confirmation web page and hit the "Validate" button. You will then automatically be forwarded to a "Thank You" page. Once validated, you may login to your U.Va. Alerts account and enter your preferred email address and additional mobile phone number (e.g., a parent’s mobile phone number).

An important reminder: the U.Va. Web site is the primary and most complete resource for current emergency information. The U.Va. Alerts text messaging service is just one of the methods the University will use to communicate emergency information. If appropriate, global e-mails, the telephone switchboard, flyers, local media and other communication tools will also be used.
Becoming Credentialed to Practice SLP

There are two credentials for practicing speech-language pathology in the state of Virginia:

1. The Certificate of Clinical Competence (CCC-SLP) awarded by ASHA
2. State licensure through the Virginia Department of Health Professions to practice in public and/or private settings

The procedures for obtaining these credentials differ in purpose, requirements, and continuing education standards. Students are responsible for understanding, meeting, and applying for the appropriate credentials.

Obtaining the Certificate of Clinical Competence from ASHA

The Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) is the national standard in credentialing speech-language pathologists.

General information regarding certification is available at: http://www.asha.org/certification/. Here is a step-by-step for becoming a credentialed and practicing SLP.

1. Complete academic coursework and clinical practica as stated in the Standards and Implementation Procedures for the Certificate of Clinical Competence: The 2014 standards for the CCC-SLP are available online at:


   Please review this document carefully.

   The U.Va. general sequence draws directly from the ASHA Standards:
   - Complete and pass academic courses and clinical practica at the SJC
   - Complete and pass two off-site clinical practica: one semester as an adult-focused experience and one semester in the public schools
   - Complete and pass the full-time off-site clinical practica during the final semester
   - Pass the comprehensive examination

2. Apply to receive your graduate degree.

3. Apply to ASHA for Membership and Certification:
Application form and instructions for application are available at: http://www.asha.org/Certification/SLPCertification.htm.

4. Register for the Praxis Examination in Speech-Language Pathology

The PRAXIS II Exam (speech-language Pathology) is a specialty area test administered by the Educational Testing Service (ETS). Exam registration booklets are available in the Curry Admissions Office. To register online, information is available at http://www.ets.org/praxis/. ASHA’s website contains information related to this exam at: http://www.asha.org/certification/praxis/praxis_scores.htm

The test can be taken on assigned dates during the year at U.Va. and other locations. Students are responsible for making arrangements to take this exam. A preparation booklet is available for purchase at: https://www.ets.org/s/praxis/pdf/5330.pdf

When registering, be sure to:

- List ASHA as a score recipient.
- List the Communication Sciences & Disorders Program at U.Va. as a score recipient.

If a student has already taken and passed the exam, she/he should request that ETS send a copy of your core to ASHA. Only scores received directly from ETS will be accepted for certification. Note that the score you submit for certification must have been taken no more than 5 years prior to receipt of your ASHA certification application.

5. Begin the Clinical Fellowship (CF)

The CF is a period of paid employment, completed according to specific ASHA guidelines under the supervision of an individual who holds the Certificate of Clinical Competence in speech-language pathology. Students are responsible for procuring a CF placement.

Prior to beginning the CF, students should verify the supervisor's current ASHA certification status by contacting the ASHA Action Center (800-498-2071). The supervisor must maintain current certification status throughout the CF in order for the CF experience to be accepted by ASHA. Students should review detailed information available online to learn more about the CF: http://www.asha.org/Certification/Clinical-Fellowship.htm

6. Contact your state licensing agency to determine their requirements for persons completing the clinical fellowship experience (see below, State Licensure in Speech-Language Pathology).

7. Submit the Clinical Fellowship Report

Upon completion of the CF, submit to ASHA the Speech-Language Pathology
Clinical Fellowship (SLPCF) Report and Rating

Form [http://www.asha.org/Certification/Clinical-Fellowship.htm](http://www.asha.org/Certification/Clinical-Fellowship.htm) signed by both the student and the CF supervisor.

Continuing Education Requirements for Maintaining the CCC-SLP

ASHA has established Certification Maintenance Standards requiring certificate holders to earn 30 Certification Maintenance Hours (CMHs) or 3.0 ASHA Continuing Education Units (CEUs) of professional development during 3-year certification maintenance intervals in order to maintain the CCC. Further information is available at: [http://www.asha.org/Certification/maintainccc.htm](http://www.asha.org/Certification/maintainccc.htm)
Virginia State Licensure in Speech-Language Pathology

Licensure to practice in Virginia is governed by the Virginia Board of Audiology & Speech-Language Pathology. Application criteria, forms, and procedures are found at http://www.dhp.virginia.gov/aud/.

Additional resources for SLPs practicing in Virginia Schools are found at http://www.doe.virginia.gov/special_ed/disabilities/speech_language_impairment/index.shtml

Helpful checklists are found at http://www.dhp.virginia.gov/Aud/aud_forms.htm

Continuing Education and Maintaining Licensure in Virginia

The state of Virginia requires continuing competency activity for license renewal. The Virginia Board of Audiology and Speech-Language Pathology requires 20 contact hours of continuing education every two years. However, speech-language pathologists in Virginia are advocating for recognition of ASHA continuing education and certification maintenance (i.e., if the license holder is a current ASHA member with the CCC-SLP and this ASHA certification is maintained, then no additional documentation/paperwork would be required at the state level).