

***CSD GRADUATE
PROGRAM HANDBOOK
2023- 2024***

**SCHOOL OF COMMUNICATION
SCIENCES AND DISORDERS
THE UNIVERSITY OF MEMPHIS**

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INTRODUCTION

This Handbook has been prepared to assist the professional degree (AuD, MA) students, the PhD students, graduate faculty and staff of the School of Communication Sciences and Disorders with information regarding the academic programs and the operations of the clinic. The Handbook has been designed to outline the various requirements and conditions which must be met in order to satisfactorily complete the degree programs, and to meet the requirements of the Council of Academic Accreditation (CAA) for certification by the American Speech-Language-Hearing Association. In addition, various policies and procedures of the School and the clinic have been delineated.

Graduate students, faculty, and staff are responsible for knowing the material enclosed in the CSD Graduate Program Handbook and are strongly encouraged to review its contents regularly. If there are policy statements in this handbook that are unclear, it is important to consult the appropriate administrative personnel (Dean, Associate Dean of Graduate Studies, Directors of Clinical Education, and Academic Advisor) for clarification. Students, faculty and staff are encouraged to make recommendations which they feel may make this handbook more useful to the members of the School's graduate programs.

September 2023

(The contents herein are subject to change without notification).

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Calendar of Events
2023-2024
School of Communication Sciences & Disorders
(also check the *CSD_Info* calendar for updates)

FALL SEMESTER 2023

AUGUST

- 14 Initial Fee payment deadline; no late fee to re-register
- 21 Fall Faculty Retreat (CHB 4004)
- 22 Last Day for Regular Registration
(4:30 p.m.) Deadline for Fall 2023 fee payment or classes dropped
- 23 CSD Fall Orientation Begins (**Required for All Clinical Students**)
- 25 Ph.D. Orientation Meeting/Doctoral Student Meeting with the Deans
- 28 Classes Begin/Late fees charged for initial enrollments after this date (\$200)
- 28 NSSLHA All Student Meeting

SEPTEMBER

- 1 Late Registration Ends/ Last day to receive a 100% refund if you drop a course
- 1 Last Day to Apply to Graduate in MyMemphis Portal; Last Day to Submit Candidacy Form
- 6 Final Drop for Non-Payment of Course Fees
- 4 Labor Day Holiday
- 5 Clinic Begins
- 8 Faculty Meeting (2009)/Last day to receive 100% refund for dropped F23 courses
- 11 SAA All Student Meeting (2009), AuD Student Meeting with the Deans
- 15 Last day to receive 50% refund for dropped F23 courses
- 25 NSSLHA All Student Meeting (12:00 pm, 2010), SLP Student Meeting with the Deans

OCTOBER

- 9 SAA All Student Meeting (2009)
- 13 Faculty Meeting (2009)
- 16-17 Fall Break
- 18 2nd POT classes begin
- 20 Studebaker Lecture
- 20 Academic Advising Deadline for Spring '24 Registration
- 27 Clinic Advising Deadline for Spring '24 Registration
- 30 NSSLHA All Student Meeting (12:00 pm, 2010)

NOVEMBER

- 3 Last Day to upload defended and corrected thesis or dissertation for review
- 7 Last day to submit comp exam results for F23
- 10 Faculty Meeting
- 10 Studebaker Lecture,
- 13 Registration Opens for Spring 2024
- 13 SAA All Student Meeting (2009)
- 16-18 ASHA Convention (Boston)
- 22-24 Thanksgiving Break
- 27 NSSLHA All Student Meeting (12:00 p.m., 2010)

**Calendar of Events
2023-2024
School of Communication Sciences & Disorders**

DECEMBER

- 6 Last Day of Fall Classes
- 7 Study Day
- 8 Faculty Meeting
- 8-14 Fall Final Exams
- 11 SAA All Student Meeting (2009)
- 17 Fall Commencement
- 19 Fall Grades Due
- 25-1/1 Administrative Closing – Winter Break

SPRING SEMESTER 2024

JANUARY

- 5 Spring Faculty Retreat
- 8-9 SLP MA Comp Exams (CHB 2015)
- 9 3rd Year AuD Oral Exam
- 10 Fee Payment Deadline, Last day of Regular Registration
- 10 Spring Orientation, 1:30 pm (**Required for All Clinical Students**)
- 15 M.L. King Jr Holiday
- 16 Class and Clinic Begins/ Late Registration, \$200 late fee
- 19 SLP MA Comp Revisions
- 26 SLP MA Comp Rewrites
- 29 NSSLHA All Student Meeting (12:00 p.m., 2010)

FEBRUARY

- 3 Apply to Graduate for S24 Due; Last Day to Submit Candidacy Form
- 9 Faculty Meeting (2009)
- 26 NSSLHA All Student Meeting (12:00 p.m., 2010)
- 29 – 3.1 MidSouth (University Center)

MARCH

- 1 End of First Part of Term
- 8 Faculty Meeting
- 4-10 Spring Break
Advising Deadline for Summer and Fall Registration
Student Research Forum
- 25 NSSLHA All Student Meeting (12:00 p.m., 2010)

Calendar of Events

2023-2024

School of Communication Sciences & Disorders

APRIL

- Last Day to upload defended and corrected thesis or dissertation copy for review
- 1 Registration Opens for Summer and Fall 2024
Last Day to submit Comp Exam Results
- 3-6 Council on Academic Programs (New Orleans)
- 12 Faculty Meeting (2009)
- 17-20 American Academy of Audiology (Atlanta)
- 22 NSSLHA All Student Meeting (12:00 p.m., 2010)
- 24 Classes & Clinic End
- 25 Study Day
- 26 Final Exams

MAY

- 2 Last day of spring Final Exams (Plan to stay through the 2nd)
- 3 Graduation Reception
- 4 Commencement
- 5 Alternate Commencement Date
- 6 AuD Benchmark Exams
- 7 Spring Grades Due
- 15-17 AuD Written Comp Exams
- 20-21 SLP MA Comp Exams (Nursing Computer Lab, 2507); SLP Benchmark Exams (2010)
- 22 Summer Orientation, 1:30 pm (**Required for All Clinical Students**)
- 27 Memorial Day Observed
- 28 First Day of Summer Classes
- 31 SLP Comps Revisions

SUMMER SEMESTER 2024

JUNE

- Candidacy forms due, Apply to Graduate, U24
- 7 SLP Comp Rewrites
- 12-14 AuD Comp Rewrites
- 19 Juneteenth (University holiday)

JULY

- 4 Summer Break
Last day to submit defended & corrected Thesis/Dissertation copy to Grad School; Last day to submit Comp Exam results to the Grad School
- 28 CSD clinic ends

AUGUST

- Last day to submit final Thesis/Dissertation PDF copy to ETD system to Grad School
- 1 CSD classes end
- 2 CSD final exams/Graduation Reception
- 3 Commencement

FACULTY PERSONNEL

Audiology Faculty	
<p>Casandra Banks Clinical Assistant Professor AuD (2009) CCC-A University of Kansas</p>	<p>Jordan Alyse Coffelt Clinical Assistant Professor AuD (2016) CCC-A University of Memphis</p>
<p>Matthew Hollis Clinical Assistant Professor AuD (2008) CCC-A University of Memphis</p>	<p>Raghav Jha Assistant Professor PhD (2023) CCC-A James Madison University</p>
<p>Jani Johnson Assistant Professor PhD (2011) CCC-A University of Memphis</p>	<p>Kelsey Mankel Assistant Professor PhD (2021) University of Memphis</p>
<p>Deborah Moncrieff Assistant Professor PhD (1999) CCC-A University of Texas</p>	<p>Hannah Beth Scott Clinical Assistant Professor/Practice Manager AuD (2018) CCC-A University of Memphis</p>
<p>Jennifer P. Taylor Director of Clinical Education Clinical Associate Professor AuD (2003) CCC-A University of Florida</p>	<p>Sarah Warren Assistant Professor PhD (2017) CCC-A University of Arkansas – Little Rock</p>

Speech-Language Pathology Faculty	
Tawni Ballinger, CCC-SLP Part-Time Clinical Instructor/Aphasia Programs	Eugene Buder, Jr. Associate Professor PhD (1991) University of Wisconsin – Madison
Erin L. Butterick, CCC-SLP Part-Time Clinical Instructor/Head Start Screenings	Naomi Eichorn Assistant Professor PhD (2014) CCC-SLP City University of New York
Lynda Feenaughty Director of Graduate Studies, Associate Professor PhD (2016) CCC-SLP University of Buffalo	Vicki Haddix Clinical Associate Professor MS (2003) CCC-SLP Emerson College
Casey Hansen, CCC-SLP Part-Time Clinical Instructor/Head Start Screenings	Cille Heehs, CCC-SLP Part-Time Clinical Instructor/Head Start Screenings
Linda Jarmulowicz Dean, Professor PhD (2000) CCC-SLP City University of New York	Elizabeth Laurence, CCC-SLP Part-Time Clinical Instructor/Speech Screenings
Julie Marshall Clinical Associate Professor MA (1986) CCC-SLP West Chester University	Demi McDowell, CCC-SLP Part-Time Clinical Instructor
Katherine Mendez Co-Director Clinical Education, SLP Clinical Assistant Professor MA (2013) CCC-SLP University of Memphis	JoClaire Merrill Clinical Associate Professor MA (1999) CCC-SLP University of Memphis
Miriam van Mersbergen Associate Professor PhD (2005) CCC-SLP University of Minnesota, Twin Cities	Amy Nabors, CCC-SLP Part-Time Clinical Instructor/Voice Program
D. Kimbrough Oller Professor, Plough Chair of Excellence PhD (1971) University of Texas-Austin	Kelli Owens, CCC-SLP Part-Time Clinical Instructor/Aphasia Programs

Megan Parsons Visiting Assistant Professor PhD (2021) CCC-SLP University of Memphis	Caroline Royal-Evans, CCC-SLP Part-Time Clinical Instructor/Aphasia Programs
John Sandidge Clinical Assistant Professor MA (1996) CCC-SLP University of Memphis	Justine Springs Co-Director of Clinical Education, SLP Clinical Assistant Professor MA (2016) CCC-SLP University of Memphis
Kelli Williams, CCC-SLP Part-Time Clinical Instructor	Darlene Winters, CCC-SLP Part-Time Clinical Instructor/Language Learning Lab

ASL Program Faculty	
Trent Harper ASL Program Coordinator Assistant Professor of Teaching MA (2022) Gallaudet University	Alene White Assistant Professor of Teaching MEd (2009) University of Oklahoma

EMERITUS FACULTY	
Herbert Gould Professor Emeritus PhD (1975) CCC-A University of Illinois	Joel Kahane Professor Emeritus PhD (1975) CCC-SLP University of Pittsburgh
Lisa Lucks Mendel Professor Emeritus PhD (1988) CCC-A University of California, Santa Barbara	Walter Manning Professor Emeritus PhD (1972) CCC-SLP Michigan State University
Maurice Mendel Professor/Dean Emeritus Ph.D. (1970) CCC-A University of Wisconsin	David J Wark Professor Emeritus PhD (1971) CCC-A Indiana University
Marilyn Wark Professor Emeritus MA (1979) CCC-SLP San Diego State University	

SUPPORT PERSONNEL	
Frances Breland, MA Administrative Associate II	Joseph Edwards, MA Business Officer II
Barbara Frederick, MPA Clinical Placement Coordinator	Albert Geeter Custodian
Marci Ingram-Jackson Medical Billing Coordinator	Nicholas Norman, MS ASL Interpreter/Administrative Assistant
Carissa Richardson Office Associate	Hassan Saadat Local Support Provider II
Cathy McDonald Office Associate	Devan Yanik A/V Multimedia Specialist

RESEARCH PERSONNEL	
Edina Bene, PhD Project Coordinator II	Ed Brainerd, MS Manager of Computer Support Systems
Sidney Donnan, MA Research Associate	Monique Pousson, MA Research Associate II

PART ONE

ACADEMIC AND CLINICAL EDUCATION POLICIES AND PROCEDURES

MISSION STATEMENTS

Vision and Mission of the University of Memphis

The University of Memphis is an internationally recognized, urban public research university preparing students for success in a diverse, innovative, global environment.

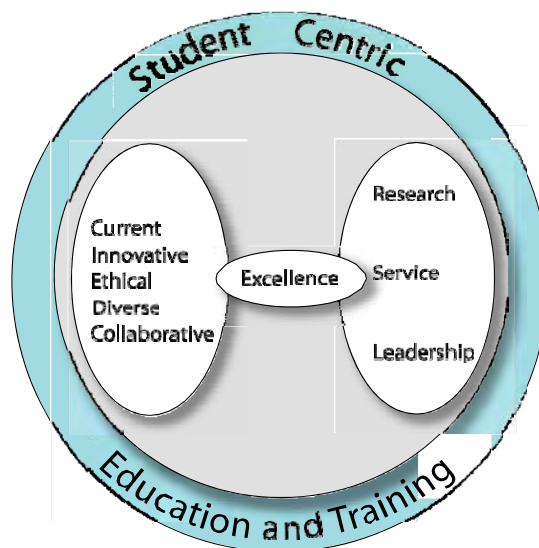
We provide the highest quality education by focusing on research and service benefitting local and global communities.

Vision and Mission of the School of Communication Sciences & Disorders

The School of Communication Sciences and Disorders is dedicated to growth, advancement and application of understanding communication and communication disorders through leadership and rigor in scientific research, innovative preparation of lifelong learners, and culturally competent service to diverse communities.

To be a beacon to lifelong learners, an anchor in the community, and a vanguard of scientific and clinical innovation in communication sciences and disorders.

The University of Memphis does not discriminate against students, employees or applicants for admissions on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs and activities sponsored by the University of Memphis. The following position has been designated to handle inquiries regarding non-discrimination policies: Director for Institutional Equity, ois@memphis.edu, 156 Administration Bldg., 901.678.2713. The University of Memphis is an Equal Opportunity/Affirmative Action University. It is committed to education of a non-racially identifiable student body.



I. MASTER OF ARTS PROGRAM IN SPEECH-LANGUAGE PATHOLOGY

Speech-Language Pathology (MA): Program Goals

1. Demonstrate the breadth and depth of foundational communication science, including biological, etiological, theoretical, acoustic, physiological, cognitive, and psychological bases of communication.
2. Understand and demonstrate the theoretical motivation for and practical applications of clinical reasoning for identification, assessment, and treatment of communication disorders.
3. Apply research analysis into evidence-based decision-making and clinical application.
4. Effectively communicate discipline-related knowledge in oral and written modalities, with families, clients, and other professionals.
5. Understand and accommodate cultural or linguistic differences related to communication development or to perceptions and attitudes toward communication disorders, differences, or intervention.
6. Exhibit attributes and abilities characteristic of competent speech-language pathologists, including accountability, integrity, adaptability, leadership, and professionalism.

A. Non-CSD Course Requirements

Previous academic preparation in audiology/speech-language pathology is not a requirement for admission; however, it is assumed that all students will have completed basic science coursework in the following areas. ASHA requires transcript credit in the following areas:

- i. Biological/Physical Science (3 credits)
- ii. Statistics (3 credits)
- iii. Behavioral/Social Science (6 credits of Psychology/Sociology/Anthropology)
- iv. Physical Science (3 credits of Physics/Chemistry)

Students who have not met the above requirements in their undergraduate program must complete them during the graduate program. Depending on how many of these requirements have not been met, the student's graduate program may be extended.

To be counted toward the requirement, a grade of C (2.0) or better in the basic science coursework is expected.

B. Program Requirements

Students must complete a minimum of 60 credit hours and meet the academic and practicum requirements for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association. Most students complete at least 60 credit hours in their graduate program. Additional coursework will be required for those students without undergraduate preparation in Communication Sciences and Disorders (Appendix I-A).

1. Full time study requires enrollment in clinical practicum and students must obtain a 3.00 or above in at least 9 semester hours of clinical practicum, and a 3.00 or above in their last two semesters of clinical practicum. A minimum of 14 credit hours of A USP 7200 and A USP 7208 must be taken, but more hours may be required in order to meet certification standards. Clinical competencies expected by graduation are located in Appendix I-C.

2. Students must complete a minimum of three semester hours of research activity. A thesis or non-thesis option is available. Students choosing the non-thesis option may fulfill their research experience with AUSP 7991 (Introduction to Research Activity) and AUSP 7990 (Research Activity). NOTE: Students electing to write a thesis should familiarize themselves with the [Thesis/Dissertation Preparation Guide](#) before starting to write.
3. All students must successfully complete Benchmark examinations (see Section E of this document for details).
4. All students must complete written comprehensive examinations (see Section F of this document for additional details).

C. Academic Advisor

The academic advisor is responsible for developing, with the student, a plan of study. An advising checklist is maintained by the advisor. All coursework (both undergraduate and graduate) is logged on the checklist to ensure the student meets the academic requirements for the degree, ASHA certification, teacher certification and state licensure. Specific degree requirements may be found in the Graduate Catalog.

Students meet with their advisor at least once a semester to determine their course assignments for the next term in accordance with their academic plan. It is the ultimate responsibility of the student to ensure that all requirements are met.

D. Research Experience

1. Non-Thesis Option

Students who choose the non-thesis option complete 3 credits of research activity. These credits typically include:

- a. One credit of AUSP 7991 (Intro to Research Activity), in which first-year students are introduced to research being conducted by the faculty and matched with labs and projects of interest before beginning their second year in the program; and
- b. Two credits of AUSP 7990 (Research Activity) in which students complete supervised research activity in a faculty member's lab. The topic, procedure, and gradable product are jointly selected by the student and the faculty director. Ideally, there will be an interpretive component, although some projects may not lend themselves to that.

2. Thesis Option

The thesis program gives the student experience in conducting research and scholarly writing. In addition, the thesis experience can help a student understand and better evaluate research literature in his/her field of study. Those students who intend to enter a doctoral program or whose major goal is to engage in research are encouraged to complete a thesis. The decision to select a thesis option should be made as early in the student's program as possible.

Students selecting the thesis option must enroll in AUSP 7996 for a minimum of 3 credits and a maximum of 6 credits in order to meet graduation requirements. Thesis students are responsible for organizing a thesis committee for purposes of approving a proposal. The thesis committee shall consist of the thesis advisor and at least two additional faculty members. All members of the thesis committee must be members of the University of Memphis Graduate Faculty. All students contemplating a thesis should read the [Graduate School publication](#) on policies for thesis and dissertations.

Once a student has enrolled for thesis credit, he or she must continue this enrollment and may not change this option to a non-thesis option. Thesis students must successfully complete an oral examination in defense of their thesis. The thesis committee is also responsible for determining that all written comprehensive examination competencies are also met. This is typically conducted by certifying at the oral examination that the student has mastered topics encompassed by the thesis experience and requiring that other topics are assessed.

E. Benchmark Examination (Revised Fall 2021)

1. Purpose of the Examination

The purpose of the benchmark examination is to provide an opportunity for students to review and integrate foundational information covered in the first year of the program.

2. The examination includes written questions covering four key areas: Anatomy and Physiology, Pediatric Language, Neurological Bases of Communication, and Speech Science. The examination will be scheduled after students' first Spring semester. Students who do not pass the qualifying exam in any of the four areas must complete remedial work during their next semester as outlined in an Areas of Study Requiring Attention (ASRA) form. They will have the opportunity to retake the examination following completion of their ASRA. Students completing ASRAs related to benchmark examinations may need to extend or adjust their program of study. Students must pass the benchmark examinations to be retained in the program.

F. Comprehensive Examination (Revised Fall 2018)

1. Purpose of the Examination

The comprehensive examination is a summative evaluation which provides an opportunity and a motivation for students to integrate information at a time when most of their program has been completed. The exam is taken by students in the spring and summer semesters. It is an opportunity to reflect and discuss in a scholarly manner the current theoretical and applied literature in the profession.

The comprehensive examination also allows the faculty to evaluate the ability of students to grasp and apply a broad spectrum of information. While adequate performance in academic coursework is a prerequisite to graduation, it is also essential that graduating students demonstrate the ability to retain, integrate, and apply the knowledge gained in this coursework.

2. Structure of the Examination

Students write responses to two questions on each day of the examination and have one hour and 45 minutes per question on each day. A short break is provided between questions. After initial assessment of the essays, students will be informed of which questions they passed, which need to be revised and which need to be rewritten.

Students preparing revisions will be given a specific list of objectives in writing and will be allowed to review their original responses. They will not be allowed to review content with the faculty requesting revisions. This is partly because the identities of the students should remain blinded at this stage. It is also because the intent is for students to have completed their reviews of the information with faculty prior to completing the first round of exams. The expectation of a revision is that the original responses can be revised independently based on the faculty's written feedback.

After those revisions are assessed, students will be informed if any questions need to be rewritten. Once students have been informed of the necessity of rewrites their identities are revealed to the examiners requiring those rewrites, who may then make themselves available to provide further review preparatory to the rewrites.

Any questions not satisfactorily addressed in rewrites will then be assessed in an oral examination conducted by three SLP tenure-track faculty (to include the examiner and student's advisor).

3. Content of the Examinations

Each of the following four topic areas represents 1.75 hours of written content.

- a. Speech Sciences: Physiology, Acoustics, Phonetics, and Hearing; Examiner: Buder

Clinical Reasoning: The following three questions will require critical thinking and integration of basic and applied knowledge, including audiology, across the life span.

- b. Neurogenic Disorders of Language and Speech; Examiner: Feenaughty
- c. Child Language, Fluency, Evidence-Based Practice; Examiner: Eichorn
- d. Swallowing, Voice, and Ethics; Examiner: van Mersbergen

4. Administration of the Examinations

- a. The examinations generally will be administered toward the beginning of the Spring and Summer semesters prior to graduation.
- b. Notification of initial assessment (Pass/Revise/Rewrite) will be provided within 1 week of the first exam.
- c. Students will have a 3-day period to prepare revisions.
- d. Notification of revision outcomes (Pass/Rewrite) will be provided within 2 weeks of the first exam.
- e. Rewrites will be scheduled no later than 3 weeks after the first exam.
- f. Outcomes of Rewrites (Pass/Fail) will be provided within 3 days of the second exam.
- g. Oral exams will be conducted within 2 weeks of the second exam.

G. Retention Requirements

All students enrolled in the School of Communication Sciences and Disorders are expected to attain high academic achievement and maintain professional and ethical conduct. In addition to Graduate School policy, the criteria listed below will be used to determine the retention status of students enrolled in the School.

1. General Academic Performance

- a. Grades below C (2.00) in required courses are considered unacceptable and must be repeated in order to meet graduation requirements.
- b. A student may count two grades of C (2.00) toward their degree. Students have the option of repeating two courses in which a grade of C (2.00) or less was earned. The student will be dismissed at the end of the semester in which a third grade of C (2.00) or less has been earned.
- c. Students are expected to maintain a cumulative grade point average of 3.00 at the end of each semester of enrollment at the University of Memphis. A GPA below 3.00 across two consecutive semesters may be grounds for dismissal. After one semester of suspension, continuation in the program may be granted only with recommendation from the academic unit, the Associate Dean of Graduate Studies, and the Dean of the Graduate School.

2. Professional Performance

- a. Because the MA in Speech-Language Pathology is a professional practice degree, satisfactory acquisition of knowledge and skills for certification as prescribed by the American Speech-Language-Hearing Association is required (Appendix I-C, I-G, and I-H). Failure to achieve any of these standards for clinical performance may result in dismissal from the program.
- b. The cumulative grade of the first two semesters of clinical practicum (7200/7208) must be a B- (2.67) or greater. A cumulative clinical grade for the last five semesters must be at least a 3.00. Students must obtain a B (3.00) or better in each of their last 2 semesters.
- c. Students must be able to meet the requirements of the Essential Functions Policy (E-120).

3. Students may be dismissed for any of the following:

- a. Failure to maintain appropriate standards of academic integrity or CSD Policies.
- b. Failure to follow the ASHA Code of Ethics.
- c. Failure to follow HIPAA guidelines.
- d. Failure to achieve competency as specified in CSD Policy #E-117.

II. DOCTOR OF AUDIOLOGY PROGRAM IN AUDIOLOGY

Audiology (AuD): Program Goals

1. Demonstrate the breadth and depth of foundational communication science, including biological, etiological, theoretical, acoustic, physiological, cognitive and psychological bases of hearing and balance.
2. Understand and demonstrate the theoretical motivation for and practical applications of clinical reasoning for the identification, assessment, and treatment of hearing and balance disorders.
3. Apply research analysis into evidence-based clinical decision-making and application.
4. Effectively communicate discipline-related knowledge in oral and written modalities with families, clients, and other professionals.
5. Understand and accommodate cultural or linguistic differences related to communication development or to perceptions and attitudes toward communication disorders, differences, or intervention.
6. Exhibit attributes and abilities characteristic of competent hearing healthcare professionals who provide the diagnostic, management, and treatment services associated with the practice of audiology including accountability, integrity, adaptability, leadership, and professionalism.

A. Assumed Background

1. To be considered for admission, all applicants must have completed or be in the process of completing a baccalaureate degree from an accredited institution of higher learning. Previous academic preparation in audiology/speech-language pathology is not a requirement for admission.
2. The AuD program assumes that students have basic coursework in the biological, physical, mathematical, and social/behavioral sciences, as shown below, by the time of graduation. In addition, students are required to have successfully completed at least a one-credit course in phonetic transcription and two courses in speech-language development/disorders in order to meet program graduate requirements. If this coursework was not completed at the undergraduate level prior to application, it is not required for admission and may be taken during the AuD program at the University of Memphis.

Biological Science (3)

Mathematical Science; Statistics preferred (3)

Physical Sciences (3)

Behavioral Sciences (6)

Phonetic Transcription (1)

Normal Speech-Language Development (3)

Speech-Language Disorders (3)

To be counted toward the requirement, a grade of C (2.0) or better in the basic science coursework is expected. A grade of B or better is required for Phonetic Transcription.

B. General Program Requirements

1. Students must complete a minimum of 99 credit hours and meet the academic and practicum requirements for certification in audiology. As noted above, additional course work will be required for those students without preparation in audiology/speech-language pathology.
2. A maximum of 24 credit hours in A USP 8104 and a maximum of 6 credit hours in A USP 8125 may be counted toward meeting the 99-credit hour graduation requirement.
3. Students must have at least a 3.0 average in clinic (A USP 8104) at the end of their third year of study. Furthermore, a letter grade of 3.0 or better is required in clinic (A USP 8104) for the two semesters prior to the clinical externship.
4. All students must complete a capstone research project for a minimum of 4 credit hours.
5. All students must successfully complete a benchmark examination.
6. All students must successfully complete a comprehensive examination containing both written and oral components.
7. All program requirements (i.e., benchmark exam, research project, oral and written comprehensive exams) must be completed prior to the clinical externship year.

C. Academic Advisor

The academic advisor is responsible for developing, with the student, a plan of study for their graduate program. The advising checklist shows all coursework (both undergraduate and graduate) that will be used to ensure completion of all academic requirements for the (1) School and (2) for national certification in the student's area of concentration. Specific degree requirements may be found in the Graduate Catalog.

Students meet with their advisor each semester to determine their course assignments for the next term in accordance with their academic plan. It is the ultimate responsibility of the student to ensure that all requirements are met.

D. AuD Program Specialization Tracks: Pediatrics or Adults

Audiology students at the University of Memphis have the opportunity to choose a Pediatric or Adult Audiology Specialization Track as they progress through the AuD program.

Students who pursue a particular track of specialization can gain additional knowledge and experience specific to these populations. Students declare if they plan to pursue a specialization track by the end of the first year of study and should use the Audiology Specialization Track Advising Form to guide their course selections and clinical and research experiences.

Requirements: Students must meet 4 of the 5 requirements listed below:

1. Two population-focused elective courses
2. At least one assigned clinical experience in the specialization area
3. At least two individual or collaborative assignments for any class aimed toward gaining expertise with the chosen population
4. An original research project relevant to the chosen population to be completed over four semesters
5. Completion of a fourth-year externship at a site that provides at least 60% experiences with the chosen population)

Please note that this in-house designated specialization is not equivalent to a Clinical Specialty Certification awarded by a professional certifying body nor is it required to practice in any area within the Audiology scope of practice.

E. Specific AuD Program Requirements

The academic program requirements are listed in the on-line [Graduate Catalog](#). Additional program requirements are listed below.

1. Capstone Project

Each student enrolled in the AuD program will be required to complete a research project during the second and third year of study. The results of this project will be presented, by the student, in a scheduled colloquium before the faculty. There are two options for the Capstone: 1) the Capstone Research Program (CRP), and the Clinical Capstone Project (CCP). Students choosing the CRP enroll in 4 credits of A USP 8121. Students choosing the CCP enroll in 1 credit of A USP 8121 and take a 3-hour graduate course on Research Design and Methodology.

Any project that uses human subjects in either a prospective or a retrospective manner will require approval from the University of Memphis Institutional Review Board for Human Subjects.

2. Clinical Practicum

The University of Memphis provides a complete range of clinical experiences located in both onsite and offsite locations ([Appendix I-E](#)). Some clinical traineeships require students to be present during portions of semester breaks. Students must have at least a 3.0 average in clinic (A USP 8104) at the end of their third year of study. Furthermore, a letter grade of 3.0 or better is required in clinic (A USP 8104) for the two semesters prior to the clinical externship. Students must complete a minimum of 24 hours of 8104. Clinical competences expected by graduation can be found in [Appendix I-D](#).

F. Benchmark Examination

1. Purpose of the Examination

The purpose of the benchmark examination is to provide a focal point for students to integrate the information they obtained in the first year of the program. It is designed as an oral examination to acquaint the student with this form of evaluation procedure which they will again experience in their third year of study during comprehensive examinations. Students are expected to know specifics regarding content in all areas studied and be able to relate the knowledge across courses taken during the first two semesters of the AuD program.

2. Administration of the Examination

The examination committee will consist of no less than three quarters of all academic and clinical faculty. The examination will be given after the first two semesters of study. Each member of the committee will be allowed to ask questions or request clarification of an answer on any information the student should have obtained during their first two semesters of study.

3. Grading of the Examination

To pass the benchmark examination, a simple majority of the attending Audiology faculty, using a rubric, must concur that the student has demonstrated a knowledge base commensurate with the educational level at the time of the test. The student must demonstrate the ability to integrate the knowledge obtained in different classes to form a comprehensive response to academic and clinical questions. If the student does not obtain a passing vote, a remediation program will be provided for the student and an Areas of Study Requiring Attention (ASRA) form will be completed for the student. The remediation program and successful completion of the examination must be completed prior to enrollment in the fifth semester. Failure of the student to pass the examination on the second attempt will be cause for dismissal from the program.

G. Comprehensive Examination

1. Purpose of the Examination

Adequate performance in academic coursework is a prerequisite for graduation; however, it is also essential that students demonstrate an ability to retain, integrate, and apply the knowledge gained throughout the program. The comprehensive examination is an opportunity for faculty to evaluate students' abilities to integrate the academic and clinical information obtained during the program and to communicate their theoretical and applied knowledge at high levels of written and oral ability. To achieve these educational objectives, the exam is designed to assess complex understanding of skills and abilities beyond simple recollection and application of individual course content and includes both written and oral components.

2. Administration of the Examination

The AuD Comprehensive examination is composed of written and oral portions. The written comprehensive exam is taken at the end of the student's 5th semester. The oral exam is taken in the 8th semester. Both the written and oral examination must be successfully completed before entering the externship portion of the program. The written comprehensive examination is divided loosely into 3 general conceptual areas: (1) basic science (e.g., anatomy and physiology, psychoacoustics, and electrophysiology); (2) diagnostics (e.g., basic concepts of audiometry, diagnostic and medical audiology, vestibular and pediatric assessment), and (3) management (e.g., audiologic habilitation and rehabilitation, hearing aids and other devices). Students write for approximately 3 hours in each of the 3 general areas. Each conceptual area will be covered on a separate day of the examination. The time allotments for each area are shared with students prior to the examination in ample time to modify study plans.

3. Grading of the Written Comprehensive Examination

Students must pass 100% of the topic areas on the written comprehensive examination (including any rewrites). The written comprehensive examination consists of two stages: (1) Written comps where the student answers questions on topic areas covered in courses taken to date as outlined above and (2) Rewrites where the student retakes portions of the exam in the topic areas that were not passed from the original written exam. The questions in the topic areas for rewrites may be different than the original questions.

The student must pass 50% of the original written exam to be eligible to take rewrites. If the student does not pass 50% of the original written exam, the audiology faculty will meet to determine if the student has sufficient knowledge to move on to rewrites. If the majority of the faculty feel the student has sufficient deficiencies in their knowledge, the student will not be eligible to take rewrites and must retake the entire written exam when it is offered.

Students who do not pass 100% of the written comprehensive examination (including rewrites) are not eligible to take the final oral exam and must retake the entire written comprehensive examination when it is offered. An ASRA form will be completed containing a remediation plan for any student who fails to successfully complete the examination. The entire examination may only be repeated once.

Failure to pass a second written examination will result in dismissal from the program.

Each question on the written examination will be scored as a Pass, Low Pass, or Fail using a rubric by the principal faculty member generating the question.

Scores of low pass indicate that the student has weaknesses that need additional study. The student should pay particular attention to these topic areas in preparation for the oral examination.

If a student has not successfully completed the written examination, he or she may still present their research project with their class. Once the written exam is retaken, the oral exam will be scheduled within 3 weeks of successful completion of the written re-examination.

H. Final Oral Comprehensive Examination

1. Purpose of the Examination

The final oral comprehensive examination is an opportunity for students to integrate the academic and clinical information obtained during the program and discuss theoretical and applied information in a scholarly manner.

2. Administration of the Examination

The Final Oral Comprehensive Examination is taken in the third year (in semester 8) and serves as a culminating experience for the academic portion of the program. The exam is divided into three general topic areas: Diagnostics, Special Testing, and Management, with two or more faculty assessing competence in each area. Students may be asked questions covering any area related to audiology and audiologic practice. Students will also be asked specific questions pertaining to topic areas taken in the third year that were not covered during the written comprehensive examination.

The final oral exam is linked to the written exam that was taken at the end of the second year. Students are strongly encouraged, even if they passed the content area, to review the comments made on the written examination and clarify any misconceptions through additional readings and discussions with the professors in those areas.

3. Grading the Examination

To pass the final oral examination, students must pass each of the 3 topic areas. To pass a topic area, a simple majority of the attending faculty assessors must concur that the student is sufficiently knowledgeable of the field of audiology in that topic to begin the clinical externship year. Performance will be assessed using a rubric. Both the written and oral examinations must be completed successfully before entering the clinical externship year.

Students must pass 100% of the topic areas on the oral comprehensive examination (including any reattempts). The student must pass at least one topic from the primary attempt to be eligible for a second attempt. If the student does not pass at least one of the original written exam topics, the audiology faculty will meet to determine if the student has sufficient knowledge to move on for a reattempt or if there were extenuating circumstances. If the majority of the faculty feel the student has sufficient deficiencies in their knowledge, the student will not be eligible for a second attempt and must retake the entire oral exam when it is next offered.

If the faculty determine the student is eligible for a second attempt, an ASRA form will be completed containing a remediation plan for the student to follow. At the end of the remediation period, the student retakes any topic areas that were not passed from the original oral exam. The questions in the topic areas for the second attempt may be different than the original questions.

Students who do not pass 100% of the oral comprehensive examination (including a reattempt) are not eligible to enter their clinical externship year and must take the final oral exam when it is next offered. An ASRA form will be completed containing a remediation plan for any student who fails to successfully complete the examination. The entire examination may only be repeated once. Failure to pass a second oral examination will result in dismissal from the program.

I. Retention Requirements

All students enrolled in the School of Communication Sciences and Disorders are expected to attain high academic achievement in all courses taken. In addition to Graduate School policy, the criteria listed below will be used to determine the retention status of students enrolled in the School.

1. Grades of less than 2.00 in a required course are considered unacceptable. These courses must be repeated with a minimum grade of 2.00 in order to meet graduation requirements.
2. A student may count two grades of 2.00 toward their degree. Students have the option of repeating two courses in which a grade of 2.00 or less was earned. The student will be dismissed at the end of the semester in which a third grade of 2.00 or less has been earned.
3. Students are expected to maintain a cumulative grade point average of 3.00 at the end of each semester of enrollment at the University of Memphis. A GPA below 3.00 across two consecutive semesters may be grounds for dismissal.
4. Students may be dismissed for any of the following:
 - Failure to maintain appropriate standards of academic integrity or CSD Policies.
 - Failure to follow the ASHA and AAA Codes of Ethics.
 - Failure to follow HIPAA guidelines.
 - Failure to meet the requirements of the Essential Functions Policy (E-120).
 - Failure to achieve competency as specified in CSD Policy Number E-117.
 - A grade of less than 2.00 in clinic practicum will mandate a review within the School and may be grounds for dismissal.
 - Failure to pass the qualifying examination.
 - Failure to pass the written and oral components of the comprehensive examination.

J. Externship in Audiology

All students will complete an externship during the fourth year of the program, which is consistent with current accreditation requirements. To be eligible for the externship the student must have completed all academic coursework, including the research project, and successfully passed the benchmark and comprehensive examinations. Externship placement is obtained in coordination with the Director of Clinical Education in Audiology. Successful completion of the externship must include the approval of the Director of Clinical Education in Audiology. The externship should provide a comprehensive training environment for students to expand and sharpen their clinical skills. Externships may be in either paid or unpaid positions.

III. PHD IN COMMUNICATION SCIENCES AND DISORDERS

A. Program Goals and Overview

1. **Description:** A description of the [PhD program](#) appears in the Graduate Catalog of the University of Memphis and can also be accessed via the School's website. The information contained in the Graduate Catalog will not be repeated here. In addition, features of the PhD Program that overlap with aspects of the MA and AuD programs are detailed in earlier sections of this Handbook.

2. **Collaborative, nurturing intellectual environment:** The School supports and implements highly interactive PhD training, involving close mentorship and student collaboration with both faculty and other students. Collaboration fosters networking, research productivity, and diverse methodological training. Consistent with the School's [mission statement](#), the program places priority on PhD training for post-doctoral study and/or academic positions within the discipline with significant potential impact in the field of Communication Sciences and Disorders.

3. **Flexibility and Individualization:** Aside from Core Requirements, there is no standard curriculum for students enrolled in the PhD program. Coursework is tailored for the individual student and is designed to maximize the student's training in their research area. General graduation requirements imposed by the University are described in the [Graduate Catalog](#).

The PhD Program in Communication Sciences and Disorders has three concentrations: (i) Hearing Sciences and Disorders; (ii) Speech-Language Sciences and Disorders; (iii) Neuroscience. The PhD program descriptions are identical.

4. **Role of the faculty mentor:** The program has as a primary objective to train the next generation of academicians in Communication Sciences and Disorders. Consequently, the PhD program places a primary emphasis on the interaction between each student and a primary faculty Mentor. Acceptance into the PhD program is predicated on finding a "fit" between the prospective PhD student and a current member of the tenure-track faculty. Students are only admitted when there is a faculty member willing to serve as primary Mentor. Since the expertise of the faculty does not encompass every area within Communication Sciences and Disorders, students whose primary areas of interest do not overlap with the expertise of a faculty member are counseled to apply elsewhere.

B. Decision-making in the PhD Program

1. **Role of the Dean and faculty in governing the PhD program.** Activities of the PhD Program are the responsibility of the tenure-track faculty along with the Dean and the Associate Dean. Further, each student has a designated Mentor and by the second semester after enrollment, a Planning Committee (see Section F below). The Mentor, the Planning Committee, and ultimately the Dissertation Committee have the primary responsibility for the supervision of each PhD student's individual education.

Associate Dean/Director of Graduate Studies. The Associate Dean/Director of Graduate Studies provides formal letters of offer of admission. He/she also serves as the day-to-day contact with the upper administration and Graduate School regarding admissions, retention, and funding for graduate students.

2. **PhD Program Committee (PPC).** Coordination of most of the day-to-day functions of the PhD program are managed by the PPC (a standing committee in the School) and other members of the academic faculty. The primary purposes of the PPC include:
- a) Corresponding with applicants to the program and maintenance of information about inquiries from potential applicants.
 - b) Coordinating active recruitment efforts.
 - c) Arranging review of applications for admission and decisions about funding for PhD students seeking program level funding or certain other competitive fellowships such as the Van Vleet Scholarship. Grant funding is decided by PIs.
 - d) Arranging Annual Evaluations of PhD Students.
 - e) Supplying the Associate Dean of Graduate Studies with follow-up information needed for evaluation letters to students and admission/funding letters.
 - f) Helping the Dean and Associate Dean of Graduate Studies to ensure the regular offering of appropriate Professional Preparation courses (each is 1-cr).
 - g) Arranging orientation for new PhD students for introduction to both faculty and current PhD students.
 - h) Assisting in coordinating the PhD student colloquium.
 - i) Assisting in arranging social activities for the PhD program.

C. Assumed Background at Admission

There is no requirement in the program for a student to have a background in Communication Sciences and Disorders, only that the student have successfully completed an undergraduate degree. Backgrounds of our PhD students have included Communication Sciences and Disorders, Psychology, Cognitive Science, Linguistics, Engineering, Education, and Music. Students admitted to the program are required to have an academic Mentor who is a tenure-track research faculty member in the program and a Full member of the [Graduate Faculty](#) in order to chair the Dissertation Committee.

D. General Program Requirements

Information about Core Course Requirements (AUSP 8008, 8021, 8010), Research Tools, Collateral Area, the Pre-Candidacy Research Project, and Additional Requirements including admission, retention, and dissertation requirements are described in the CSD [Graduate Catalog](#).

E. Full-time status

1. Full-time status for the Fall/Spring is ≥ 9 credit hours with a maximum of 15 credit hours. A minimum of 1 hour is required in Summer with maximum of 12 credit hours.
2. University-funded GAs must register for at least 9 hrs. per semester (or 3 thesis/dissertation hours after passing the Comprehensive Exam) in both the Fall and Spring terms.
3. Graduate students must enroll in no fewer than 9 hrs. in the Fall and Spring and 1 hr. in the summer term.
4. Requests for credit-hour overloads must be approved by the Associate Dean of Graduate Studies.

F. Other features of the PhD program

Planning Committee: A key factor for each PhD student is the Planning Committee, a description of which can be found at the sites for the [concentration in Speech-Language Sciences and Disorders](#), [concentration in Hearing Sciences and Disorders](#), or [concentration in Neuroscience](#). The Planning Committee, in consultation with the PhD student, evaluates the student's academic needs and assists in the planning of the student's academic program. This plan, tailored to the student's needs, becomes an individualized program that is designed for that particular student. The academic plan is filed in the student's electronic file on the J drive within the first year (3 semesters) of the program. The plan is maintained and updated as necessary if changes are made after first filing. Changes must be approved by the Planning Committee.

Comprehensive Examination: This committee should be formed by the student and Mentor within the last year of coursework, with membership expertise that covers the main elements of the Plan of Study. Committee membership must include at least 3 CSD faculty and one faculty from an outside academic unit. It is typical for comps coverage to include expertise in area of concentration, foundations from which the student would be teaching, research tools and collateral areas, and sometimes also consideration of dissertation goals. The comprehensive planning committee should meet at least one semester before the examinations begin to review the student's comps plan and coverage (e.g., examiners' topic areas and hours per topic), scope and cohesion of projects, and the deliverables for each written and oral component. The plan is ratified by filing the Comprehensive Examination Planning form.

The purpose of comprehensives is to determine mastery and broad understanding of the theoretical and empirical issues in contemporary speech-hearing sciences. A detailed description of the exam is found in the [Graduate Catalog](#). The examination entails 24 hours of evaluation, 15 of which may be in the form of hands-on projects and research tools (e.g., laboratory experiment, data analysis, scholarly paper(s), grant proposal, course development). Each project (typically 3-6 hrs) must be approved by the overseeing faculty committee member. It is imperative the student and faculty formulate a plan and what constitutes an acceptable "turn-in item" for the project (e.g., extent of data analysis, review paper, presentation at orals, manuscript submission, grant submission) at the planning meeting. Comps projects with sufficient scope will at minimum require a full semester (or more) to complete. Each project/practical component must be concluded during the last semester of coursework to be counted toward the Comprehensive Examination. The exam should be scheduled with project completion in mind; only in rare

cases should projects extend beyond the exam date.

To allow for a clean break to candidacy and the initiation of dissertation credit hours, the comprehensive exam should be concluded during the last semester of completing academic requirements. The oral exam must occur within 3 weeks following the written exams. This means that typically, students should plan to take their comprehensive exams (written + orals) within the last month of final term listed on their Plan of Study.

Prospectus: The dissertation should comprise original research as proposed in the prospectus and approved by the Dissertation Committee. The prospectus should be submitted shortly after the comprehensive exams and be approved prior to initiating the dissertation work. The prospectus is typically defended ~1 year before the final dissertation defense. The document format must include a thorough literature review of the theoretical and empirical work related to the research topic, details of the methods, analysis plan and statistics to be used, and hypothesis/predicted outcomes. The prospectus is one of the few times faculty can offer constructive feedback on the student's dissertation plan. As such, it will generally be treated as a significant milestone in the tenure of the PhD program.

Dissertation: The Dissertation Committee consists of a minimum of 4 faculty members selected by the student in consultation with the dissertation chair (usually the student's Faculty Mentor). At least 2 of the members must be from the School and at least 1 member must be from a department outside the School of Communication Sciences and Disorders. The chairperson of the dissertation committee must be from the School and must be a full member of the graduate faculty. Details of the dissertation process, dissertation document guidelines, and dissertation submission are found in the [Graduate Catalog](#) and the [Thesis/Dissertation Preparation Guide](#).

Deviations in experimental design, scope, methodological techniques, etc., from the prospectus plan should be approved by the Dissertation Chair in consultation with committee membership.

To allow ample time for faculty review, students should submit their dissertation document to their committee no later than 2 weeks before the oral defense. Faculty requesting revisions should return edits to the student within 1 week following the defense to allow adequate time for revision. Significant alterations (e.g., running new experiments, collecting additional data) may be unrealistic in the timeframe before dissertation submission. Therefore, faculty must be reasonable in requesting substantial modifications that fall outside the scope of work as initially approved at the time of the prospectus.

Thesis announcement. Students defending their dissertation should complete the form though the Graduate School's website **at least 3 weeks** prior to the dissertation defense.

https://memphis.co1.qualtrics.com/jfe/form/SV_6A3iFZELrGYXohf

Collateral Area: A minimum of 9 hours in coursework outside the School must be taken toward completing the PhD. This Collateral Area is tailored to each student's unique interests. Students satisfy this requirement with a sequence of courses at the University of Memphis or other local institutions (e.g., UTHSC Neurosciences courses). Other students fulfill their Collateral via a [Graduate Certification in Cognitive Science](#). The collateral area requirement can be waived for a student entering with a Master's degree in a field related to Audiology or Speech-Language Pathology or if the student's outside coursework is considered sufficient by the Planning Committee.

Research Assignments: Students are given a 20 hour/week research assignment each semester. By working in the research environment with the Mentor and other members of the doctoral faculty, the mentoring relation between PhD students and faculty is further enhanced.

The philosophy of the doctoral faculty is that the education of the PhD student takes place as much in the research laboratory as it does in the classroom. The interaction between the PhD student, the doctoral faculty, and fellow students is critical to the development of the future researcher.

Annual Evaluation: For each student enrolled in the PhD program for at least two semesters, an Annual Evaluation is undertaken in the Spring of each year (usually in May) that involves all members of the tenure-track faculty. This evaluation addresses the desired outcomes for each student consistent with the graduation requirements and with the planning document on file with approval of the Planning Committee. Prior to the Annual Evaluation meeting, each PhD student is instructed to review their plan of study to ensure that it is up to date. Completion of each required step of the PhD program is documented with a form, which is signed by the appropriate committee members. Students are responsible for transmitting the forms to the Dean's Administrative Associate as milestones are completed. Students can access their [individual student folder on J-drive](#).

PhD Database: In preparation for the Annual Evaluation, students should log their previous year's research accomplishments in the SIS [PhD Database](#). The database is meant to capture the scholarly work products students complete during their PhD program and is used by the faculty and Dean's for annual reporting on the PhD program. Scholarly activities (e.g., publications, presentations, grants) should be listed based on work completed at the University of Memphis (only). Additionally, PhD students should complete a *Planning Narrative* for the coming year. The narrative should not be a summary of the past year's accomplishments but is meant to describe planned research activities for the coming academic year.

The Annual Evaluation takes account of each student's progress in the PhD program, with the student's primary mentor leading the discussion of that student's progress. At the conclusion of the Annual Evaluation, a letter is sent to each student which summarizes the outcome of the review and is signed by the student's Mentor and the Associate Dean of Graduate Studies.

The PhD Student Colloquium: In the fall and spring semesters a PhD student organizes a "brown bag" colloquium series, attended by School faculty, students, and outside departments. Speaker preference is given to current PhD students, who use the colloquium as a medium to present their Research. Priority is given to students presenting their Pre-candidacy Research Projects. CSD Faculty and ancillary outside speakers provide the remainder of the talks each semester.

The PhD Student Colloquium meets Fridays at 12pm.

Teaching opportunities (examples):

- a) *AUSP 8400- Teaching Experience* is a course that provides mentored teaching experience for PhD students in giving lectures, preparing tests, grading, and/or student advising. Students are supervised by the faculty instructor. This course may be taken for variable credit (min 1 cr. required). However, the objectives of the teaching experience should minimally include hands-on practice with (1) teaching/lecturing in front of a class, (2) grading/assessment, and (3) interacting with students (e.g., office hours, fielding questions).
- b) PhD students may be able, with appropriate prior experience and approval of the Planning Committee, Dean, and Graduate School, to teach as instructors of record in the School's undergraduate courses, under the supervision of a faculty member. Current undergraduate offerings include: *AUSP 4106: Introduction to Audiology*; *AUSP 4300: Autism: Socialization & Communication*; and *AUSP 4010: Introduction to Functional Neuroscience*.

Professional Prep Courses: As part of the Core Requirements, PhD students must take a minimum of 3 credit hours of *AUSP 8021 – Professional Preparation for Scientists*. The goal of these courses are to help prepare PhD students for their eventual role in science and academia. These courses are offered semi-regularly by rotating faculty based on the interests and professional needs of the PhD student cohort. Past seminar themes have included grant writing, scientific publishing and peer review, understanding tenure & promotion, responsible conduct in research, and teaching.

Required Forms: A [series of forms](#) must be logged over the course of a PhD student's tenure after completion of each major program requirement (e.g., Pre-candidacy Project, Oral Exams, Comprehensive Examination Plan). These forms are submitted to the Dean's Administrative Associate and retained in the student's file (located [here](#)). Each year, the Ph.D. Program Committee conducts an Annual Evaluation of each PhD student, and it is the student's responsibility to be sure that the necessary information is included in their file.

PhD students are also required to file a separate SACs Outcomes Tracking form (see forms folder) for each program milestone (i.e., pre-candidacy project, comps exams, prospectus, dissertation defense). Speak to your mentor if they (and the corresponding committee) have not completed this rating form for a given milestone.

Financial Assistance: see VII. FINANCIAL ASSISTANCE

IV. **ACADEMIC POLICIES AND PROCEDURES**

Every graduate student is expected to be thoroughly familiar with the requirements of the Graduate School, the University of Memphis, as described in the most recent Graduate Catalog. The requirements of the School of Communication Sciences and Disorders parallel, but may exceed, those of the Graduate School.

A. Course Loads

Full-time students are limited to 15 academic hours each semester by University policy. Those who register for 9 or more hours may be considered as full-time students. Students in late stage dissertation may enroll in as little as 1 hour and be considered full time. Taking fewer than 5 credits hours may affect financial aid, and students may be subject to FICA taxes.

B. Attendance

The instructor sets the specific attendance requirements per course. Regular attendance is assumed and expected.

In the event that an individual faculty member cannot be present at a scheduled class period due to travel or attendance at professional meetings, he/she shall arrange make-up classes or activities commensurate with the length of his/her absence.

Clinic Attendance: Attendance is mandatory for all scheduled diagnostic and therapy sessions. If the student is ill, he/she should notify the clinical faculty member in charge. A student may request to miss clinic in certain cases. Approval is required by the clinical faculty member and/or clinic director. The student may be required to find a replacement clinician.

Please refer to appropriate policies regarding clinical experiences (Clinical Practicum in Audiology E-A-102, Clinical Practicum in Speech-Language Pathology E-SLP-102, Student Responsibilities in Diagnostics and Therapy C-207).

C. Review of Research Projects

As indicated by federal guidelines and University policy, all research involving human subjects must have prior approval by the Institutional Review Board (IRB). This approval is necessary for all research including theses, funded grants, and training grants. The appropriate application form, including permission forms, must be completed for each project and filed with the IRB.

D. Incomplete Grades (I)

The grade of incomplete (I) indicates that the student has not completed the course requirements for some reason. The student must complete the

requirements of the course within 90 days from the end of the semester in which it was received. Otherwise, the (I) will change to an (F).

E. In Progress Grades (IP)

1. Independent Projects and Readings

An (IP) grade can be assigned to extend the time permitted for the completion of research or course requirements. A student awarded an (IP) grade must re-enroll the following semester in the course for the same number of hours in order to receive the appropriate grade.

Students must enroll in the required number of credits of such courses and receive a letter grade in the final semester of enrollment in that course. Once an IP is cleared with a subsequent registration receiving a grade, all registered credits (including previous IPs) are recognized on transcripts and count towards fulfillment of program requirements.

2. Thesis and Dissertation

Students must continuously re-enroll in thesis or dissertation courses, but the hours may vary. Students should be assigned an IP grade for all semesters of thesis or dissertation credit until the final semester which is assigned "S" or "U."

F. Probation and Dismissal

a. Basis for Probation

1. A graduate student whose cumulative grade point average drops below 3.00 will be placed on academic probation. A second consecutive semester on probation generally results in suspension or dismissal.
2. Continuation in the program beyond two consecutive semesters on probation is unlikely and can only occur under special circumstances. Continuation must be recommended by the School of CSD and the Dean of Graduate School.

b. Basis for Dismissal

A student may be dismissed from the graduate programs in the School for any of the following reasons:

1. Failure to meet and maintain the minimum academic grade point requirements, namely GPA of 3.0 and no more than 2 grades of 2.0 or less during the student's program.
2. Failure to meet the requirements of the Essential Functions Policy (E-120).
3. Failure to achieve competencies as specified in CSD Areas of Study Requiring Attention Policy E-117.

4. Failure to pass the qualifying exam.
5. Second failure of the comprehensive examination associated with the degree being sought.
6. Failure to maintain appropriate standards of academic integrity or CSD Policies.
7. Failure to follow the ASHA and AAA Codes of Ethics.
8. Failure to follow HIPAA guidelines.
9. If a student is not making satisfactory progress toward degree completion (e.g., negative annual reviews, continued ASRAs, etc.), the student will be dismissed from the degree program.

G. [Termination/Dismissal Procedures](#)

- a. Graduate students may be terminated (i.e., dismissed from the program) for not meeting any of the retention requirements listed in F
- b. Graduate School procedures should be followed for notifying students of termination:
 1. The student's Advisor consults the Program Committee Chair (AUD, SLP, PhD).
 2. The Program Committee Chair brings the concern to the Program Committee.
 3. The Program Committee reviews the recommendation. If approved, the Advisor and/or Program Committee Chair submit the termination form for review to the Associate Dean for Graduate Studies for the School. The Associate Dean will consult all relevant parties.
 4. The Advisor and the Associate Dean for Graduate Studies inform the student of the intended recommendation to terminate.
 5. If approved, the Associate Dean for Graduate Studies signs and submits termination form to the Graduate School. If not approved, the Associate Dean of Graduate Studies writes a formal letter to all parties involved indicating the reasons for reinstatement.
- c. The Dean of the Graduate School reviews the recommended request for termination. If the request is approved, the Dean of the Graduate School sends a letter of termination to the student and copies all parties.

H. Appeal Procedures

1. Grade Appeals

If a student believes the assignment of a course grade was based on prejudice, discrimination, arbitrary or capricious action, or some other reason not related to academic performance, the [Grade Appeals](#) procedures outlined in the Graduate Catalog should be followed. There are four steps that are time limited.

2. Retention Appeals

A student may appeal termination in the program by following the [Retention Appeals](#) process outlined in the Graduate Catalog under Graduate School's Retention Appeal Process . There are four steps that are time limited. Due to the structure of the School of Communication Sciences and Disorders, there is no Step 2 as mentioned in the Graduate School guidelines.

The following review procedures of student concerns should be followed. The review procedures will be initiated only at the specific request of the graduate student who is facing disciplinary action, dismissal, or termination of the academic and/or clinical program, and who alleges that unfairness, bias, lack of clarity of policies or procedural irregularities were involved in the decision.

The procedures to be followed are:

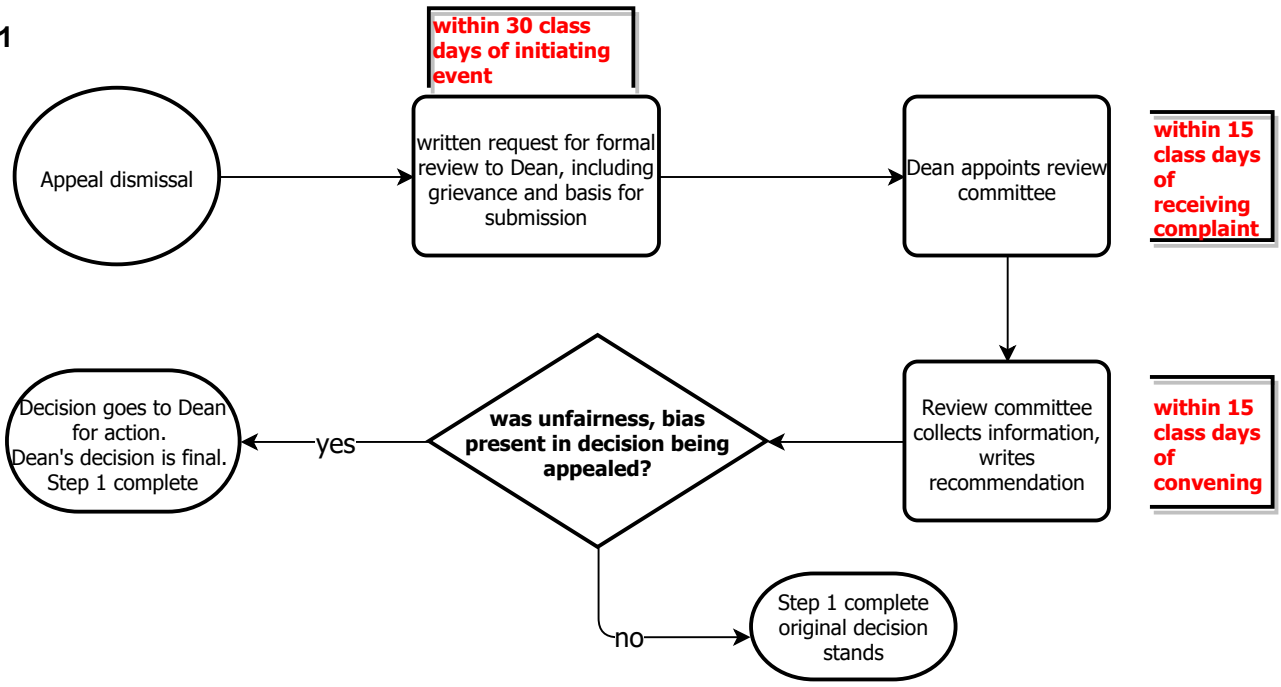
- a. Within 30 class days after notification of termination or disciplinary action, the student must discuss his/her concern(s) with the Associate Dean of Graduate Studies in an attempt to resolve such concerns informally prior to formal initiation of the review process.
- b. If the student's concern(s) cannot be resolved through the discussion referred to in (a) above, a written request for a formal review, initiated by the student, should include a detailed outline of his/her concern(s) and the basis for its submission to the Dean.
- c. Within 15 days of receiving the written complaint, the Dean will appoint a committee composed of 3 members of the Graduate Faculty in the School of Communication Sciences and Disorders who are not directly involved in the concern, and no more than 2 graduate students (at the Dean's discretion), and shall designate a chair of the committee. The chair shall convene the committee as soon as possible. Normally, it is expected that the committee will complete the review process within 2 weeks of its formal initiation.
- d. The Review Committee shall obtain all information or consultation it deems necessary to complete the review. The student shall have the opportunity to discuss his/her concerns directly with the committee and provide them with any additional

supporting material relevant to the review. The "burden of proof" for establishing unfairness, bias, procedural irregularities, etc., shall be with the student requesting the review.

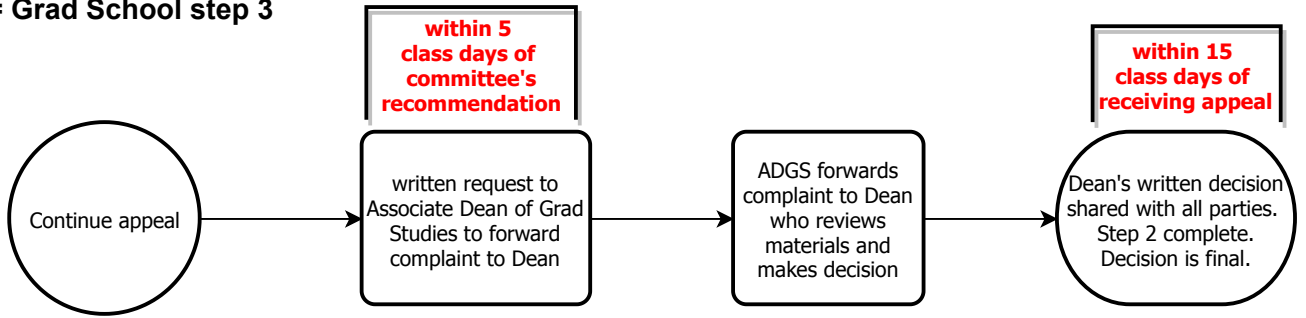
- e. The Review Committee, by a majority vote, shall reach a decision and inform the student, the faculty member(s) involved, the student's advisor, and the Dean of the decision in writing.
- f. Two decisions are possible:
 - 1. If the existence of alleged unfairness, bias, etc., has been established, the committee shall recommend procedures for remedying the situation to the Dean. Action on such recommendations is the responsibility of the Dean. The decision of the Dean concerning procedures for remedying the situation are final, subject only to possible appeal to the Dean of the Graduate School.
 - 2. If the existence of alleged unfairness, bias, etc., has not been established, the original decision shall stand.

The student then has the option to continue with the Graduate School's appeal process beginning with Step 3.

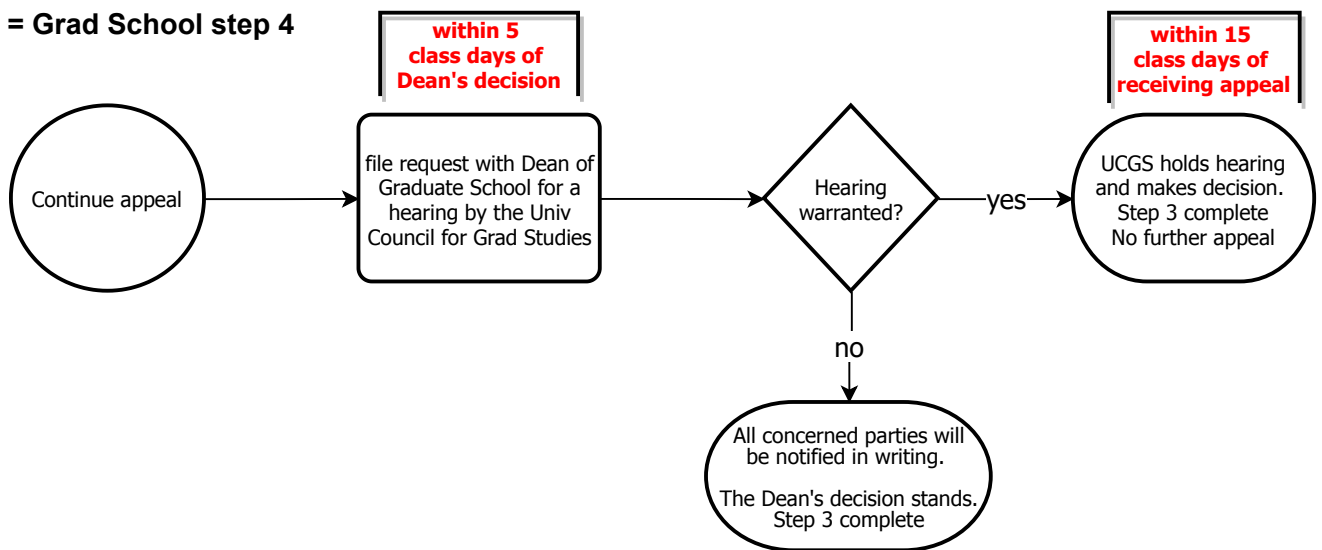
STEP 1



STEP 2 = Grad School step 3



STEP 3 = Grad School step 4



I. Student Complaint Procedure

The School of Communication Sciences and Disorders at the University of Memphis is subject to accreditation by the American Speech, Language, Hearing Association, Council on Academic Accreditation (CAA). All accredited programs must have a process for students to file complaints. Under CAA standard 4.5, "Students are informed about the processes that are available to them for filing a complaint against the program. The program must maintain, as relevant, a record of internal and external complaints, charges and litigation alleging violations of policies and procedures and ensure that appropriate action has been taken."

If your complaint pertains to harassment or discrimination, please consult with the Office for Institutional Equity regarding any of the following areas of concern: 1) Equal Opportunity is the right of all persons to enter, study and advance in academic programs on the basis of merit, ability, and potential without regard to race, color, national origin, sex, sexual orientation, genetic information, disability or status as a veteran. 2) The University of Memphis is committed to providing an environment that is free from discrimination on the basis of sex to our campus community, in compliance with Title IX of the Education Amendments of 1972 and the Violence Against Women Reauthorization Act of 2013. 3) The University of Memphis is committed to ensuring that each member of the campus community works or studies in an inclusive and respectful environment, in compliance with Titles VI & VII of the Civil Rights Act of 1964.

If you have any questions about the complaint process or require assistance with completing any of our complaint forms, please contact the Office for Institutional Equity (OIE) at 901.678.2713, Monday through Friday from 8:00 A.M. to 4:30 P.M. or email them at oiem@memphis.edu.

Another University-wide resource providing guidelines for student behaviors is the Office of Student Accountability, which maintains a [Code of Student Rights & Responsibilities](#).

The School provides several routes for complaints related to its programs, policies, or the conduct of any members of the School community.

Anonymous Complaints or Comments

Written complaints may be submitted in writing and deposited in the folder on the wall in the first-floor mail room/clinic supply room. These will be taken to the Dean and addressed as deemed necessary. If the concern is serious to the wellbeing of others, it is recommended that a formal written complaint be filed.

Verbal Complaints, Grievances, or Comments

Individual Concerns: All students are encouraged to discuss concerns directly with their advisor, instructor, or clinic supervisor in confidence. If this is not possible or

for some reason it is inappropriate, the concern may be brought in confidence to the Associate Dean of Graduate Studies. These personnel may advise the student regarding remediation of the concern or help direct their matter to the appropriate resources.

Group Concerns: The Dean and/or the Associate Dean meet regularly with students, which also provides a forum to voice general concerns about the program or the environment.

These individual or group consultations may indicate the need for more formal processing of the concerns in writing, but students can submit complaints or grievances in writing at any time.

Written Complaints and Grievances

1. Submitting a Complaint

- a. The complaint must describe in detail the behavior, program, or process complained of, and demonstrate how it implicates the CSD program and the school's compliance with a particular CAA Standard.
- b. The complaint must provide the name of the student submitting the complaint, the student's University of Memphis email address, an address where the student receives U.S. mail, and a phone number where the student can be reached.
- c. The complaint can be delivered by hand to the Dean, or the Dean's Designee, or mailed to the Dean of the School.

Dean Linda Jarmulowicz
4055 North Park Loop, Suite 3017
Memphis, TN 38152

2. Procedures for Addressing a Complaint or Grievance

- a. Once a complaint is received, the Dean will determine if it is a matter for a Program Committee to address. Within 5 working days of receiving the complaint, the Dean will acknowledge receipt of the complaint and share his or her determination of how it will be reviewed.
- b. If the complaint is sent to a Program Committee (SLP, AuD, or PhD), it will be reviewed by the committee within 10 working days of receipt.
 - i. A member of the reviewing Program Committee must either meet with the student to discuss the resolution of the complaint or mail a written response to the substance of the complaint or grievance within 30 days of receiving the original complaint.
 - ii. The written resolution must either state a decision regarding the substance of the complaint or grievance with an explanation for that decision or explain steps that will be taken to resolve or further investigate the complaint.

- iii. Absent exceptional circumstances, the Program Committee shall endeavor to fully investigate and resolve all complaints within 60 working days from the date of the complaint.
- c. If the complaint or grievance is not a matter for Program Committee review, the Dean will independently investigate.
 - i. The Dean will either meet with the student to discuss resolution or provide a written response to the substance of the complaint or grievance within 30 days of receiving the original complaint.
 - ii. The written response will either state a decision and explanation of the decision or explain further steps required to investigate the complaint or grievance.
 - iii. All complaints and grievances handled by the Dean will be completed within 60 days of the initial complaint.
 - iv. The Dean's decision is final.
- 3. Procedures for Appealing a Resolution
 - a. A student may appeal the Program Committee's resolution to the Dean.
 - b. The student must hand deliver the appeal to the Dean or Dean's designee in writing within 10 working days of the date of resolution.
 - c. The appeal must describe in detail the grounds for appeal. The appeal may not include complaints or grievances not covered in the original complaint or grievance.
 - d. The Dean shall respond to the appeal in writing to the mailing address provided in the complaint within 30 business days from the date the appeal was submitted.
 - e. The Dean's decision is final.
- 4. Maintenance of Records of Student Complaints

The Dean shall maintain a record of the student complaints, grievances, resolutions, and appeals for a period of eight years.

V. UNIVERSITY OF MEMPHIS REGULATIONS FOR GRADUATE PROGRAMS

Specific University of Memphis regulations pertaining to all graduate programs may be found in the Graduate Bulletin at: <https://catalog.memphis.edu/index.php> Please note the links that provide specific guidance to:

- A. Academic Regulations:
<https://catalog.memphis.edu/content.php?catoid=27&navoid=1564>
- B. Appeals Procedures:
<https://catalog.memphis.edu/content.php?catoid=15&navoid=638#appeals-procedures>
- C. Degree Programs
<https://catalog.memphis.edu/content.php?catoid=27&navoid=1561>
- D. Courses
<https://catalog.memphis.edu/content.php?catoid=27&navoid=1562>
- E. Students with Disabilities: Reporting a disability is at the discretion of the student. It is important to understand that accommodations cannot be made retroactively, so please consult your instructor and the University of Memphis Disability Resources for Students office if you have questions. <http://www.memphis.edu/drs>
- F. The University of Memphis Code of Student Rights and Responsibilities:
<https://www.memphis.edu/osa/students/code-of-rights.php>
- G. Academic Misconduct as defined by the University of Memphis:
<https://www.memphis.edu/osa/students/academic-misconduct.php>

VI. COUNCIL ON ACADEMIC ACREDITATION: AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

The School of Communication Sciences and Disorders is accredited by the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association. Students are encouraged to understand the accreditation process. Questions or concerns regarding the CAA standards can be directed to the academic advisor, the Directors of Clinical Education, the Associate Dean of Graduate Studies, or the Dean.

Further information can be found at:

<https://caa.asha.org/siteassets/files/accreditation-handbook.pdf>

Procedures for complaints against the education program or the Council on Academic Accreditation are located at:

<https://caa.asha.org/programs/complaints/>

VII. FINANCIAL ASSISTANCE

The Associate Dean of Graduate Studies notifies students when funding is available for assistantships. These awards are based on a combination of factors to include current GPA, clinical experience, previous funding, and financial need. Students on academic probation are not eligible for assistantships.

A. School Assistantship

For students in the professional programs (MA and AuD), graduate assistantships (GAs) can include partial tuition remission, a monthly stipend, or both, and some assistantships provide additional funding to compensate for out-of-state tuition differentials. For PhD students, typically the GA will cover most of tuition and a monthly stipend. Students on assistantships work a specified number of hours for the School and are eligible for work study funds if they qualify for them.

There are various sources for GA funding.

- School: A limited number of graduate assistantships are available to students based on academic credentials and faculty recommendations. All students are automatically considered for this funding; there is no need to apply for it separately.
- Grants: Some graduate assistantships are funded through research grants that offer funding opportunities and the chance to work in a research laboratory.

B. Funding for PhD Students

PhD students in good standing are eligible for Graduate Assistantships (GAs) through the School. GA positions are awarded on the basis of merit. Entering PhD students are automatically considered for funding. The School aims to fully fund PhD students (tuition+ stipend) for at least 3 years, contingent upon annual review and timely progress. GAs require 10-20 hours of research activity per week. GAs who work at least 10 hours per week are classified as in-state students. GAs are expected to carry a 9-hr load every fall and spring semester (or 3 hours when enrolled only in thesis or dissertation hours). GAs are typically funded via School funds and external grants of individual faculty. Some university-wide fellowships are also available through competitive application (e.g., Van Vleet Fellowship).

C. Scholarships and Awards

There are a variety of scholarships and awards available through the School and the University. For more information, please visit our [Financial Resources](#) page and the University's [Scholarships](#) page.

VIII. STUDENT ORGANIZATIONS

A. National Student Speech-Language-Hearing Association (NSSLHA)

National membership provides benefits that help students stay current on advancements in the field, enhance their academic knowledge, find internships and employment, network with other students with similar interests, and save money on products and services. Two consecutive years of NSSLHA membership will reduce the initial certification costs when joining ASHA. All students are encouraged to join the National NSSLHA organization <http://www.nsslha.org/join/>.

B. University of Memphis NSSLHA Chapter

All students who are enrolled in the School are automatically members of the local NSSLHA chapter. The U of M chapter is an extremely busy and well-respected chapter nationally. The Chapter received special recognition from the Tennessee Association of Audiologists and Speech-Language Pathologists in 1991, a Certificate of Appreciation and Recognition in 1995 from the American Speech- Language-Hearing Association, and NSSLHA Gold Chapter Honors in 1998, 2015, 2021 and 2023 from the National Student Speech- Language-Hearing Association. This chapter sponsors many worthwhile projects:

1. The Annual Mid-South Conference on Communicative Disorders

The highlight of each year's activities is the Annual Mid-South Conference on Communicative Disorders, held in the spring. The two-day conference is designed to provide audiologists and speech language pathologists with information regarding current research and new concepts and techniques that can be applied to their clinical practice. Organized in 1970, the Mid-South Conference features a variety of nationally recognized guest speakers in the field of communication disorders who offer workshops and short courses. It draws over 400 audiologists, speech language pathologists, educators, and professionals from allied fields from the U.S. and Canada. The conference is the major activity organized and conducted by the graduate students of the University of Memphis chapter of NSSLHA.

2. Other NSSLHA Activities

In addition to the Conference, NSSLHA assists students with professional development opportunities, travel expenses to professional conventions and conferences, when available. Other activities include short workshops of special interest, guest speakers from the community to speak at NSSLHA meetings and walk/run teams to benefit various non-profit organizations in the Midsouth. Each year the proceeds from the Silent Auction at the Mid - South Conference are donated to a charity of choice which has included the Client Assistance Program (CAP) at MSHC, Hope House of Memphis, Operation Smile, and the Stuttering Foundation.

- C. Student Academy of Audiology (SAA)
The Student Academy of Audiology (SAA) is the national student division of the American Academy of Audiology (AAA) that serves as a collective voice for students and advances the rights, interests, and welfare of students pursuing careers in audiology. The SAA introduces students to lifelong involvement in activities that promote and advance the profession of audiology and that provide services, information, education, representation and advocacy for the profession and for consumers of audiology services. The national SAA has over 1,500 members, consisting of students enrolled in AuD, PhD, or other accredited audiology doctoral programs for a first professional degree in audiology.
- D. University of Memphis Student Academy of Audiology (SAA) Chapter:
All Doctor of Audiology (AuD) students who are enrolled in the School and who have paid local and national SAA dues are members of the local SAA chapter. National membership provides benefits that help students stay current on advancements in the field, enhance their academic knowledge, find internships and employment, network with other students with similar interests, and save money on products and services. Students pay only national dues; there are no local dues. The U of M chapter was established in 2012 and hopes to provide current and future audiology students with opportunities for advanced learning and professional development in the field of audiology through the use of journal club, community outreach projects, and collaboration with the U of M NSSLHA chapter.
- E. Tennessee Association of Audiologists and Speech-Language Pathologists (TAASLP)
Students are encouraged to become (student) members of TAASLP. This organization meets once each year for a three-day meeting which features outstanding speakers. Additional information about this organization may be obtained from the TAASLP website.
- F. National Black Association for Speech-Language and Hearing (NBASLH)
The National Black Association for Speech-Language and Hearing is the premier professional and scientific association addressing the communication interests and concerns of Black communication science and disorders professionals, students and consumers. The association is the model for other organizations addressing the concerns of diverse populations.
- G. Memphis NBASLH Area Affiliate Chapter
The Memphis Area Affiliate of the National Black Association for Speech-Language and Hearing was founded in 2021 by a group of CSD students, faculty, and alumni of the University of Memphis as well as CSD professionals in the Memphis area. All students who support the goals of NBASLH and the Memphis Affiliate Chapter may become

members. Members of the Memphis Area Chapter are involved in interdisciplinary education efforts, philanthropy and building community partnerships toward achieving the goals of the NBASLH organization.


H. CSD Students to Raise Inclusivity, Diversity, and Equity (STRIDE)

CSD STRIDE is to be a welcoming and inclusive group, providing support to all members of the Memphis CSD community with a focus on celebrating differences, expressing oneself with creativity, and inclusion of all persons regardless of race, creed, or culture. CSD STRIDE was founded in 2022 by a group of CSD students who realized a need to increase and become more aware of diversity in our programs and subsequently in our professions. This student group provides peer-level support to all students. Members of this student group are involved in various activities including hosting a presentation on Spanish-English Bilingualism in honor of Hispanic Heritage month.



**School of Communication
Sciences & Disorders
The University of Memphis**

Academic and Clinical Education

Policy Number	E-A-102
Effective Date	September, 2017
Supersedes Date	October, 2013
Review Date	May 2025
Approval	

SUBJECT: Clinical Practicum in Audiology

POLICY: All AuD Audiology students involved in clinical practicum will enroll in the course A USP 8104, *Clinical Experience in Audiology*, during each semester of full-time graduate study. A grade of less than 2.0 in clinic practicum will mandate a review within the School and may be grounds for dismissal. Students must obtain a “B” (3.0) or better in their last two semesters prior to their externship. A maximum of 24 semester credit hours of A USP 8104 may be counted toward the degree requirements.

PROCEDURE:

I. Description of A USP 8104

This course includes a class scheduled for 1-3 hours per week and a supervised clinical practicum in audiology. The content of the class varies by semester. Attendance and participation in this class is required of all students enrolled. Grades in this course will be computed on the basis of class participation and assignments, practicum performance and professionalism. Students will have the responsibility for biological calibration of audiological equipment, hearing aid drop-off box, and a minimum of two clinical appointments per week every semester during which they are enrolled in 8104. Third year AuD students may have different requirements for 8104.

II. Clinical Experiences - On and Off Site

A. On Site Clinical Experiences

1. Students will be initially placed in on-site clinical experiences supervised by University of Memphis clinical faculty. Basic clinical concepts and procedures will be stressed.

B. Off-Site Clinical Experience

1. New off-site clinical training facilities will be evaluated based on the following.

- a. Clinical credentials of offsite clinical educators.
 - b. Clinical experience of offsite clinical educators.
 - c. Local, regional, and national reputation of offsite clinical educators.
 - d. Demonstrated history of clinical case load at the facility.
 - e. Evaluation of clinical facilities for currency of practice.
 - f. Ancillary experience available to the student.
2. Continuing evaluations of the facility will be through Typhon evaluations of caseloads, supervisory hours, and student evaluations.

III. Clinical Assignments

A. Clinical Practicum

1. Students will be assigned 6-12 hours of patient contact per week for A USP 8104 unless the student needs or requests additional hours to complete requirements. Students holding assistantships may be assigned additional clinical responsibilities.
2. Students begin their clinical practicum by observing in the clinic. A minimum of 10 hours of observation must be met and a goal of 25 hours is suggested. After these observation hours have been completed, the student will be assigned to participate in some aspect of patient contact at the discretion of the Director of Clinical Education in Audiology.

B. Progression of Assignments

1. Each semester the clinic director meets with the student to discuss his/her past clinical placements and plan for the future assignments. The goal is that all students have exposure to multiple types of settings; experience across the scope of practice; with a wide range of diverse ethnic and cultural backgrounds; and across the life span.
2. Clinical assignments should follow a systematic knowledge- and skill-building sequence in which basic course work precedes or is concurrent with practicum as much as possible. Preparation may consist of the formal courses in the AuD curriculum, laboratory assignments, readings, and supplemental workshops as part of A USP 8104.
3. Students are placed with a member of the University's faculty in their second semester. These placements are typically in a basic pediatric or adult hearing evaluation clinic.

4. The Director of Clinical Education in Audiology tracks each student's coursework and previous clinical experiences to ensure that a student is prepared for the current assignment. During orientation, prior to the beginning of a semester, the faculty meet with their assigned students to present an overview of the clinic and general information regarding their placement. All clinical faculty and students participate in weekly grand rounds. If a student is assigned to a clinical experience that involves an area which he/she has limited academic preparation, the clinical faculty member is advised in advance so that additional instruction can be provided. Students may be given reading assignments to prepare for the experience.
5. Off-site placements are based on the recommendation of the clinical faculty and the prerequisite coursework and experiences specified by the professionals at the off-site facility.

C. Responsibilities in Audiology Practicum

1. Colleagues, whether faculty members or fellow students, should always be introduced to patients.
2. Students are expected to be ready to see patient at the scheduled appointment time with all necessary paperwork and equipment preparation completed. They are to remain in the clinic for the entire block of hours scheduled. If a patient does not show up, the student may be assigned other duties by the faculty member. If for some reason a patient is not scheduled during a student's regular clinic time, the student is still expected to be available unless dismissed by the faculty member.
3. Students are not required to attend offsite placements during University breaks/holidays, during the Mid-South Conference, on religious holidays, or on the day of the benchmark and comprehensive exams. For any other absences (illness, appts, inclement weather, car trouble, etc.), the offsite supervisor and clinic director must be informed, and the student is required to attempt to make up the time that is missed.
4. If a student becomes ill and cannot see onsite patients, it is the student's responsibility to notify the responsible faculty member as far in advance as is possible and to arrange for a substitute clinician. At the beginning of each semester, students are encouraged to identify other student clinicians who could back-up their clinics. If this is not possible, the responsible faculty member will cover the evaluation. Cancellation of the patient is not preferred, but it may be necessary to reschedule the appointment.

5. Students are responsible for returning equipment to the proper area immediately after use and for sanitizing toys and cleaning up the test suites after each appointment.
6. Reports are to be turned in to the responsible faculty member by the close of two working days following the evaluation, unless it is a pediatric evaluation report, which is due in 24 hours. Corrected reports are to be returned to the responsible faculty member within 24 hours after they are received. If a patient is returning for further evaluation soon, the report should be written as fully as possible and include an explanation, stating exactly why the patient is returning and what testing is to be done.

D. Practicum in Clinical Education

1. Occasionally an experienced student may be given the opportunity to assist a faculty member in the clinical education process. The responsibilities that may be assigned to the student include demonstration of clinical techniques and other areas of supervisory management.
2. A student will not be asked to offer a final clinic rating of another student.
3. Only the hours of clinical demonstration will be counted toward ASHA requirements, unless the student is actively involved in the clinical session, for example a pediatric evaluation.
4. When a faculty member wishes to provide a student with this experience, a proposal defending its appropriateness must be presented to the Director of Clinical Education in Audiology.

IV. Evaluation of Students

A. Daily/Weekly Evaluations

All students will be scheduled for individual or group conferences with their faculty members each week. Students' clinical performance, client staffing, etc., may be discussed at that time.

B. Mid-Semester and Final Evaluation Procedures

Each student will have the opportunity to meet with his or her faculty member at mid-term time and at the end of the semester. The student's performance in clinic to date will be discussed. In addition, each student may meet with the Director of Clinical Education in Audiology, if necessary. Students must plan to be available for meetings through the end of the exam period.

C. Grading for A USP 8104

1. A USP 8104 grades will be computed on criteria specific to each section. These criteria will be discussed in each class section at the beginning of each semester.

Additional criteria for course participation, assignments and professional behavior expectations will apply (please refer to the clinical competencies in Appendix I-D).

2. External off-site preceptors will be asked to give students a rating and/or a letter grade. The grade can influence a student's final clinic grade. The Director of Clinical Education in Audiology will assign a final clinic grade for each student enrolled in clinical practicum in conjunction with the clinical faculty.

3. Areas of Evaluation

Each faculty member will evaluate the clinical performance of the students whom they supervise. A clinical competency rating will be determined for each student enrolled in clinical practicum (please refer to Audiology Clinical Competencies in Appendix I-D). The competency ratings are based on a student's performance in:

- a. Professionalism (self-evaluation, accountability, time management, interaction skills);
- b. Report Writing/Charting Skills – timeliness, content, form and use;
- c. Diagnostic Skills – performance of test protocol, interpretation and case management;
- d. Rehabilitative Skills - preparation, intervention strategies, management strategies, data collection; and
- e. Counseling Skills – case history taking, informational counseling, active listening, ability to answer client questions, etc.

4. Quantitative Measures

The "Rating Scale" provides a quantitative measure of student performance, gives students information regarding their areas of strength and challenge, monitors improvement, and provides supporting information for the final grade. Ratings describe clinicians who have limited clinical competence and/or need extensive support, as well as clinicians who are relatively competent and independent in various clinical areas.

5. Rating Scale

- 5 = demonstrates competence and independence in all aspects of clinical assignment; asks questions that reflect application and expansion of academic/clinical knowledge and experience; example: “I have noticed this problem, and this is how I’d like to handle it.”
- 4 = demonstrates high skill levels with most aspects of clinical assignment; requires minimal supervision and support; needs limited direction and minimal repetition or further clarification in order to problem solve; asks questions that reflect application of academic knowledge and experience; example: “I have noticed this problem, and these are some possible solutions. Which one should I try first?”
- 3 = demonstrates acceptable skill levels with most aspects of clinical assignment; requires moderate supervision and support; needs moderate direction/instruction; may need clarification and follow-up of presented ideas; demonstrates emerging problem-solving skills; example: “I’ve noticed this problem. What should I do?”
- 2 = demonstrates acceptable performance; requires extensive, specific direction and feedback; needs demonstration, considerable discussion, or role-play in order to learn and make changes; example: “What do I do?”
- 1 = demonstrates unacceptable performance; unresponsive and/or unable to make changes given extensive feedback

Note: These ratings are a descriptive measure and are not based on a percentage of compliance in a section.

6. Level of Experience

When assigning grades, the “Level of Experience” chart is used to adjust for beginning clinicians with few experiences compared to those clinicians who have had a variety of clinical assignments and accumulated numerous clinical hours.

Hours	A	A-	B+	B	B-	C+	C	C-	D
0 – 135	≥3.0	2.8 - 2.99	2.6 - 2.79	2.5 - 2.59	2.3 - 2.49	2.1 - 2.29	2.0 - 2.19	1.99	1.89
136 – 270	≥3.5	3.3 - 3.49	3.1 - 3.29	3.0 - 3.09	2.8 - 2.99	2.6 - 2.79	2.4 - 2.59	2.39	2.29
271 - 400	≥4.0	3.8 - 3.99	3.6 - 3.79	3.5 - 3.59	3.3 - 3.49	3.1 - 3.29	3.0 - 3.19	2.99	2.89
401+	≥4.5	4.3 - 4.49	4.1 - 4.29	4.0 - 4.09	3.8 - 3.99	3.6 - 3.79	3.5 - 3.49	3.49	3.39

7. To Determine the Final Grade
 - a. Average the ratings in the four–five areas of competence.
 - b.
 - c. Multiply the average by the number of 30-minute units (the number of clinic clock hours the student is assigned to the clinical faculty member each week).
 - d. Add all values for each clinical faculty member working with the student to calculate a total score.
 - e. Divide the total score by the total number of units.
 - f. Determine the student’s total hours to date (undergraduate practicum excluded).
 - g. Use the “Level of Experience” chart to convert the final rating to a letter grade. A “+ / -” grading system applies.

Session Evaluation of Student’s Clinical Performance
AUSP 8104 Clinical Experience in Audiology

Student’s Name: _____
Clinical Faculty: _____

Date: _____
Clinic: _____

Student’s Academic Year

1st 2nd 3rd

Semester _____

Professionalism	Score	Audiological Testing	Score
Preparation		Instructions	
Self-Evaluation		Test Protocol	
Motivation		Use of Equipment	
Interpersonal Skills		Interpretation	
Timeliness		Case Management	

Counseling	Score	Amplification	Score
Active Listening		Test Protocol	
Informational Counseling		Troubleshooting	
Case Management		Interpretation	

Documentation	Score	Special Testing	Score
Appropriate Terminology		Knowledge/Foundations	
No Typo’s or grammatical errors		Test Protocol	
Information is accurate, complete and concise		Interpretations	
Pertinent information is communicated		Case Management	
Follows proper HIM procedures			

Comments:



Clinical Performance is considered:
Sum of all scores: _____

Overall Performance:

Excellent Good Satisfactory Unsatisfactory

Clinical Faculty Signature

Date

Student's Signature


Date

If performance is rated unsatisfactory, a remediation plan may be necessary. Please contact the Director of Clinical Services in Audiology to set up a meeting with the student, clinic director and preceptor to develop and initiate a plan for improving the student's clinical performance



**School of Communication
Sciences & Disorders
The University of Memphis**

Academic and Clinical Education

Policy Number	E-A-103
Effective Date	July 23, 2019
Supersedes Date	August 9, 2012
Review Date	May 2024
Approval	

SUBJECT: Clinical Practicum Requirements in Audiology

POLICY:

All Doctor of Audiology (AuD) students will meet clinical practicum requirements for the Certificate of Clinical Competence in Audiology (CCC-A) based on current certifications standards from the Committee for Clinical Certification (CFCC) through the American Speech-Language-Hearing Association (ASHA) and/or the American Board of Audiology (ABA), as well as any additional practicum required for a State of Tennessee license, and any additional practicum designated by the School of Communication Sciences and Disorders at the completion of the program.

PROCEDURE:

I. Practicum Requirements

- A. Clinical practicum experience will occur throughout the 4-year (typical) graduate program.
- B. Practicum experience requires supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes as listed in Standard IV of the 2020 Certification Handbook of ASHA by the Council for Clinical Certification. It is anticipated that a minimum of 2000 hours will be needed to meet these outcomes. Hours completed under a clinical educator who holds the Certificate of Clinical Competence in Audiology will ensure eligibility for either ASHA or ABA certification. The clinical requirement for our program is typically 2000 hours. A student will acquire a large quantity of hours through direct contact with patients/clients, interprofessional education and practice, and non-contact activities such as consultation, record keeping, and administrative duties relevant to Audiology service delivery. The bulk of the 2000 hours is accrued during the fourth-year externship when a student's entire workday is dedicated to providing clinical services.
- C. The content and quality of clinical experiences during the first three years, as well as the 4th year externship, are coordinated and monitored by the Director of Clinical Education in Audiology. The goal is to assure that a student not only meets or exceeds certification requirements but has obtained sufficiently diverse clinical experiences to meet the

expected competency levels for typical off-site rotations, the 4th year externship, and employers.

- D. Students must obtain a variety of clinical practicum experiences in different work settings and with different populations to capably demonstrate skills across the scope of practice in audiology.
- E. Students will obtain clinical observation hours at the University of Memphis even if observation hours have been obtained elsewhere. Observation is typically completed during a student's first semester. Exceptions may be made to this at the discretion of the Director of Clinical Education in Audiology.
- F. Additional clinical experiences may be required to meet a particular state's unique licensing requirements. It is the students' responsibility to investigate the licensure laws of states where they may seek employment, and to inform the Director of Clinical Education in Audiology in advance, to provide sufficient time to arrange the necessary clinical experiences.
- G. Supervision of students must be sufficient to ensure the welfare of the patient and the student in accordance with AAA and ASHA's code of ethics.
- H. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate and improve performance to develop clinical competence. The amount of supervision must be appropriate to the student's level of training, education, and competence. The amount of supervision provided to each student must reflect the specific needs of the student clinician and the individual who is receiving services.
- I. All clinical faculty/preceptors on-site hold current ASHA CCC-A certification. Majority of the off-site preceptors also hold current ASHA CCC-A certification. For preceptors who do not hold current ASHA CC-A certification, this is documented and recorded, and may fulfill a unique need such as unique clinical experience(s).
- J. Clinical practicum experiences must be within the ASHA and AAA scope of practice for Audiologists to count towards certification.
- K. Students will obtain a minimum of 10 hours of screening individuals for disorders in speech-language pathology (SLP). These hours are typically obtained by assignment to an SLP screening program. Further, SLP screening hours may be obtained during Audiology clinic assignments (both on-site and off-site) when such screening is deemed necessary as part of the audiological examination.

- L. Students will obtain a minimum of 125 direct contact clock hours under the supervision of University of Memphis Clinical Audiology Faculty.



**School of Communication
Sciences & Disorders
The University of Memphis**

Academic and Clinical Education

Policy Number	E-SLP-102
Effective Date	July 30, 2009
Supersedes Date	July 30, 2006
Review Date	May 2025
Approval	

SUBJECT: Clinical Practicum in Speech-Language Pathology

POLICY: All SLP students involved in clinical practicum will enroll in AUSP 7200, Introduction to Clinical Practice in Speech-Language Pathology, in their first semester and AUSP 7208, Clinical Experience in Speech Pathology, in each subsequent semester of full-time graduate study. The cumulative grade of the first two semesters of clinical practicum (7200/7208) must be a B- (2.67) or greater. A cumulative clinic grade for the last five semesters must be at least 3.00. Students must obtain a B (3.00) or better in each of their last two semesters. Also, satisfactory acquisition of knowledge and skills for certification as prescribed by the American Speech-Language-Hearing Association is required. A minimum of 14 semester credit hours of AUSP 7200/7208 may be counted toward the 60-hour degree requirement.

PROCEDURE:

I. Description of A USP 7200 and A USP 7208/8208

These courses consist of a weekly class and a supervised clinical practicum in speech-language pathology. The content of the courses includes the theory of therapeutic process, policies and procedures of the Memphis Speech and Hearing Center, scope of practice, ethics, assessment, family/parent counseling, public school law, and professional issues. Attendance and participation in these classes are required. Grades in these courses include both class and practicum participation and performance.

II. Clinical Assignments

A. Clinical Practicum

Students are assigned a minimum of 6 hours of client contact each week for A USP 7200 and a minimum of 9 hours a week for A USP 7208/8208. Additional hours may be assigned to complete total clock hour requirements or competency and skill. A student may request additional clinical assignments.

1. An attempt is made to give students an intensive diagnostic practicum of two diagnostic appointments per week; fulfilling 4-5 hours of their weekly A USP 7208/8208 practicum requirement.
2. Students holding graduate assistantships are assigned responsibilities according to the terms of their contract which can include up to 10 hours a week of additional client contact.

B. Progression of Clinical Assignments

1. Each semester the director of clinical education meets with the student to discuss their past clinical placements and plan for future assignments. The goal is for all students to have experience with prevention, assessment and treatment of disorders across the scope of practice and the lifespan; experience with diverse ethnic and cultural backgrounds; and exposure to multiple types of settings.
2. Clinical assignments should follow a systematic knowledge and skill-building sequence in which basic course work precedes or is concurrent with practicum as much as possible. Preparation may consist of the formal courses in the SLP curriculum, laboratory assignments, and supplemental workshops as part of A USP 7208.
3. Students are placed with a member of the University's clinical faculty in their first semester of clinic. Typical first placements are with young children with language and speech disorders and/or the Adult Services for Standard English Training (ASSET) program.
4. Students with an undergraduate degree in communication disorders may be placed with clients with more complex disorders if they have had preparatory undergraduate coursework, clinical experiences, or are

taking concurrent coursework that provides knowledge of the disorder.

5. Students who have undergraduate degrees in other fields of study obtain 25 observation hours in their first semester. Those who have had coursework in related areas (i.e., education or linguistics) may participate in the ASSET program in their first semester.
6. The Director of Clinical Education in Speech-Language Pathology tracks each student's coursework and previous clinical experiences to ensure that a student is prepared for the current assignments. During orientation, before the beginning of a semester, the faculty meet with their assigned students to present an overview of the clients' needs and general information regarding the disorders they will be seeing.
7. All clinical faculty meet with their students weekly to discuss the plans for assessment or treatment as well as provide education regarding the clients' disorders. If a student is assigned to a clinical experience that involves disorders for which he/she has limited academic preparation, the clinical faculty member is advised in advance so that additional instruction can be provided. Students may be given reading assignments to prepare for the experience.
8. The assignment of students to external practicum takes into consideration the recommendation of the clinical faculty and the prerequisite coursework and experiences specified by the professionals at the off-site facility.

C. Student Responsibilities

1. Students are expected to be prepared to see their client at the scheduled appointment time with all necessary paperwork and equipment preparation completed. They are to remain in the clinic for the entire block of hours scheduled. If a client does not show up, the student may be assigned other duties by the faculty member. If for some reason a client is not scheduled during a student's regular clinic time, the student is still expected to be available unless dismissed by the faculty member.
2. Students are not required to attend offsite placements during University breaks/holidays, during the Mid-South Conference, on religious holidays, or on the day of the benchmark and comprehensive exams. For any other absences (illness, appts, inclement weather, car trouble, etc.), the offsite supervisor and clinic director must be informed, and the student is required to attempt to make up the time that is missed.
3. If a student becomes ill and cannot see onsite patients, it is the student's responsibility to notify the responsible faculty member as far in advance as possible and to arrange for a substitute clinician. At the beginning of each semester, students are encouraged to identify other student clinicians who could back-up their clinics. If this is not possible, the responsible faculty member will cover the session. Cancellation of the client is not preferred, but it may be necessary to reschedule the appointment.

4. Students are responsible for returning equipment and materials to the proper area immediately after use and for sanitizing toys ([Phys-309](#)) and cleaning up the session room after each appointment.

D. Objectives for SLP Students in Audiology Clinic

1. Students will be expected to demonstrate competency in screening hearing of individuals (children and adults) who can participate in conventional pure-tone air conduction methods. Students may become competent in screening for middle ear pathology through screening tympanometry for referral of individuals for further evaluation and management.
2. Students will demonstrate an understanding of the interpretation of an audiogram and the procedures for gathering case history information.
3. Students will be given opportunities to provide services to individuals with hearing loss and their families/caregivers (e.g., auditory training; speech reading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of trouble shooting, including verification of appropriate battery voltage).

E. Practicum in Clinical Education

1. Occasionally an experienced student may have the opportunity to assist a faculty member in the clinical education process. The responsibilities assigned to the student may include demonstration of therapy techniques and other areas of supervisory management.
2. A student will not evaluate another student.
3. When a clinical faculty member wishes to provide a student with this experience, a proposal defending its appropriateness is presented to the Director of Clinical Education in Speech-Language Pathology.
4. Only the hours of demonstration therapy will be counted toward ASHA requirements.
5. The certified clinician must meet ASHA's minimum observation requirements for the student clinician providing direct services.

III. Clinical Education – Observation and Instruction

- A. The clinical faculty use the Continuum of Supervision (Anderson, 1988) as a guide regarding the amount of time and approach to supervision. The ultimate goal is for the student to acquire independence at the end of each semester with his/her assigned clients and confidence to practice professionally by the end of the program. The exception is when students work with clients covered by Medicare, and those require 100% in the room supervision.

- B. Observation and intervention on the part of the clinical educator can vary based on the skill level of the student and the complexity of the client's concerns. Assessment sessions are typically observed 100% to ensure that the procedures are accurate and the client and family receive a clear explanation of the diagnosis and recommendation. Clients with significant behavior issues are monitored more closely to ensure safety for both the client and the student.
- C. Students and educators meet regularly to discuss the progress of their clients and plan sessions. Students are encouraged to initiate and contribute to the discussion regarding the planning and provision of services at the expected level of their knowledge and skills. The educator or student can request and schedule additional time as needed.

IV. Evaluation of Clinical Competency

A. Daily/Weekly Evaluations

1. The clinical faculty member will provide verbal and/or written feedback to students throughout the semester.
2. Students receive feedback on a regular basis regarding their performance in the clinic. These can be in individual or group conferences each week with their clinical faculty member or a general debrief after a session. Additional meetings with the faculty member may be requested as needed.

B. Mid-Semester and Final Evaluation Procedures

1. Each student will have the opportunity to meet with his or her faculty member at mid-term time and at the end of the semester. The student's performance in clinic to date will be discussed. In addition, each student may meet with the Co-Directors of Clinical Education in Speech-Language Pathology, if necessary. Students must plan to be available for meetings through the end of the exam period.

C. Grading for A USP 7200 & A USP 7208

1. Participation and completion of A USP 7200/7208 class assignments are factored into overall grade.
2. External off-site preceptors will be asked to give students a rating based on the Areas of Evaluation listed below. The grade can influence a student's final clinic grade. The Co-Directors of Clinical Education in Speech-Language Pathology will assign a final clinic grade for each student enrolled in clinical practicum in conjunction with the clinical faculty.

3. Areas of Evaluation

Each faculty member will evaluate the clinical performance of the students whom they supervise. A clinical competency rating will be determined for each student enrolled in clinical practicum (please refer to Speech-Pathology Clinical Competencies in Appendix I-C). The competency ratings are based on a student's performance in:

- Intervention
- Evaluation
- Oral and Written Communication
- Clinical Interaction
- Professionalism

4. Rating Scale

The Rating Scale provides a quantitative measure of student performance, gives students information regarding their areas of strength and challenge, monitors improvement, and provides supporting information for the final grade. Ratings describe clinicians who have limited clinical competence and/or need extensive support, as well as clinicians who are relatively competent and independent in various clinical areas.

Rating Scale	Student Clinician Performance	Clinical Educator Support
1	<p>Skill Not Evident: Skill not evident or is implemented with difficulty. Student does not implement feedback to effectively change their behavior. Demonstrates incomplete understanding of clinical disorder/process. Observes & assists instructor. Difficulty focusing on client's/patient's needs.</p>	<p>Maximum Instruction: Direct instruction, background information, and demonstration is necessary most of time. Patient service is provided by clinical educator.</p>
2	<p>Emerging Skill: Student occasionally implements feedback to effectively change their behavior. Needs instruction to modify skill. Implements skill if previously discussed or modeled. Focused primarily on own needs and performance and less so on patient needs. Limited self-evaluation skills.</p>	<p>Constant Direction: Helps student understand relevant client/patient needs majority of time. Clarifies priorities. Some assistance and/or demonstration is needed during appointment. Provides post-appointment input to facilitate appropriate follow-up. Facilitates student self-evaluation.</p>
3	<p>Inconsistent Skill: Skill is in development. Implemented appropriately but inconsistently. Student does not independently modify behavior during session. Post-appointment, student aware of need to modify behavior, and able to identify some solutions, but may not use optimal methods.</p>	<p>Ongoing Guidance: Oversees appointment plan. Occasional input needed during appointment to ensure accurate, appropriate, and optimal services. Focus on increasing student awareness of when and how to improve the skill. Instruction frequently required to facilitate understanding of patient needs.</p>

4	<p>Consistent with Occasional Prompts: Skill implemented appropriately most of the time. Working on refining skill (i.e., increased consistency, efficiency, or effectiveness). During appointment student is aware of need for change and modifies behavior some of time. Initiates new suggestions some of the time.</p>	<p>Intermittent Prompting: Monitors student performance and plans. Gives prompts regarding patient needs and possible alternatives to consider some of time. Seldomly intervenes during appointment.</p>
5	<p>Consistent & Capable: In most situations, implements skills consistently and proficiently. Student modifies behavior as needed. Demonstrates independent clinical problem solving. Generates accurate self-evaluation.</p>	<p>Collaborative Input: Clinical educator confirms student hypotheses and plans most of the time. Collaborates with student regarding patient needs and suggests alternative areas to consider some of the time. Promotes student independence. Does not need to intervene during an appointment.</p>

Note: These ratings are a descriptive measure and are not based on a percentage of compliance in a section.

5. Level of Experience based on Semester

When assigning grades, the Level of Experience is taken into consideration, primarily based on the number of semesters of clinic the student has completed.

The only exception is that Professionalism expectations are the same regardless of the number of semesters of clinic the student has completed.


Semester	A	A-	B+	B	B-	C+	C	F
1	3 or above	2.8-2.99	2.6-2.79	2.5-2.59	2.3-2.49	2.1-2.29	2.0-2.09	Below 2.0
2	3 or above	2.8-2.99	2.6-2.79	2.5-2.59	2.3-2.49	2.1-2.29	2.0-2.09	Below 2.0
3	3.5 or above	3.3-3.49	3.1-3.29	3.0-3.1	2.8-2.99	2.6-2.79	2.5-2.59	Below 2.5
4	4 or above	3.8-3.99	3.6-3.79	3.5-3.59	3.3-3.49	3.1-3.29	3.0-3.09	Below 3.0
5	4.5 or above	4.3-4.49	4.1-4.29	4.0-4.1	3.8-3.99	3.6-3.79	3.5-3.59	Below 3.5
Professionalism	No Concerns	Minor Concerns	Significant Concerns	Significant Concerns	Significant Concerns	Significant Concerns	Significant Concerns	Significant Concerns

6. If a clinical faculty member has serious concerns regarding a student's skills at any point in the program, an [Areas of Study Requiring Attention form](#) is initiated.



School of Communication
Sciences & Disorders
The University of Memphis

Academic and Clinical Education

Policy Number	E-SLP-103
Effective Date	August 19, 2012
Supersedes Date	July 30, 2009
Review Date	May 2024
Approval	

SUBJECT: Clinical Practicum Requirements in Speech-Language Pathology

POLICY: All MA Speech-Language Pathology students are required to meet ASHA's clinical practicum requirements for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), state licensure, and additional practicum designated by the School of Communication Sciences and Disorders. PhD students wishing to obtain clinical certification must also meet these requirements.

PROCEDURE:

I. Practicum Requirements


- A. ASHA certification standards are described at <https://www.asha.org/certification/2020-slp-certification-standards/>.
- B. A minimum of 400 clock hours of supervised clinical experience is required, 375 of which must be spent in direct client/patient contact and 25 spent in clinical observation. All clock hours included in the 400 must be within the scope of practice for speech-language pathology.
- C. At least 325 of the 400 required practicum hours must be completed while engaged in graduate study. No more than 75 practicum hours can be counted from an undergraduate program.
- D. Students will obtain clinical experiences to prepare them to diagnose and treat communication disorders and differences across the scope of practice of speech-language pathology. Clients will include children and adults from culturally/linguistically diverse backgrounds. Experiences will be obtained in various work settings.

- E. Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice and hold the appropriate state license. The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence with a minimum of 25% direct observation of the student's total contact with each client. This direct observation should take place periodically throughout the practicum to ensure the welfare of the client.
- F. Upon graduation, students "must possess skill in oral and written or other forms of communication sufficient for entry into professional practice" (ASHA, 2017).
- G. Additional practicum requirements for the School of Communication Sciences and Disorders include:
 - 1. At least 125 clock hours of the total 400 are to be obtained under the direct supervision of the faculty at The University of Memphis.
 - 2. A minimum of fifteen (15) hours in treatment/evaluation/prevention of voice disorders.
 - 3. A minimum of fifteen (15) hours in treatment/evaluation of fluency disorders.
 - 4. A minimum of twenty (20) hours in hearing management and hearing screening, with some experience in both areas.
 - 5. It is the student's responsibility to investigate the licensure laws of states that he/she may seek employment in and inform the Director of Clinical Education in Speech-Language Pathology in sufficient time to arrange clinical experiences to meet that state's unique requirements during the student's graduate experience at the University of Memphis.
 - 6. Students who are placed at an external practicum site should be assigned a minimum of one client under the direct supervision of a faculty member at the University of Memphis.
 - 7. Students must complete a minimum of one semester in a diagnostic practicum under the direct supervision of a faculty member at the University of Memphis.
 - 8. A detailed list of roles and responsibilities of the clinical faculty and student is listed in Appendix I-L. A description of the progression of clinical experiences and expectations for each semester is listed as well.



School of Communication
Sciences & Disorders
The University of Memphis

Academic and Clinical Education

Policy Number	E-109
Effective Date	August 2012
Supersedes Date	September 2006
Review Date	May 2025
Approval	

SUBJECT: Reporting Clinic Clock Hours

POLICY: All students are responsible for recording clinic clock hours accurately according to ASHA guidelines on a weekly basis.

PROCEDURE:

I. Recording Hours

Students record hours weekly in the AHST Typhon System. A window of seven (7) days is allowed to enter hours. If hours are not logged within that period, the student may lose the ability to enter the hours.

II. Clock Hour Approval

Clock hours are confirmed and approved throughout the semester by the clinical faculty and external preceptors on Typhon.

III. Archiving Records

- A. A copy of a student's total clock hours is placed in the individual student's academic electronic file which is archived on the School's protected server upon graduation.
- B. It is recommended that students archive their clock hours separate from the Typhon system at the end of each semester and upon graduation. Students will have access to the Typhon database for five years after graduation.
- C. The University of Memphis is only required to maintain student records for five (5) years. It is **STRONGLY** suggested that clock hours be kept by the student in a safe place for perpetuity.

IV. Logging Speech-Language Pathology Hours

- A. Only direct contact with the client or the client's family in assessment, management, and counseling can be counted toward practicum. Preparation for sessions, chart review, and report writing **cannot** be counted as clock hours.
- B. When more than one student is **actively** participating in group therapy, i.e., directing the activity, modeling, keeping data and assisting in group management, all hours of clinical contact will be counted toward ASHA requirements. When a student is observing a group or individual session, these hours do not count as direct contact.
- C. When more than one student is participating in a Speech/Language diagnostic, the primary clinician counts the hours unless the one assisting is **actively** participating in data collection, test administration, or engaging the client.
- D. The clinical hours are verified by the faculty member supervising the session throughout the semester to ensure their accuracy.
- E. A hard copy of the accumulated hours and totals by disorder is sent to the student after graduation.

V. Logging Audiology Hours

When more than one student is participating in an audiology diagnostic, only the primary student (the student actually testing) may count the hours unless both are involved directly, for example, a pediatric session involving VRA testing. Also, audiology students (AuD) may count hours spent during the workday on such activities as consultation, record keeping, and administrative duties. Therefore, in the example given above regarding two students participating in an evaluation, only the primary clinician may count the direct contact hours, but the secondary clinician may count the hours as consultation. Both students may count time spent in consultation, record keeping, and other related administrative duties. See the Director of Clinical Education in Audiology for clarification and details and/or policy E-A-102 and E-A-103 for further clarification.


VI. Questions

When a student has a question regarding the appropriate way to categorize specific hours, the appropriate Director of Clinical Education or the supervising faculty member should be consulted.



School of Communication
Sciences & Disorders
The University of Memphis

Academic and Clinical Education

Policy Number	E-111
Effective Date	August 8, 2012
Supersedes Date	Sept 7, 2001
Review Date	May 2025
Approval	

SUBJECT: Student Evaluations of Clinical Educators

POLICY: The students' evaluation and feedback of the faculty's supervisory and professional skills is required at the end of each semester and is encouraged to be an ongoing process throughout the semester.

PROCEDURE:

I. Orientation

- A. The faculty member and student will discuss each other's expectations and goals for the semester about learning and instruction.
- B. Students will be referred to the Student Evaluation of Clinical Educator Competency Form ([Appendix I-B](#)) as a guide to identify areas to consider when assessing supervisory skills.

II. The Process of Evaluation

- A. The student will be asked to evaluate his/her clinical faculty each semester. The evaluation is a process that continues throughout the semester.
- B. At mid-term, a meeting is scheduled for the student to provide specific information to the faculty member regarding his/her teaching and provide suggestions for change if applicable. The evaluation is presented in a face-to-face meeting. This evaluation is typically provided verbally; however, the faculty member has the discretion to request that it be submitted in writing.
- C. Both the student and the faculty member have the responsibility to give honest and accurate feedback and address issues as they arise throughout the semester.
- D. At the end of the semester, SLP students will submit their signed evaluation (Appendix I-B) to the clinic director prior to the last day of clinic. The evaluation is then shared with the faculty member after clinic grades have been distributed to the students.

- E. **All students** are asked to complete an anonymous evaluation for each faculty member with whom they work in the semester. This is completed on Typhon, and the results are available for review by the faculty member.
- F. Evaluations of off-site supervisors are completed on the Typhon system and shared with the supervisor at the discretion of the clinic director.
- G. It is important that the information included in the evaluations has been addressed at some point in the semester with the supervisor so that they have the opportunity to discuss and revise their teaching with the student before the end of the semester.

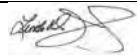
III. Difficult Evaluations

- A. If at any time a student is concerned about how to address an issue or is concerned about his/her interactions with a clinical faculty member, they can discuss the matter with the appropriate Director of Clinical Education. If the Director of Clinical Education is the supervising clinical faculty member, then the student is encouraged to seek out counsel from a trusted member of the faculty. The conversation will be kept in strict confidence. The goal of the meeting will be to find a way for the student to address the issue directly with the clinical faculty member.
- B. Students are encouraged to seek counsel on how to address difficult issues early in the semester so that the optimal learning environment can be established.



School of Communication
Sciences & Disorders
The University of Memphis

Academic and Clinical Education

Policy Number	E-116
Effective Date	September 20, 2022
Supersedes Date	February 28, 2018
Review Date	May 2024
Approval	

SUBJECT: Documentation of Academic and Clinical Competencies for ASHA Certification

POLICY: Academic and Clinic Advisors are responsible for recording the courses and clinical experiences completed by each student. Students are encouraged to track their mastered competencies as they progress through the program as well.

PROCEDURE:

I. Knowledge and Skills Outcomes

The knowledge and skills are found in the CSD Handbook by CAA Standards speech-language pathology ([Appendix I-G](#)) and audiology ([Appendix I-I](#)) and CFCC Standards by course (SLP [Appendix I-H](#), AuD [Appendix I-J](#)). These list the standards for the ASHA Certificate of Clinical Competence in both professions and the courses that meet each standard. Each faculty member determines the knowledge and skills covered in the course and the method that competencies are assessed. Knowledge and skills are tracked by the academic advisor for each student and are reviewed each semester with the advisor. The documentation of clinical skills is tracked by the Directors of Clinical Service.

II. Areas of Study Requiring Attention Form

It is possible for a student to make a passing grade in a course/practicum and still not meet all the competencies covered in the course satisfactorily. If this is the case, the instructor will initiate an Areas of Study Requiring Attention plan ([Policy E-117](#))

III. Clinic Hours

Clinic clock hours are logged in the Typhon system ([Policy E-109](#)).


IV. Standards for Clinical Verification by Program Director

The student's Academic Advisor and the appropriate Director of Clinical Education confirm all knowledge and skills at graduation. The Standards for Clinical Certification Verification by Program Director form is initiated through the ASHA portal by the applicant and signed electronically by the Dean.



School of Communication
Sciences & Disorders
The University of Memphis

Academic and Clinical Education

Policy Number	E-117
Effective Date	September 17, 2019
Supersedes Date	July 30, 2010
Review Date	May 2023
Approval	

SUBJECT: Areas of Study Requiring Attention (ASRA)

PURPOSE: Upon graduation, students intend to obtain the ASHA Certificate of Clinical Competence (CCC) in either Audiology or Speech-Language Pathology. To achieve this certification, a student must demonstrate a set of knowledge and skills as defined by ASHA certification standards. It is possible for a student to make a passing grade in a course/practicum and still not demonstrate all of the knowledge and skills covered in the course or practicum.

The intent of this procedure is to identify, address, and monitor areas of knowledge and skill in which a student may require additional study, instruction, or experience to achieve the expected level of competency to obtain the CCC. The ASRA is a supportive process designed to enhance student success and is to be collaborative with the student.

POLICY: When a student does not meet a competency in a course or clinical experience, the areas of study requiring attention will be identified and goals and recommendations will be developed for the student to complete in order to demonstrate competency in the area(s).

PROCEDURE:

I. Process of Initiation of an Areas of Study Requiring Attention

A. There are three ways to initiate the Areas of Study Requiring Attention process:

1. *Student initiated:*

Students may self-identify areas in which they do not believe they are competent. A student discusses these concerns with either their instructor or advisor to develop a plan to address areas of need.

2. *Instructor initiated:*

The competencies associated with each course are identified in the CSD Handbook. If a student does not meet a competency in a course or clinic, the instructor may complete an Areas of Study Requiring Attention form identifying the knowledge or skills that have not been met and will recommend how the competency is to be met.

3. *Advisor initiated:*

A student's Academic Advisor or Clinic Director can initiate an Areas of Study Requiring Attention process if areas of difficulty are observed across different courses, clinical performance, or both.

II. ASRA Severity

- A. A minor ASRA is self-initiated or involves a minor concern such as an isolated instance of an exam retake or assignment revision due to low grade; or focused practice related to a competency addressed in a single course.
- B. A major ASRA addresses a significant concern such as difficulties spanning more than one exam, assignment, course, instructor, or competency; or continuation of a previous ASRA.

III. Process Regarding Academic Knowledge and Skills

- A. Minor ASRAs
 - 1. These plans require notification of the students' advisor.
 - 2. A copy of the plan is signed by the initiator, the student, and the students' advisor.
 - 3. An electronic copy is placed in the student's academic folder.
 - 4. If the issue is related to clinic, the Clinic Director receives a copy as well.
- B. Major ASRAS
 - 1. The instructor or advisor initiating a major ASRA convenes a committee and communicates concerns to all committee members. If the ASRA is initiated by an instructor, the committee includes the instructor, the student, and student's advisor.
 - 2. If the major ASRA is initiated by the advisor, the committee includes the advisor and any other faculty members deemed by the advisor to be instrumental in addressing competency concerns. The committee meets to discuss the concerns and create a plan.
 - 3. If the issue is related to clinic the committee also includes the Clinic Director.
 - 4. The Associate Dean of Graduate Studies receives a copy of all major ASRAS.
 - 5. A copy of the plan is signed by and shared with all committee members. An electronic copy is placed in the student's academic folder. If the issue is related to clinic, the Clinic Director receives a copy as well.
- C. Completion of the plan is assessed by the faculty involved and noted in the student's academic folder.

IV. Process Regarding Clinical Knowledge and Skills

- A. The faculty member who identifies the issue communicates the concerns to the appropriate Director of Clinical Services.
- B. The Clinic Director convenes a committee of faculty currently working with the student and the student's academic advisor to develop the Areas of Study Requiring Attention plan.
- C. The committee meets with the student to address the knowledge or skills that are not at the expected level and determine the best plan of action.
- D. A copy of the plan is distributed to the student, the students' Academic Advisor, and the faculty who are involved in the implementation of the plan. An electronic copy is placed in the student's academic file.
- E. The committee and student reconvene at or before a determined date to assess the progress and determine whether the plan has been achieved or further action needs to take place.

V. Graduate Assistant

GA assignments will be reconsidered for students completing on ASRA that is not self-initiated.

VI. Components of a Plan

- A. The student's name, advisor, semester of study, course name and number, and instructor(s) of the course.

- B. Areas of Study

This is a specific list of the knowledge or skills in which the student has not demonstrated minimal competency.

- C. Goals

Goals are to be measurable in order to determine whether the outcome sufficiently demonstrates the successful completion of the competencies in question.

- D. Recommendations

1. Specific steps of action as to how the goals can be accomplished.
2. A date for an intermediate progress review may be set.

E. Date

A specific date is indicated to note when the goals are to be completed. Duration of an ASRA should not be more than a single semester.

F. Signatures

All of the individuals formulating the plan, including the student, are to sign the ASRA.

G. Outcome and Performance

Once the recommended period has lapsed, the faculty who are involved in the implementation of the plan note the outcome of the plan and determine the extent to which objectives have been met. Options for ASRA outcome include:

1. Completed
2. Continue plan
3. Revise plan

Options for evaluating the student's progress toward ASRA objectives and overall performance include:

1. Satisfactory
2. Persisting concerns
3. Unacceptable

- H. A meeting is called with the student and the individuals involved in the initiation of the plan to discuss the outcome and recommendations. After the outcome meeting, the parties involved, including the student, sign the form to indicate recognition of the outcome(s) and recommendation(s).

VII. Time Constraints

- A. A plan addressing the same competencies should not extend beyond two semesters. If issues are critical and remain a concern:

1. The student will be informed of the strong likelihood that CCC may not be obtained.
2. The student's options regarding program continuation will be reviewed with the student.

3. Unsatisfactory completion of an ASRA, particularly one of major severity, will prompt faculty review of student's overall performance across content areas and clinic, and may be grounds for dismissal.

AREAS OF STUDY REQUIRING ATTENTION
School of Communication Sciences and Disorders
The University of Memphis

The student must meet the requirements of the School, as well as demonstrate a set of knowledge and skills as defined by ASHA certification standards. A student can earn a passing grade in a course/practicum and still not demonstrate all of the knowledge and skills covered in the course or expected in practice (Policy E-117 in CSD Handbook). Unsatisfactory evaluation of an ASRA, particularly one of major severity, will prompt faculty review of the student's overall performance across content areas and clinic, and may be grounds for dismissal.

Student: _____ **Advisor:** _____ **Semester:** _____

Instructor/Course: _____

Date of Original Plan: _____ **Date of Current Plan:** _____

Severity of ASRA:

- Minor – self-initiated or minor concern (e.g., isolated competency within a single course)
- Major – more significant concern (e.g., multiple competencies spanning an entire course or courses; continuation of previous ASRA)

Area(s) Identified (Knowledge and Skills):

Goals to be Completed (specific and measurable):

Recommendations for Completion:

Date to be Assessed (no longer than single semester): _____

Instructor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Instructor: _____ Date: _____

Instructor: _____ Date: _____

Instructor: _____ Date: _____

Overall performance:

Satisfactory Persisting concerns Unacceptable

Recommendations:

Discontinue Plan Continue Plan Revise Plan Faculty
Review

Date to be Assessed (no longer than single semester): _____

Instructor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____


Instructor: _____ Date: _____

Instructor: _____ Date: _____

Instructor: _____ Date: _____

**School of Communication
Sciences & Disorders
The University of Memphis**

Academic and Clinical Education

Policy Number	E-118
Effective Date	August 25, 2021
Supersedes Date	May 2023
Review Date	May 2025
Approval	

PURPOSE: **Immunizations, Certifications, and Screenings Required of Students Prior to External Clinical Placement**

POLICY: This policy is intended to protect both students and clients. Clinical placements have varying requirements of students to show evidence of immunizations, a Tuberculin (TB) test, criminal background check, CPR certification, and drug testing to participate in a clinical experience.

All students who provide clinical services through external agencies are **required** to have an appropriate criminal background check that meets the standards of the facility, a one-time Tuberculin (TB) test upon entrance into the program, an annual flu shot, TDap vaccination and current CPR certification. Students may be asked to complete drug testing prior to an external placement.

Students must provide documentation to verify completion of the requirements to the Director(s) of Clinical Education via Typhon.

PROCEDURE:

I. Notification

- A. The program will notify incoming students of the requirements stated in this policy before entering the program.
- B. Students will also be notified in advance if they are responsible for any associated costs to meet these requirements.

II. Tests/Vaccinations

- A. Students are required to obtain a TB test or chest x-ray upon beginning the program.
- B. The Tdap vaccination is required every ten years.
- C. An annual flu shot is required each fall.
- D. The HEP-B vaccination series or waiver is required by both MSHC and off-site facilities.
- E. Some off-site practicum sites require the COVID-19 vaccination before starting the practicum, and they do not offer exemptions. This may impact clinical opportunities or on-time graduation.
- F. Students will upload a copy of the documentation to the Typhon system within the first week of the Fall semester and keep a copy of the original for their records.

III. CPR and AED2 Certification

All students are to take a CPR course offered by a reputable entity covering CPR and Automated External Defibrillator (AED) training for health care providers, including a hands-on practical examination. Students will provide appropriate CPR certification documentation and upload a copy to the Typhon system within the first week of the Fall semester. Students must keep the original form.

IV. Criminal background check

- A. Students should be aware that criminal convictions may make them ineligible to participate in any clinical experiences included in the program, therefore necessitating removal from the program and/or impacting one's ability to successfully complete course and program requirements.
- B. Students assigned to the public or private schools will need a TBI criminal background check and finger printing completed through the College of Education at the University of Memphis. Detailed instructions can be found [here](#). Some school districts may require a maximum amount of

time since the completed background check.

- C. All faculty and staff who interact with minors off-campus must have a TBI criminal background check and finger printing completed every 5 years through the College of Education at the U of Memphis. Detailed instructions can be found [here](#).
- D. Students assigned to medical facilities will need a national background check. There is an additional cost associated with this procedure. Procedures for <https://www.castlebranch.com/> are in [Appendix I-K](#).
- E. There are potential consequences associated with failing a criminal background check regarding licensure. If a student answers “yes” to any of the questions below, it is possible that they may be denied licensure at the end of the degree program.
 - 1. Have you ever been convicted of a felony or crime(s) other than minor traffic offenses?
 - 2. Have you ever been denied licensure of the profession for which you might apply for licensure or had discipline imposed by another state’s licensing board?
 - 3. Have you ever had a civil suit judgment entered against you or entered an adverse civil settlement?
 - 4. Students must review the state licensure requirements specific to the discipline by contacting the specific licensing board. It is the student’s responsibility to understand.

V. Drug Testing

- A. Students who provide clinical services may be required to complete drug testing as a stipulation of the external clinical placement. Each agency will determine the requirements for drug testing for its facilities. Procedures for drug testing are in [Appendix I-K](#).
- B. Any student found to have failed drug testing may be unable to complete the requirements of the program.
 - 1. If a student fails a drug test, the external facility will determine if the student can retake the test. The external site has the right to refuse placement for the semester.
 - 2. If a student fails a drug test, placement at MSHC or any other facility will not be possible until the drug test is retaken and passed. The student may only retake the drug test once in a semester. This may affect the student’s completion of clinical experience for that semester and potentially delay his/her program.


VI. Records and Dissemination of Information

- A. Students will upload proof of the required tests and procedures to their private record in the Typhon system.
- B. The expiration date for each item will be entered with oversight from the Director of Clinical Education.

- C. It is the responsibility of the student to remain current with all records and procedures.
- D. If a site requires documented proof of the test results, it will be the responsibility of the student to provide the information.



**School of Communication Sciences &
Disorders
The University of Memphis
Academic and Clinical Education**

Policy Number	E-119
Effective Date	
Supersedes Date	January 26, 2018
Review Date	May 2025
Approval	

SUBJECT: Commitment to Non-Discrimination and Diversity

PURPOSE: The program and its faculty are dedicated to and recognize the benefits of a student population diverse in background, culture, socioeconomic status, race, ethnicity, and work and life experiences. This policy reiterates the program’s commitment to non-discrimination and its recognition of the value of diversity. (see [University Code of Ethics](#))

POLICY: Equal Opportunity/Non-Discrimination

The School of Communication Sciences and Disorders follows the University of Memphis policies and procedures regarding:

- GE2004 Equal Opportunity and Affirmative Action
- GE2030 Non-Discrimination and Anti- Harassment
- GE 2024 Discrimination, Harassment complaint and investigation procedure
- GE 2039 Interim Sexual Harassment & Sexual/Gender based misconduct policy
- GE 2044 University Code of Ethics

No student shall be discriminatorily excluded from participation or denied benefits on the basis of a protected class. This prohibition against discrimination encompasses all areas of the program including, but not limited to, admissions, retention and clinical placements. Students who believe that they have been discriminated against or harassed based on their inclusion in a protected class can contact the [Office for Institutional Equity](#) and/or file a complaint [through their online portal](#).


No client or individual served in a clinical setting shall be excluded from participation or denied services on the basis of a protected class. This prohibition against discrimination encompasses all areas of clinical practice including, but not limited to scheduling appointments, service delivery, or discharge. Clients who believe that they have been discriminated against or harassed based on their inclusion in a protected class can contact a Director of Clinical Services at the Memphis Speech and Hearing Center, 901-678-5800, or the University’s [Office for Institutional Equity](#) at 901-678-2713.

Diversity

The School of Communication Sciences and Disorders is committed not only to providing a robust education, but also to building a diverse community of scholars. Central to our philosophy is that working side by side with persons of varied backgrounds, views and life experiences strengthens and enriches our research, scholarship, and teaching. A diverse graduate student population also enhances the academic experiences for all students. Students are encouraged to collaborate, learn from each other and to take pride in their varied backgrounds and cultures.

**School of Communication
Sciences & Disorders
The University of Memphis**

Academic and Clinical Education

Policy Number	E-120
Effective Date	October 26, 2018
Supersedes Date	January 26, 2018
Review Date	May 2023
Approval	

SUBJECT: Essential Functions

PURPOSE: To provide information about the established academic standards and minimum essential functions that must be met, with or without reasonable accommodations, in order to participate in the program and graduate. Students must meet these essential functions in order to be retained in the program.

POLICY: Essential functions are the academic, clinical, and interpersonal aptitudes and abilities that allow students to complete the professional curriculum. Students must be able to perform these essential functions during classroom, laboratory and experiential learning activities (including but not limited to participation in one-on-one interactions, small group discussions and presentations, large-group lectures, and patient/client interaction) in both the academic and clinical settings. The School of Communication Sciences and Disorders identifies the following essential functions as fundamental to the curriculum and profession.

- **Motor Skills:** As the profession requires extensive physical activity and interaction, students must be possess the motor skills necessary to participate in the program and complete the prescribed course work. The student must possess sufficient motor functions to properly and adequately execute all movements necessary to provide thorough evaluations and/or therapeutic services to patients/clients of all ages. Students must be able to safely assist patients/clients in situations involving therapeutic services as well as emergency situations. (examples: able to work with active children, able to assist clients in wheelchairs)
- **Sensory/Observation:** Students must be able to independently navigate prescribed course work in all its forms (i.e., lectures, written materials, projected images, clinical training). The student must be able to independently perceive and observe the necessary information to perform all required examination and treatment protocols using necessary instruments and tools.
- **Communication:** Students must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with patients/clients and others including demonstrating proficiency in both oral and written English. Students must demonstrate reading and writing skills required to write and comprehend technical reports, diagnostic and treatment reports, treatment plans and professional correspondence. Communication also includes the ability to assess and understand the significance of nonverbal responses.

- **Cognitive:** Students must have the ability to comprehend, memorize, analyze, synthesize, and apply material. Students must possess reasoning, problem solving and decision making skills at a level deemed appropriate by faculty and professional staff.
- **Behavioral/Emotional:** The student must possess behavioral and social attributes necessary for the diagnosis and treatment of communication disorders in patients/clients. Students should be mature, empathetic and exhibit compassion and concern. Students must be able to maintain sensitive and effective relationships with patients/clients, students, faculty, staff and other professionals sometimes in highly stressful situations. Students must have the emotional ability to function under stressful circumstances.
- **Flexibility/Adaptability:** Students must have the ability to adapt immediately to changing situations, as well as situations that require longer-term adaptability. Students must demonstrate the flexibility to consider new ideas and practices as they relate to the profession and the flexibility to function competently and confidently in uncertain situations.
- **Professional:** The student must possess the ability to engage in thoughtful actions and practice speech-language pathology and/or audiology in an ethical manner. Students must be willing to learn and abide by professional standards of practice as well as generally accepted standards of professional behavior, including nondiscrimination based on disability, gender identity and expression, sexual orientation, race, religion, age, and cultural or ethnic heritage. Students must be able to accept constructive feedback in a professional manner and demonstrate the ability to act upon reasonable criticism.

Disability Accommodations: Students who require academic accommodations to fulfill essential functions due to a physical, mental or emotional condition or learning challenges are encouraged to contact Disability Resources for Students (DRS) by email at drs@memphis.edu or by phone at 901-678-2880. DRS, with input from the School, will make a determination of whether the condition is a disability as defined by applicable laws, and for determination of what accommodations are available and reasonable. Whenever possible, reasonable accommodations will be provided for students with disabilities to enable them to meet these standards.

Curriculum for MA Program

Degree Requirement: 60 hours minimum

Regular Offerings:

All listed courses are required unless marked as electives. Courses with an asterisk may be waived for students with an undergraduate background in CSD. Other required courses can be waived under special circumstances and with instructor's permission.

Basic Communication Processes (12 hours minimum)

- A USP 7000 Speech Science
- A USP 7003 Anatomy and Physiology of the Speech Mechanism
- A USP 7005 Language Sample Analysis
- A USP 7006 Language and Speech Development*
- A USP 7007 Communicative Interaction
- A USP 7010 Neurological Bases of Communication

Electives

- A USP 7002 Seminar in Communication Sciences
- A USP 7008 Acoustic and Perceptual Phonetics
- A USP 7011 Psycholinguistics
- A USP 7016 Socio-Cultural Bases of Communication

Speech Disorders (15 hours minimum)

- A USP 7203 Voice Disorders
- A USP 7204 Disorders of Phonology and Articulation
- A USP 7205 Fluency Disorders
- A USP 7206 Developmental and Acquired Motor Speech Disorders
- A USP 7209 Dysphagia and Related Disorders

Electives

- A USP 7201 Cleft Palate and Craniofacial Disorders
- A USP 7210 Seminar in Speech Pathology
- A USP 7202 Motor Speech Disorders in Children
- A USP 7309 Speech Rehabilitation in Head-Neck Pathology

Language Disorders (9 hours minimum)

- AUSP 7300 Language Disorders in Children
- AUSP 7302 Language Disorders in Adults I
- AUSP 7305 Language Learning Disabilities

Electives

- AUSP 7303 Language Disorders in Adults II
- AUSP 7304 Seminar in Language Disorders
- AUSP 7308 Augmentative and Alternative Communication
- AUSP 7212 Autism Spectrum Disorders and Related Disabilities

Clinical Practicum (14 hours minimum)

- AUSP 7200 Introduction to Clinical Practice in Speech-Language Pathology
- AUSP 7208 Clinical Experience in Speech-Language Pathology

Research-Related Requirements (6 hours minimum)

- AUSP 7500 Evaluating Research in Communication Disorders (delivered in three 1-credit modules I, II, III)
- 3 Credits of Research Activity* (AUSP 7990, AUSP 7996, or AUSP 7991)

Other Courses (2 hours minimum)

- AUSP 7501 Phonetic Transcription
- AUSP 7502 Intro to Phonetic Transcription*
- AUSP 7207 Clinical Instrumentation

Electives

- AMSL 6205 Cultural Sensitivity for the Deaf and Hard of Hearing in Healthcare Settings
- AUSP 7505 Introduction to Interprofessional Education & Practice
- AUSP 7032 Professional Development in CSD
- AUSP 7132 CSD and Public Health
- AUSP 7015 Professional Writing
- AUSP 7214 Advanced Clinical Laboratory

Assumed Audiology Coursework (6 hours)

Required audiology courses must be documented on transcript; equivalent undergraduate course with grade of B or better will count. Students with other backgrounds take these at the U of M.

- 7106 Intro Survey of Audiology
- 7113 Aural Rehabilitation

We also offer graduate certificates in the following two areas:

1. [Augmentative and Alternative Communication \(AAC\)](#)
2. [Communication Sciences and Disorders and Public Health](#)

Typical Course Sequences:

Typical Course Sequence in SLP: Non-CSD background

	SUMMER	FALL	SPRING		SUMMER
Year 1	7006 Lang Dev (3, <i>online</i>) †7502 Intro Transcription (1)	7200 Intro Clinic (2) 7003 Anat/Phys (3) 7300 Ch Lang Dis (3) 7010 Neuro Bases (2) 7032 Prof Dev in CSD (1) †7500 Eval Research I (1) †7501 Transcription (1)	7208 Practicum (3) 7000 Speech Science (3) 7204 Phon/Artic (3) 7305 Lang Learn Dis (3) †7005 Lang Sample Analysis (1) <i>Spring Choices</i> †7991 Intro to Research Activity (1) or 7990 Research Activity (1-3) or 7996 Thesis (3) AMSL 6205 Cultural Sensitivity (3)	Benchmark Exam	7208 Practicum (2-3) 7209 Dysphagia (3) 7302 Lang Dis Adult (3) 7106 Intro Aud (3) <i>Summer Choices</i> 7308 AAC (3) 7505 IPE & IPP (1-3) 7132 CSD and Pub Health (3) 7015 Professional Writing (1) 7990 Research Activity (1-3) or 7996 Thesis (3)
		FALL	SPRING		SUMMER
Year 2		7208 Practicum (3) 7203 Voice (3) 7206 Dev & Acq Motor Sp (3) †7207 Clinical Instrum (1) †7500 Eval Research II (1) <i>Fall Choices</i> 7007 Communicative Int (3) 7212 Autism Spectrum Dis (3) 7990 Research Activity (1-3) or 7996 Thesis (3)	7208 Practicum (3) 7205 Fluency (3) †7500 Eval. Research III (1) <i>Spring Choices</i> 7007 Communicative Int (3) 7210 Seminar in SLP (1-3) 7308 AAC (3) 7214 Advanced Clin Lab (3) AMSL 6205 Cultural Sensitivity (3) 7990 Research Activity (1-3) or 7996 Thesis (3)	Comprehensive Exam	7208 Practicum (2-3) 7113 Aud Rehab (3) <i>Summer Choices</i> 7308 AAC (3) 7132 CSD and Pub Health (3) 7505 IPE & IPP (1-3) 7990 Research Activity (1-3) or 7996 Thesis (3)

Note: Required in **Bold** † Delivered in a Part of Term

Typical Course Sequence in SLP: With CSD Background

	SUMMER*	FALL	SPRING		SUMMER
Year 1	7006 Lang Dev (3, <i>online</i>) †7502 Intro Transcription (1)	7200 Intro Clinic (2) 7003 Anat/Phys (3) 7300 Ch Lang Dis (3) 7010 Neuro Bases (2) 7032 Prof Dev in CSD (1) †7500 Eval Research I (1) †7501 Transcription (1)	7208 Practicum (3) 7000 Speech Science (3) 7204 Phon/Artic (3) 7305 Lang Learn Dis (3) †7005 Lang Sample Analysis (1)	Benchmark Exam	7208 Practicum (2-3) 7209 Dysphagia (3) 7302 Lang Dis Adult (3) †7207 Clinical Instrumentation (1)
			<i>Spring Choices</i> †7991 Intro to Research Activity (1) or 7990 Research Activity (1-3) or 7996 Thesis (3) AMSL 6205 Cultural Sensitivity (3) 7205 Fluency (3) 7308 AAC (3)		<i>Summer Choices</i> 7308 AAC (3) 7505 IPE & IPP (1-3) 7132 CSD and Pub Health (3) 7015 Professional Writing (1) 7990 Research Activity (1-3) or 7996 Thesis (3)
Year 2		FALL	SPRING		SUMMER
		7208 Practicum (3) 7203 Voice (3) 7206 Dev & Acq Motor Sp (3) †7500 Eval Research II (1) <i>Fall Choices</i> 7007 Communicative Int (3) 7212 Autism Spectrum Dis (3) 7990 Research Activity (1-3) or 7996 Thesis (3)	Comprehensive Exam	7208 Practicum (3) 7205 Fluency (3) †7500 Eval. Research III (1) <i>Spring Choices</i> 7007 Communicative Int (3) 7210 Seminar in SLP (1-3) 7308 AAC (3) 7214 Advanced Clin Lab (3) AMSL 6205 Cultural Sensitivity (3) 7990 Research Activity (1-3) or 7996 Thesis (3)	

Note: Required in **Bold** † Delivered in a Part of Term

*Incoming students with a grade below B- on their equivalent undergraduate course are required to take the full course. Students with a grade of B- or higher complete an online assessment on key topics covered in 7006 to ensure preparedness for Child Language Disorders course in the fall. Those who do not earn a score of at least 80% before losing access to the assessment are required to take the full course.

**Incoming students who have not completed an undergraduate course covering Transcription are required to take Introduction to Transcription.

**EVALUATION OF CLINICAL EDUCATOR COMPETENCE
The University of Memphis**

The following are five areas of competency and suggested skills for clinical faculty that are to be used as a guide for the semester evaluation.

PREPARATION/ORGANIZATION

- Discusses specifically his/her expectations of the student at the beginning of the semester
- Discusses working folders and available information about the client at the beginning of the semester or prior to the evaluation
- Plans and maintains conference times throughout the semester
- Uses conference time effectively
- Demonstrates an understanding of the client's needs

INSTRUCTIONAL SKILLS

- Assists in determining clinical goals and objectives
- Assists in developing and refining diagnostic and assessment skills
- Assists in developing behavior management skills
- Assists in developing and refining therapy skills
- Assists in observing and analyzing assessment and treatment sessions
- Assists in developing student clinician's self-evaluation of his/her clinical performance
- Encourages collaborative identification of the student clinician's clinical strengths and weaknesses
- Encourages and aids the student clinician to relate academic work to therapy and assessment situations
- Provides appropriate demonstration of testing/therapy procedures
- Provides appropriate demonstration of communicating with clients and families
- Provides guidance about resources (e.g., articles, materials, tests, videos)
- Shares own clinical experience and knowledge
- Encourages independence
- Provides prompt, specific and constructive feedback
- Provides instruction on data collection

REPORTING

- Assists in developing skills in oral reporting
- Assists in developing skills in written reporting and editing
- Assists in the development and maintenance of clinical records
- Returns written material in an established time frame
- Provides clear and constructive feedback on written material

PROFESSIONAL

- Models and facilitates professional conduct
- Shares information regarding ethical (including confidentiality), legal, regulatory and reimbursement aspects of professional practice
- Demonstrates/shares knowledge of current clinical research/literature
- Demonstrates/shares knowledge of current supervisory research/literature
- Encourages participation in professional organizations/activities
- Demonstrates enthusiasm for the profession and the clients serve

INTERPERSONAL

- Shows genuine concern for the client as a person
- Establishes an environment for learning based on openness, honesty, and trust
- Establishes and maintains an effective working relationship
- Works collaboratively with the supervisee
- Is open to suggestions and listens to the supervisee
- Addresses issues as they arise
- Identifies strengths and weaknesses in a constructive way and provides positive feedback
- Employs language conducive to facilitating independent thinking and problem solving by the student clinician
- Listens openly and respectfully to student's perceptions, opinions and rationales
- Listens openly to student's feelings and concerns
- Shares personal self (feelings, mistakes, goals, etc.) as appropriate
- Requests and encourages feedback about the supervisory process
- Is open to new avenues of thought
- Interacts with the supervisee in planning, executing, and analyzing conferences
- Facilitates the student's learning and development of interpersonal skills
- Respects the student's time regarding clinical and academic commitments
- Employs a sense of humor freely and appropriately
- Communicates expectations clearly

Adapted from: Tihen, L.D., Expectations of student speech-language clinicians during their clinical practicum. American Speech-Language-Hearing Association (1985). Clinical Supervision in speech-language-pathology and audiology. Position statement. ASHA, 27, (6) 57-60. In house survey and collaboration of students and faculty in the School of Communication Sciences and Disorders at The University of Memphis, draft 2/19/97.

SLP Clinical Competencies

Items included in the assessment of competencies are based on the Standards for Certification in Speech-Language Pathology by the American Speech-Language-Hearing Association (2020); The CAA Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (2023) and the input from the SLP clinical faculty at the University of Memphis. Items in italics refer to areas believed to be particularly important. Items that are specifically listed in the ASHA Certification Standards (2020) are referenced.

PROFESSIONALISM

Attendance and Timeliness
Professional Communication
Compliance with Policies
Personal Responsibility
Infection Control and Cleanliness

INTERVENTION

Develops appropriate intervention plan/demonstrates understanding of intervention plan
Implements intervention plan
Selects/creates/uses appropriate materials/instrumentation for intervention
Accurately measures/evaluates client performance and progress
Modifies intervention plans, strategies, materials as appropriate to meet client/patient needs
Identifies and refers for services as needed

CLINICAL INTERACTION

Establishes therapeutic alliance/rapport with client/patient and family
Identifies and incorporates client/patient interests to the degree possible
Manages own emotions and demeanor to center the client/patient needs
Identifies and responds to client's physical, emotional, and sensory needs as necessary
Demonstrates appropriate counseling skills based on client and/or family needs
Responds to and redirects client behaviors as appropriate to meet client goals

EVALUATION

Hearing Screening
Collects case history information
Selects appropriate evaluation procedures
Administers evaluation procedures correctly and efficiently
Adapts evaluation procedures to meet the needs of the client
Interprets, integrates, and synthesizes all information from the evaluation
Develops appropriate diagnoses
Makes appropriate recommendations for intervention
Makes appropriate referrals as needed

ORAL & WRITTEN COMMUNICATION

Written communication meets content, organizational, grammatical, and word-choice expectations
Oral communication meets content, quantity, rate, tone, and word-choice expectations

Clinical Competencies for AuD Students

PROFESSIONALISM

Preparation

- Reviews client file, understands purpose of evaluation, discusses with supervisor.
- Independently constructs a clinic session plan
- Makes a reminder phone call to client at least 1-2 days prior to test session.
- Has booth, equipment, and paperwork set up and ready to begin at scheduled appointment time
- Leaves test suite/room cleaned up (including toys sanitized, fixtures cleaned, headphones and other test equipment sterilized as recommended in infectious disease control requirements)

Self-Evaluation

- Applies academic knowledge to clinical skills
- Able to assess own weaknesses and strengths
- Seeks supervisor feedback, accepts all feedback in a professional manner and incorporates feedback into clinic
- Respects confidentiality of all professional activities
- Requests assistance from supervisor and/or other professionals when appropriate

Motivation

- Is enthusiastic and motivated in the clinical setting
- Is open to new avenues of thought
- Shows a willingness to experiment with viable suggestions
- Generates ideas for change

Interpersonal Skills

- Maintains a professional manner and appearance appropriate for clinical setting and credibility at all times
- Shows genuine concern for the client as a person
- Demonstrates skill in active listening
- Creates an atmosphere of honesty and trust
- Assumes responsibility for facilitating effective interaction

Timeliness

- Is punctual for client and supervisor appointments
- Meets deadlines
- Follows through on assigned tasks

COUNSELING

Active Listening

- Utilizes “client centered” (listening and valuing orientation) approach to counseling
- Responds appropriately to client questions
- Addresses parent’s primary complaint/concern

Informational Counseling

- Accurately categorizes and explains pure tone results, speech audiometry and immittance results and relates findings to client’s complaints
- Counsels effectively regarding client’s hearing aid experiences and expectations
- Knows the hearing aid procurement procedure and clearly explain financial aspects and ordering system
- Counsels in a clear, organized manner, in terms that are easily understood by the client
- Uses appropriate language level and everyday terminology in communication with family
- Interprets test battery correctly in explaining results to family; notes and resolves inconsistencies

Case Management

- Develops knowledge of community contacts and referral sources
- Plans appropriate case management and follow-up, making appropriate recommendations (i.e.: hearing aid evaluation, medical referral, follow-up testing, etc.)
- Demonstrates competency in pediatric case management (e.g. frequency of hearing assessment, reasons for aggressive monitoring, etc.)
- Utilizes case history information and test results to make appropriate referrals
- Demonstrates familiarity with resources and agencies addressing the needs of children with hearing loss and/or other disabilities

DOCUMENTATION

- Review Health Information Management (HIM) Procedure
- All reports are completed on Cerner and supervisor are notified of completion (within 48 hours, or 24 hours for PC-A)
- Terminology is appropriate for person/agency receiving report
- Reports and letters are free of typo’s and misspellings and grammatical errors and use correct report format
- Report content/information/test results are accurate, complete and concise
- Demonstrates ability to communicate pertinent information in report writing
- Reviews documents that need to be entered into Cerner prior to placing in scanning trays (FIN label in top right corner of every sheet to be scanned, forms are complete and accurate, etc.)

- Records all activity with client in file via Cerner (telephone calls, correspondence, summary of clinic sessions, etc.)
- Demonstrates responsibility for clinic session test results (keeps track of all test results, records test results on proper form(s), etc.)

OTOSCOPY/TYMPANOMETRY/ACOUSTIC REFLEX/DECAY

Knowledge/Foundations of Practice

- Recognizes conditions which preclude tympanometry and acoustic reflex testing
- Recognizes need to complete acoustic reflex decay procedure

Instructions

- Informs client of procedure in clear, non-threatening manner
- Instructs parent regarding positioning of child and securing child for examination

Test Protocol

- Notes indications of congenital anomalies/syndromes or surgical alteration of ear
- Detects conditions that can influence audiological testing
- Identifies landmarks of tympanic membrane
- Describes unusual appearance of ear or middle ear structures
- Evaluates ear geometry for the use of hearing aids and/or hearing protective devices
- Determines the integrity of the external auditory canal and tympanic membrane prior to taking ear impressions or performing caloric irrigation
- Chooses correct tip and can maintain acoustic seal throughout testing
- Modifies tympanometry and/or acoustic reflex measures appropriately for client needs (rate of pressure change during tympanometry, screening measurements, screening acoustic reflexes)
- Completes acoustic reflex decay procedure appropriately using contralateral stimulation

Use of Equipment

- Demonstrates good positioning and manipulation of otoscope
- Demonstrates appropriate use of all otoscopic equipment including hand-held otoscopes and Video Otoscopy

Interpretation

- Accurately judges presence/absence of acoustic reflexes
- Interprets tympanometry and acoustic reflex findings
- Able to relate results to other test findings
- Interprets results appropriately in relation to other test findings
- Recognizes high false positive rate associated with decay test procedure

Case Management

- Notes indications for medical referral

- Determines need for cerumen removal

PURE TONE AND SPEECH AUDIOMETRY/MASKING/OAE's – PEDIATRICS

Instructions

- Gives precise instructions
- Uses appropriate vocal intensity for all client communications
- Formulates instruction modifications to meet client's needs

Test Protocol

- Effectively relates to children of all ages/disorders
- Maintains control of child and session
- Chooses appropriate techniques based on child's developmental level
- Implements appropriate techniques (VRA, TROCA, BOA, PLAY) successfully (including conditioning)
- Modifies test procedures according to child's needs and abilities
- Communicates frequently with test assistant
- Demonstrates ability to complete speech recognition testing with pediatric materials (i.e. picture board, WIPI, NUCHIPS, etc.)
- Uses reinforcement effectively and appropriately
- Selects appropriate ear/starting level to begin test
- Selects appropriate stimulus/ list for SRT/WRS
- Uses proper procedures
 - Hughson-Westlake
 - 2 dB SRT or 5 dB SRT
- Knows when to use SAT
- Recognizes the need for masking (air, bone and speech)
- Selects appropriate ear to mask and correct starting level
- Completes masking using appropriate procedures in a timely manner
- Recognizes masking limitations (over/under/masking dilemma)
- Recognizes stimulus differences between distortion product otoacoustic emissions and transient otoacoustic emissions
- Able to enter patient data and select appropriate test configuration (includes understanding of relationship between F1 and F2, L1 and L2)

Use of Equipment

- Demonstrates flexibility and familiarity with all audiometric equipment
- Demonstrates ability to work with child and/or test equipment effectively
- Efficiently uses all available equipment (CD, Tape, mic)
- Troubleshoots minor equipment breakdowns
- Selects appropriate probe tip size and places securely into the ear canal
- Operates equipment appropriately to complete test

Interpretation

- Can critically observe and inform tester of behavioral responses of young children (i.e. eye shift)
- Assesses consistency between and among test results
- Recognizes conditions that affect interpretation of test results (for OAEs)
- Able to interpret OAE test results in relationship to other test findings

Case Management

- Demonstrates competency in pediatric case management (i.e. frequency of assessment, reasons for aggressive monitoring, etc.)

Documentation

- Obtains accurate and complete information in a timely manner
- Correctly calculates and records thresholds/scores on audiogram
- Utilizes appropriate data base transfer functions
- Understands the relationship between SAT and PT findings
- Assesses the SRT/PTA agreement

PURE TONE AND SPEECH AUDIOMETRY/MASKING/OAE's – ADULTS

Instructions

- Gives precise instructions
- Uses appropriate vocal intensity for all client communications
- Formulates instruction modifications to meet client's needs

Test Protocol

- Selects appropriate ear/starting level to begin test
- Selects appropriate stimulus/ list for SRT/WRS
- Uses proper procedures
 - Hughson-Westlake
 - 2 dB SRT or 5 dB SRT
- Modifies pure tone procedure when appropriate to meet client needs
- Knows when to use SAT
- Recognizes the need for masking (air, bone and speech)
- Selects appropriate ear to mask and correct starting level
- Completes masking using appropriate procedures in a timely manner
- Recognizes masking limitations (over/under/masking dilemma)
- Uses reinforcement effectively and appropriately
- Recognizes stimulus differences between distortion product otoacoustic emissions and transient otoacoustic emissions
- Able to enter patient data and select appropriate test configuration (includes understanding of relationship between F1 and F2, L1 and L2)

Use of Equipment

- Efficiently uses all available equipment (CD, Tape, mic)
- Troubleshoots minor equipment breakdowns

- Selects appropriate probe tip size and places securely into the ear canal
- Operates equipment appropriately to complete test

Interpretation

- Recognizes conditions that affect interpretation of test results (for OAEs)
- Able to interpret OAE test results in relationship to other test findings

Documentation

- Obtains accurate and complete information in a timely manner
- Correctly calculates and records thresholds/scores on audiogram
- Utilizes appropriate data base transfer functions
- Understands the relationship between SAT and PT findings
- Assesses the SRT/PTA agreement

SPECIAL TESTS (STENGER/TONE DECAY/PIPB FUNCTION) and TINNITUS

Knowledge/Foundations of Practice

- Recognizes need to complete procedure
- Identifies sufferers of objective versus subjective tinnitus
 - Psychological
 - Physiological (disease process, site/types of tinnitus)
- Identifies medications that have side effects causing temporary or long-term tinnitus symptoms

Test Protocol

- Identifies specific procedure for use of Tone Decay (Hood, Carhart, Rosenberg Modification of the Carhart)
- Completes Tone Decay procedure accurately
- Completes Stenger test using pure tone stimuli
- Completes Stenger test using speech stimuli
- Uses appropriate tinnitus matching techniques

Interpretation

- Interprets results appropriately and relates to other test findings

Case Management

- Counsels tinnitus sufferers and/or make appropriate referrals for
 - Rehabilitation (relaxation therapy or support groups)
 - Medical devices that offer relief (maskers, H.A.)
 - Medical treatments which are used to alleviate symptoms

Documentation

- Records test results accurately

PREVENTION AND IDENTIFICATION

Hearing Screening (Neonatal)

- Demonstrates understanding of the purpose of neonatal screening
- Operates basic screening equipment
- Chooses appropriate tip size and maintains adequate probe fit for OAE screening
- Places electrodes and ear couplers for AABR screening
- Demonstrates knowledge of pass/fail criteria
- Recognizes conditions that affect interpretation of test results
- Counsels parents regarding test purpose and results

Hearing Screening (Children)

- Determines situations where screening for hearing impairment is desirable
- Determines appropriate setting and procedure to be used, based upon developmental level of the children to be screened, as well as ASHA guidelines (1997) and state regulations
- Obtains informed parental/legal guardian permission
- Conducts screening in a manner congruent with appropriate infection control and universal precautions
- Conducts screening in a clinical or natural environment, with minimal visual and auditory distractions
- Conducts screening with ambient noise levels sufficiently low to allow for accurate screening
- Conducts pure tone screening at appropriate frequencies/intensity
- Demonstrates knowledge of pass/fail criteria
- Determines appropriate referral/rescreen/recommendations
- Communicates promptly with parents/caretakers purpose and results of screening
- Documents results

Hearing Screening (Adults)

- Obtains case history
- Conducts an otoscopic or video-otoscopic inspection
- Conducts pure tone screening at appropriate frequencies/intensity
- Demonstrates use of a reliable and valid measure of hearing disability
- Conducts screening in a manner consistent with infection control and universal precautions
- Conducts screening in an environment where ambient noise levels are sufficiently low to permit accurate measurements
- Demonstrates knowledge of pass/fail criteria
- Documents results
- Counsels client regarding purpose and results of screening

Middle Ear Screening (Children)

- Determines situations where screening for outer and middle ear disorders is desirable
- Obtains informed parental/legal guardian permission

- Obtains case history
- Conducts visual inspection of outer and middle ear
- Performs tympanometry
- Conducts screening in a manner consistent with infection control and universal precautions
- Demonstrates knowledge of pass/fail criteria
- Determines appropriate referral/rescreen/recommendations
- Communicates promptly with parents/caretakers purpose and results of screening
- Documents results

Middle Ear Screening (Adults)

- Determines situations where screening for outer and middle ear disorders is desirable
- Obtains case history
- Conducts visual inspection of outer and middle ear
- Performs tympanometry
- Conducts screening in a manner consistent with infection control and universal precautions
- Demonstrates knowledge of pass/fail criteria
- Determines appropriate referral/rescreen/recommendations
- Communicates promptly the purpose and results of screening
- Documents results

Hearing Conservation

- Demonstrates familiarity with all applicable regulations, specifically:
 - OSHA Regulations
 - Department of Transportation
- Demonstrates understanding of the necessary parts of an industrial/occupational hearing conservation program
- Demonstrates understanding of basic Occupational Hearing Conservation (OHC) terminology (e.g., noise dose, Time Weighted Average [TWA], noise reduction rating [NRR], C-weighted, A-weighted, Sound Level Meter [SLM], impulse noise, standard threshold shift [STS])
- Understands and can demonstrate knowledge and familiarity with different types of hearing protection devices including the pro's and cons of each
- Understands the exchange rate and how to use it
- Can compute noise exposure and convert from dose to 8 hr. TWA
- Understands what is necessary for a referral in relation to a baseline audiogram and STS
- Demonstrates good understanding of allowable dB levels and when to implement program, and monitoring vs. when to begin wearing hearing protection
- Demonstrates ability to make sound level measurements on-site proficiently and accurately
- Proficiently estimates adequacy of hearing protection attenuation
- Demonstrates the ability to effectively counsel employers on necessary changes to help solve problems

- Demonstrates the ability to effectively counsel employees on the importance of hearing conservation in the work place and in their personal lives
- Demonstrates familiarity with resources to obtain pamphlets/booklets related to hearing conservation
- Demonstrates ability to conduct safety meetings in places of employment and appropriately disseminate all necessary information regarding a hearing conservation program

AURAL (RE)HABILITATION

Preparation

- Selects and administers appropriate parent/self –report (hearing handicap) measures
- Plans aural (re)habilitation program to meet needs of their clients (adjusting to hearing aids, development of communication strategies/skills)
- Develops basic signing vocabulary appropriate for situation (tx, dx)

Counseling

- Performs personal adjustment counseling (related to communication, prognosis, hearing loss)
- Counsels families re: educational options, cochlear implants, deaf culture, prognosis, communication system
- Demonstrates use of reinforcement and behavior management techniques (setting limits)
- Facilitates an adult/parent group, including demonstrating ability to actively listen to clients and modify discussion as a result

Interpretation

- Assesses disability of the client (e.g. hearing in noise, HHIE, SPIN, MnCDI)
- Assesses effect of disability on family/significant others
- Contributes to IFSP/IEP planning by discussing interpretation of audiological results, educational options, legal issues, communication systems
- Understands relationship of degree of hearing loss to psychosocial impact (and educational needs, if child)
- Assesses client’s present listening abilities (e.g. detection, discrimination)

Case Management

- Develops and implements a system for measuring and monitoring outcomes and the appropriateness and efficacy of intervention

AMPLIFICATION - ADULTS

Preparation

- Reviews file to obtain aid history (include warranty and repair status)

Test Protocol

- Performs a thorough listening check of hearing aid

- Cleans hearing aid and earmold
- Completes electroacoustic hearing aid analysis
- Completes ear impression independently
- Utilizes various prescriptions (NAL, NAL-R, DSL, FIG6) effectively and at appropriate times
- Utilizes appropriate speakers, azimuth, correction factors and stimuli for aided sound field testing
- Plugs and muffs non-test ear in aided tests
- Develops competency with NOAH and hearing aid set-ups within NOAH
- Develops familiarity with hearing aid verification measures and outcome measures (APHAB, SADL, HHIE, IHAFF verification)
- Modifies hearing aid settings using potentiometers or computer program, with and without real ear measures

Troubleshooting

- Troubleshoots hearing aids based on client complaints
- Troubleshoots hearing aid malfunctions

Interpretation

- Judges quality of impression
- Selects appropriate hearing aids for demonstration based on client preferences and needs

Counseling

- Explains/discusses care and use of hearing aid(s)

Documentation

- Completes all necessary paperwork, order forms and mailing labels for hearing aid repairs or orders

AMPLIFICATION – CHILDREN

Knowledge/Foundations of Practice

- Demonstrates the ability to assess the physical fit of the hearing aids and earmolds for comfort and retention on pediatric clients, including earmold modifications
- Demonstrates ability to choose appropriate prescriptive method
- Demonstrates thorough understanding of different prescriptive methods for providing target values for pediatric clients

Test Protocol

- Demonstrates proficiency in the evaluation of the need for and selection of hearing aids, FM systems, cochlear implants, vibrotactile devices, and other hearing assistance technology.
- Demonstrates proficiency in making ear impressions on infants and children
- Demonstrates understanding of coupling options on hearing aids to provide pediatrics with maximum flexibility for accessing the current forms of assistive device technology (DAI, Telecoil, Mic-T-coil switch, etc.)

- Demonstrates understanding of sound pressure levels in infants and young children's ears vs. adults, and external ear canal resonance characteristics.
- Demonstrates ability to perform probe microphone measurements on pediatric clients
- Understands purpose of validating aided auditory function and demonstrates competency in obtaining such
- Demonstrates competency in pediatric case management (e.g. frequency of hearing aid assessment, etc.)

AMPLIFICATION - ASSISTIVE LISTENING DEVICES

Test Protocol

- Determines a client's listening needs based on information from questionnaire or discussion with client
- Determines when an ALD is indicated
- Selects appropriate listening devices based on client's communication needs

Counseling

- Demonstrates the use of various signaling/alerting devices (i.e., wake-up alarms, telephone/doorbell signalers, emergency warning devices)
- Demonstrates the use of various ALDs for individual, small groups, telephone/television/radio, classroom situations (i.e.: induction loops, wireless FM systems, infrared systems, closed captioning for TV, telephone amplifiers, TTY)

ON-CALL

Professionalism

- Is attentive to the on-call process (checks the box as scheduled)
- Communicates appropriately with others involved in on-call
- Works well as a team member

Diagnostic Skills

- Reviews file for each case seen or each aid handled
- Makes appropriate decisions regarding case management and follow-up
- Troubleshoots aid
- Completes electroacoustic analysis
- Makes accurate ear impressions
- Accurately programs digital and analog aids thru NOAH when necessary (uses correct cables, prints updated programming sheet, etc.)

Counseling

- Effectively counsels client

Documentation

- Completes paperwork/leaves file in order
- Keeps precise and accurate progress notes via Cerner.

AUDITORY PROCESSING DISORDERS

Knowledge/Foundations of Practice

- Identifies the need for APD testing
- Demonstrates ability to identify appropriate tests for age of client

Test Protocol

- Demonstrates ability to score all tests performed
- Demonstrates ability to perform various test procedures in an efficient manner
- Demonstrates ability to perform neurodiagnostic ABR and analyze wave forms

Interpretation

- Demonstrates ability to assess test results and form a determination of processing problem(s)
- Assesses consistency between and among test results

Management

- Demonstrates ability to discuss test results with client and/or parent
- Makes appropriate recommendations based on test results and client's needs/problems
- Demonstrates knowledge of local resources and referral sites

ELECTROPHYSIOLOGIC TESTING (ABR, ECoChG, IOM/VESTIBULAR)

ELECTROCOCHLEOGRAPHY

Knowledge/Foundations of Practice

- Demonstrates knowledge of EcochG instrumentation and equipment
- Demonstrates knowledge of supplies, materials, and electrodes used in evoked potential tests

Test Protocol

- Completes evaluation with repeatable waveforms and makes appropriate protocol decisions

Interpretation

- Identifies effects of stimulus factors influencing EcochG
- Understands effects of patient factors
- Identifies different types of electrodes, their placement, and the effect they have on the waveform
- Recognizes normal and abnormal waveform morphology
- Identifies and selects appropriate baseline, SP and AP shoulders
- Determines SP/AP ratio based on latency, type of stimulus, rate of stimulus and/or hearing loss
- Demonstrates ability to compute ratios, determine if SP/AP ratio is elevated, and relate it to other test data

AUDITORY BRAINSTEM RESPONSE

Knowledge/Foundations of Practice

- Demonstrates knowledge of ABR instrumentation and equipment
- Demonstrates knowledge of supplies, materials, and electrodes used in evoked potential tests
- Demonstrates knowledge of effects of recording factors
- Understands effects of patient factors
- Demonstrates knowledge of frequency-specific stimuli

Test Protocol

- Completes threshold ABR with appropriate protocol decisions
- Completes neurological ABR with appropriate protocol decisions

Interpretation

- Recognizes normal and abnormal waveform morphology
- Selects wave peaks appropriately
- Estimates degree of hearing loss based on latency and threshold measures when compared with normative data
- Able to interpret test results and relate to other test findings
- Demonstrates knowledge of effect of transducer type on ABR recording (TDH phone, insert phone, bone vibrator)
- Identifies effects of stimulus factors influencing ABR

COCHLEAR IMPLANTS

Knowledge/Foundations of Practice

- Demonstrates knowledge of selection criteria for cochlear implant candidates
- Demonstrates knowledge of different expectations for different populations implanted (i.e. young child vs. post linguistically deaf adult)
- Demonstrates knowledge of history and development of speech processing strategies currently in use
- Demonstrates knowledge of how cochlear implant works
- Demonstrates knowledge of electrode placement/operation (divided according to frequency bands, etc.)

Test Protocol

- Demonstrates ability to find threshold for electrical stimulation and CLL (Comfortable Loudness Level)
- Demonstrates consistent ability to program one manufacturer's cochlear implant device
- Demonstrates ability to perform electrically evoked potentials with cochlear implants (EABR, EMLR, neural response telemetry)

In addition to the wide variety of clinical experiences available at the **Memphis Speech and Hearing Center** on a daily basis, students also may gain experiences in the following programs:

Special MSHC Programs

- Adult Aural Rehabilitation
- Adult Fluency Program
- Adult Neurogenic Communication Disorders Program
- Adult Services for Standard English Training (ASSET)
- Aphasia Bootcamp
- Auditory Evoked Potential Testing
- Auditory Processing Disorders
- Augmentative and Alternative Communication (AAC)
- Child Aural Rehabilitation
- Child Fluency Program
- Cochlear Implants
- Community Based Speech, Language, and Hearing Screenings
- Early Hearing Testing
- Gender Affirming Voice Therapy
- Hearing Aid Fitting and Assistive Listening Device Counseling
- Language-based literacy program
- Language Learning Lab (LLL)
- Parent-Infant Program for Children who have hearing losses
- Social Stories
- Swallowing and Feeding Disorders
- Tiger PALS (preschoolers acquiring language skills)
- Voice Assessment and Treatment

Clinical Practicum Sites (Other than MSHC)

- Baptist Hospital East
- Baptist Memorial Hospital – DeSoto
- Baptist Rehab – Germantown
- Bartlett City Schools
- DeSoto County Schools
- DeSoto Healthcare Center
- Encompass Health – Central
- Encompass Health - North
- ENT Consultants of North Mississippi
- Germantown Municipal Schools
- Hearing and Balance Centers of West Tennessee
- Jackson-Madison County General Hospital

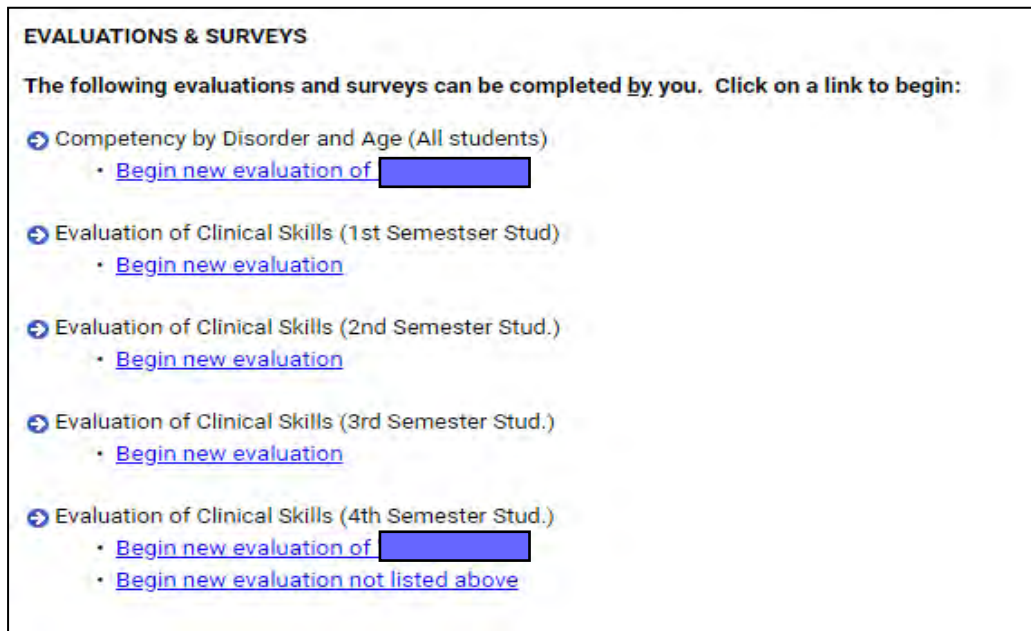
- Lakeland School District
- Le Bonheur Children's Hospital
- Le Bonheur Early Intervention and Development
- Le Bonheur Rehab
- Libertas School of Memphis
- Memphis Audiology
- Memphis Family Connection Center
- Memphis Hearing Aid and Audiological Services
- Memphis Oral School for the Deaf
- Memphis Shelby County Schools
- Memphis VA Medical Center
- Methodist Hospital – Germantown
- Methodist Hospital – Olive Branch
- Methodist Medical Group Otolaryngology
- Methodist North Hospital
- Methodist South Hospital
- Methodist University Hospital
- Mid-South Ear, Nose and Throat, P.C.
- Millington Healthcare Center
- Power of Words Therapy Services, LLC
- Regional One Medical Center
- SRVS
- St. Jude
- Thrive Hearing & Tinnitus Solutions
- UT Boling Center for Developmental Disabilities
- UT Methodist Physicians
- West Cancer Center
- West Tennessee School for the Deaf
- Words for Life Speech and Language Center, LLC

EVALUATION OF SLP STUDENTS – EXTERNAL SITES

**THE UNIVERSITY OF MEMPHIS
Administered on Typhon**

External site supervisors enter the evaluation of a student’s clinical skills into the Typhon system at the end of each semester. There are six forms of evaluation.

1. Evaluation of Clinical Skills (1st Semester)
2. Evaluation of Clinical Skills (2nd Semester)
3. Evaluation of Clinical Skills (3rd Semester)
4. Evaluation of Clinical Skills (4th Semester)
5. Evaluation of Clinical Skills (5th Semester)
6. Competency by Disorder and Age



One evaluation for each semester of study and a Competency by Disorder and Age evaluation that all educators complete. The clinic director sends an electronic invitation to the supervisor for the appropriate evaluation tool for each student assigned. Each evaluation assesses skills in evaluation, intervention, professional interaction, management of behavior and clinical environment, and oral and written reporting. The evaluations follow the Clinical Competencies for SLP Students to be CF Ready Rubric (Appendix A).

There are differences between the format of these evaluations and the ones used by the CSD clinical faculty in Student Competencies and Grading System (SCAGS).

- The Typhon version lists only the expected level of skill for each area assessed.
- The external supervisor designates whether that skill is below expectation, slightly below expectation, meets expectation, slightly above expectation, or above expectation.
- The supervisor enters a comment to provide a narrative/example of the skill.
- A comment is required if the rating is below or above expectation
- The clinic director transfers the ratings from Typhon to SCAGS to generate the final grade

2 EVALUATION

Prepares for the diagnostic evaluation or other assessment activity

Expected Level: Reviews background information and asks the supervisor questions regarding unclear areas. Suggests diagnostic tools to assess clients similar to past experience and attempts rationale for selection. Administers tests according to protocol. Prepares case history questions based on available information. Suggests clinical questions to be answered by evaluation.

Below Expectation	Slightly Below Expectation	Expected Level	Slightly Above Expectation	Above Expectation	N/A
a. Reviews and interprets background information					
Comment: <input type="text"/>					
b. Selects appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests and instrumental procedures					
Comment: <input type="text"/>					
c. Can explain the rationale for the selection of the chosen test measures and procedures (e.g. awareness of culture, gender, age, parental, client, schools, etc.)					
Comment: <input type="text"/>					
d. Prepares the clinical questions to be answered by the evaluation (e.g. interview questions, areas to assess)					
Comment: <input type="text"/>					

<https://www.typhongroup.net/eval/create/preview.asp?survey=14435&facility=9061>

Example of Evaluation from Clinical Skills (1st Semester)

SKILLS BY DISORDER

Please check the student's level of performance for each disorder area and age group that you observed them work with this semester in the domains of prevention, evaluation, and intervention. The three point scale suggests three levels of accomplishment: "1" minimal experience and in need of more; "2" skills are emerging; and "3" skills are at a level to begin the CF experience. The goal is to have the student "CF Ready" by the time of graduation. Not all areas require the "3" rating for the student to graduate. Complete the form as you see the student at the end of their experience with you this semester.

		Prevention			Evaluation			Intervention		
		1	2	3	1	2	3	1	2	3
Articulation	Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluency	Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice & Resonance	Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressive & Receptive Language	Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swallowing	Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Aspects of Communication	Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Aspects of Communication	Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Modalities	Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Speech-Language Pathology Knowledge and Skills within the Curriculum
 Council of Academic Accreditation (CAA) Standards

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
3.1.1B PROFESSIONAL PRACTICE COMPETENCIES (Corresponds to aspects of ASHA Certification Standards IV-B, IV-C, IV-D, IV-F, V-A, V-B)						
Accountability	7007 (Communicative Interaction)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements			Mid-South Conference on Communicative Disorders
Integrity	All academic courses require academic integrity	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements			
Effective Communication Skills	7003 (Anat & Phys) 7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7015 (Professional Writing) 7016 (Sociocultural Bases) 7113 (Rehabilitatv Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research) 7990 (Research Activity) 7991 (Intro to Research)	Mid-South Conference on Communicative Disorders

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
Clinical Reasoning	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7206 (Motor Speech Disorders) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7207 (Clin Instrumentation) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	Adult & Pediatric Diagnostics		7500 (Evaluating Research)	
Evidence-Based Practice	7006 (Nml Sp & Lng Dev) 7113 (Rehabilitatv Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research) 7990 (Research Activity) 7991 (Intro to Research)	
Concern for Individual Served	7007 (Communicativ Interactn) 7016 (Sociocultural Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research)	

Cultural Competence	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev)	7200 (Intro Clinic)	All clinical placements,			
	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
	7007 (Communicativ Interactn) 7016 (Sociocultural Bases) 7113 (Rehabilitatv Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	especially when working with interpreters and accent modification			
Professional Duty	7032 (Professional Dev in CSD)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)				Mid-South Conference on Communicative Disorders
Collaborative Practice	7006 (Nml Sp & Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7209 (Dysphagia) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	AAC, Multi-Handicapped, Hospital, Long-Term Care, TBI, Autism			Mid-South Conference on Communicative Disorders

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
3.1.2B FOUNDATIONS OF SPEECH-LANGUAGE PATHOLOGY PRACTICE (Corresponds to aspects of ASHA Certification Standards IV-B, IV-C, V-B)						
Discipline of human communication sciences and disorders	7006 (Nml Sp & Lng Dev) 7000 (Speech Science) 7003 (Anat & Phys) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic)				
Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases	7000 (Speech Science) 7003 (Anat & Phys) 7006 (Nml Sp & Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7113 (Rehabilitatv Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7207 (Clin Instrumentation) 7209 (Dysphagia)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	Preschool Screening, Diagnostics, AAC, Fluency	Practical labs, class assignments		
Ability to integrate information pertaining to normal and abnormal human development across the life span	7003 (Anat & Phys) 7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	Preschool Screening, Diagnostics, AAC, Fluency, Lang Learning, Aphasia, TBI	Practical labs, class assignments		
Nature of communications and swallowing processes to include knowledge of: <ul style="list-style-type: none"> Etiology of the disorders or differences Characteristics of the disorders or differences Underlying anatomical and physiological characteristics of the disorders or differences Acoustic characteristics of the disorders or differences (where applicable) Psychological characteristics associated with the disorders or differences 						

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
<ul style="list-style-type: none"> • Development nature of the disorders or differences • Linguistic characteristics of the disorders or differences (where applicable) • Cultural characteristics of the disorders or differences For the following elements:						
Articulation	7000 (Speech Science) 7003 (Anat & Phys) 7006 (Nml Sp & Lng Dev) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7206 (Dev & Acq Motor Spch Dis) 7204 (Artic and Phon Dis) 7207 (Clin Instrumentation) 7300 (Ch Lang Disorders) 7501 (Phonetic Transcription) 7502 (Intro Phon Transcriptn)	7208 (Clinical Experience SLP)	Artic, Hospital, Aural Rehab, Long Term Care, Alaryngeal, Multi-Handicapped, Diagnostic, accent modification	practical labs; listening labs; 7207-Clinical Instrumentation		
Fluency	7206 (Dev & Acq Motor Spch Dis) 7205 (Fluency Disorders)	7208 (Clinical Experience SLP)	Fluency, Diagnostic	practical labs		
Voice and resonance, including respiration and phonation	7000 (Speech Science) 7003 (Anat & Phys) 7010 (Neuro Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7207 (Clin Instrumentation)	7208 (Clinical Experience SLP)	Artic, Voice, Hospital, Aural Rehab, Long Term Care, Alaryngeal, Multi-Handicapped, Cleft Palate, Diagnostic	practical labs listening labs 7207-Clinical Instrumentation		
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7016 (Sociocultural Bases) 7204 (Artic and Phon Dis) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	Aphasia, Language Stim, TBI, Pediatric Language, Language/Literacy, Hospital, Autism/Behave/Communic, Hospital, Long-Term Care, Aural Rehab, AAC, Diagnostic			

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
Hearing, including the impact on speech and language	6106 (Intro Survey Audiology) 7113 (Rehabilitative Audiology) 7204 (Artic and Phon Dis) 7300 (Ch Lang Disorders) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	Preschool Screening, Hospital, Aural Rehab, Long Term Care, Diagnostics, Multi-Handicapped	Practical labs 6106 – Intro survey of Audiology		
Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)	7003 (Anat & Phys) 7010 (Neuro Bases) 7206 (Dev & Acq Motor Spch Dis) 7209 (Dysphagia) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	Hospital, Long-Term Care, Feeding, Diagnostic			
Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)	7006 (Nml Sp & Lng Dev) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	Aphasia, Voice, Language, TBI, Pediatric Language Program; Language Learning, Autism, Hospital, Aural Rehab, Long-term Care, Lang. Stim., Multi-Handicapped, AAC, Feeding, Diagnostic			
Social aspects of communication (e.g., behavioral and social skills affecting communication)	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7007 (Communicat Interactn) 7016 (Sociocultural Bases) 7203 (Voice Disorders) 7205 (Fluency Disorders) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	All clinical placements			
Augmentative and alternative communication	7308 (AAC)	7208 (Clinical Experience SLP)	Aphasia; Voice; Language, TBI, Autism Spectrum Disorders, Hospital, Aural Rehab, Long Term Care, Language Stimulation, Alaryngeal; Multi-Handicapped, AAC, Diagnostic	7308 assignments		

3.1.3B IDENTIFICATION AND PREVENTION OF SPEECH, LANGUAGE, AND SWALLOWING DISORDERS AND DIFFERENCES (Corresponds to aspects of ASHA Certification Standards IV-C, V-B)						
	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
Principles and methods of identification of communication and swallowing disorders and differences	7000 (Speech Science) 7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7016 (Sociocultural Bases) 7113 (Rehabilitativ Audiol) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7207 (Clin Instrumentation) 7209 (Dysphagia) 7212 (Autism) 7300 (Chld Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	Hospital, Feeding, Preschool Screening, Voice, Diagnostics			
Principles and methods of prevention of communication and swallowing disorders	7203 (Voice Disorders) 7205 (Fluency Disorders) 7209 (Dysphagia) 7300 (Chld Lang Disorders) 7305 (Lang Learning Disabilities) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	Diagnostics, Preschool Screening			
3.1.4B EVALUATION OF SPEECH, LANGUAGE, AND SWALLOWING DISORDERS AND DIFFERENCES (Corresponds to aspects of ASHA Certification Standards IV-D, V-B)						
Articulation	7206 (Dev & Acq Motor Spch Dis) 7204 (Artic and Phon Dis) 7207 (Clin Instrumentation) 7300 (Ch Lang Disorders)	7208 (Clinical Experience SLP)	Diagnostics, Accent Modification, Aphasia, Pediatric Lang Program	7207 (clinical instrumentatn)		
Fluency	7206 (Dev & Acq Motor Spch Dis) 7205 (Fluency Disorders)	7208 (Clinical Experience SLP)	Diagnostics, Hospital			
Voice and resonance, including respiration and phonation	7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7207 (Clin Instrumentation)	7208 (Clinical Experience SLP)	Voice, Adult Diagnostics, Hospital	7207 (clinical instrumentatn)		

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
Receptive and expressive language in speaking, listening, reading, writing, and manual modalities	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7016 (Sociocultural Bases) 7204 (Artic and Phon Dis) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	Pediatric Language Program, Language & Literacy, Diagnostics, Hospital			
Hearing, including the impact on speech and language	6106 (Intro Survey Audiol) 7113 (Rehabil Audiology) 7300 (Ch Lang Disorders)	7208 (Clinical Experience SLP)	Diagnostics			
Swallowing	7209 (Dysphagia)	7208 (Clinical Experience SLP)	Hospital			
Cognitive aspects of communication	7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	All clinical placements			
Social aspects of communication	7005 (Lang Sample Analysis) 7007 (Communicativ Interactn) 7016 (Sociocultural Bases) 7205 (Fluency Disorders) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	All clinical placements			
Augmentative and alternative communication needs	7308 (AAC)	7208 (Clinical Experience SLP)	AAC Clinic			

3.1.5B INTERVENTION TO MINIMIZE THE EFFECTS OF CHANGES IN THE SPEECH, LANGUAGE, AND SWALLOWING MECHANISMS (Corresponds to aspects of ASHA Certification Standards IV-D, V-B)

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
Intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment						
Intervention for disorders and differences of the following:						
• Articulation	7206 (Dev & Acq Motor Spch Dis) 7204 (Artic and Phon Dis)	7208 (Clinical Experience SLP)	Pediatric Language, School-Based, Accent Modification			
• Fluency	7206 (Dev & Acq Motor Spch Dis) 7205 (Fluency Disorders)	7208 (Clinical Experience SLP)	Fluency (private & group)			
• Voice and resonance, including respiration and phonation	7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis)	7208 (Clinical Experience SLP)	Voice, Adult Tx			
• Receptive and expressive language in speaking, listening, reading, writing, and manual modalities	7204 (Artic and Phon Dis) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	Autism, Behavior, & Communic. Program; AAC; Hospital; Aphasia; School-Based; Lang/Literacy; Lang. Stimulation			
• Hearing, including the impact on speech and language	7113 (Rehabil Audiology) 7300 (Ch Lang Disorders)	7208 (Clinical Experience SLP)	Pediatric Language; Hospital; School-Based (Oral School for the Deaf)			
• Swallowing	7209 (Dysphagia)	7208 (Clinical Experience SLP)	Hospital			
• Cognitive aspects of communication	7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	Autism, Behavior, & Communic. Program; AAC; Hospital; Aphasia; School-Based; Lang/Literacy			
• Social aspects of communication	7007 (Communicative Interaction) 7016 (Sociocultural Bases) 7205 (Fluency Disorders) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	Autism, Behavior, & Communic. Program; AAC; Hospital; Aphasia; School-Based; Fluency; Lang/Literacy			
• Augmentative and alternative communication needs	7308 (AAC)	7208 (Clinical Experience SLP)	AAC			

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
3.1.6B GENERAL KNOWLEDGE AND SKILLS APPLICABLE TO PROFESSIONAL PRACTICE (Corresponds to aspects of ASHA Certification Standards IV-E, IV-G, IV-H, V-B)						
Ethical conduct	7016 (Sociocultural Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research)	
Integration and application of knowledge of the interdependence of speech, language, and hearing	6106 (Intro Survey Audiology) 7016 (Sociocultural Bases) 7006 (Nml Sp & Lng Dev) 7007 (Communicative Interaction) 7010 (Neuro Bases) 7113 (Rehabilitatv Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7207 (Clin Instrumentation) 7209 (Dysphagia) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research)	
Engagement in contemporary professional issues and advocacy	7006 (Nml Sp & Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7113 (Rehabilitatv Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)			7500 (Evaluating Research)	Mid-South Conference on Communicative Disorders

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
	7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)					
Processes of clinical education and supervision		7200 (Intro Clinic) 7208 (Clinical Experience SLP)				
Professionalism and professional behavior in keeping with the expectations for a speech-language pathologist		7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements			Mid-South Conference on Communicative Disorders
Interaction skills and personal qualities, including counseling and collaboration	7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7113 (Rehabilitatv Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements	Role play assignments		
Self-evaluation of effectiveness of practice	7007 (Communicative Interaction)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements			

Speech-Language Pathology Knowledge and Skills

American Speech-Language-Hearing Association (ASHA) Standards: Listed by Course

Note: Aspects of each Standard are addressed to varying extents in individual courses.

- 7000 - Speech Science
- 7003 - Anatomy and Physiology of the Speech Mechanism
- 7005 – Language Sample Analysis
- 7006 - Language and Speech Development
- 7007 - Communicative Interaction
- 7010 - Neurological Bases of Communication
- 7015 – Professional Writing
- 7016 - Socio-Cultural Bases of Communication
- 7032 – Professional Development in CSD
- 6106 - Introductory Survey of Audiology
- 7113 - Rehabilitative Audiology I
- 7123 - Clinical Applications Sign Language
- 7200 - Introduction to Clinical Practice in Speech-Language Pathology
- 7201 - Cleft Palate and Craniofacial Disorders
- 7206 - Developmental and Acquired Speech Motor Disorders
- 7203 - Voice Disorders
- 7204 - Disorders of Phonology and Articulation
- 7205 - Fluency Disorders
- 7207 - Clinical Instrumentation
- 7208 - Clinical Experience in Speech-Language Pathology
- 7209 - Dysphagia and Related Disorders
- 7212 - Autism Spectrum Disorders and Related Disabilities
- 7300 - Language Disorders in Children
- 7302 - Language Disorders in Adults
- 7305 - Language Learning Disabilities
- 7308 - Augmentative Communication
- 7309 - Speech Rehabilitation for Head and Neck Pathologies
- 7500 - Evaluating Research in Communication Disorders
- 7501 - Phonetic Transcription
- 7505 – Introduction to Interprofessional Education and Practice

7000 – Speech Science

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
 - Voice and resonance, including respiration and phonation

7003 – Anatomy and Physiology of the Speech Mechanism

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

7005 – Language Sample Analysis

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing

- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
 - Evaluation

7006 – Language and Speech Development

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
 - Articulation
 - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
 - Evaluation

7007 – Communicative Interaction

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
 - Interaction and Personal Qualities

7010 – Neurological Bases of Communication

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
 - Voice and resonance, including respiration and phonation
 - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Evaluation

7015 – Professional Writing

- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

7016 – Socio-Cultural Bases of Communication

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
 - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Evaluation
 - Intervention
 - Interaction and Personal Qualities

7032 – Professional Development in CSD

- V-C The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Interaction and Personal Qualities

6106 – Introductory Survey of Audiology

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Hearing, including the impact on speech and language
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Evaluation
 - Intervention

7113 – Rehabilitative Audiology I

- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Hearing, including the impact on speech and language
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Intervention
 - Interaction and Personal Qualities

7123 – Clinical Application of Sign Language

- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Hearing, including the impact on speech and language
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Intervention
 - Interaction and Personal Qualities

7200 – Introduction to Clinical Practice in Speech-Language Pathology

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
 - Fluency
 - Voice and resonance, including respiration and phonation
 - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - Hearing, including the impact on speech and language
 - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
 - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
 - Augmentative and alternative communication modalities
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-B The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-C The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

7201 – Cleft Palate and Craniofacial Disorders

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
 - Voice and resonance, including respiration and phonation
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

7204 – Disorders of Phonology and Articulation

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
 - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - Voice and resonance, including respiration and phonation
 - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
 - Hearing, including the impact on speech and language
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

7205 – Fluency Disorders

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Fluency
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

7206 – Developmental and Acquired Motor Speech Disorders

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
 - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
 - Voice and resonance, including respiration and phonation

- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
 - Assessment
 - Intervention
 - Interaction and Personal Qualities

7203 – Voice Disorders

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
 - Voice and resonance, including respiration and phonation
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.

- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

7207 – Clinical Instrumentation

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
 - Voice and resonance, including respiration and phonation
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment

7208 – Clinical Experience in Speech-Language Pathology

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
 - Fluency
 - Voice and resonance, including respiration and phonation
 - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - Hearing, including the impact on speech and language
 - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
 - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
 - Augmentative and alternative communication modalities
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-E The applicant must have demonstrated knowledge of standards of ethical conduct.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- IV-H The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

7209 – Dysphagia and Related Disorders

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-E The applicant must have demonstrated knowledge of standards of ethical conduct.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention

7212 – Autism Spectrum Disorders and Related Disabilities

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

7300 – Language Disorders in Children

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
 - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - Hearing, including the impact on speech and language
 - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

7302 – Language Disorders in Adults

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Intervention Interaction and Personal Qualities

7305 – Language Learning Disabilities

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention

7308 – Augmentative Communication

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
 - Augmentative and alternative communication modalities
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

7309 – Speech Rehabilitation for Head and Neck Pathologies

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
 - Voice and resonance, including respiration and phonation
 - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
 - Augmentative and alternative communication modalities
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

7500 – Evaluating Research in Communication Disorders

- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

7501 – Phonetic Transcription

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

7502 – Intro to Transcription

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

7505 – Introduction to Interprofessional Education and Practice

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - Hearing, including the impact on speech and language
 - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
 - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that the applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
 - Intervention
 - Interaction and Personal Qualities

STANDARD	KNOWLEDGE (K) OR KNOWLEDGE & SKILL (K&S)	AUSP	COURSE	CODE
Standard IV-A	Foundations of Practice - KNOWLEDGE			
A1	Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span	7006	Language Development	B
		8001	Pyschoacoustics	P
		8013	Calibration and Conservation	M
		8019	Anat & Phys.	P
		8020	Aud Proc Lifespan	P
		8101	Audiologic Concepts	M
		8103	Diag. & Med. Audiology	B
		8104/8125	Clinical Practicum	C
		8105	Vestibular	P
		8107	Auditory Implants	M
		8115	Pediatric Audiology	P
		8118	Electrophysiologic Assessment	B
A2	Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems	8013	Calibration and Conservation	P
		8019	Anat & Phys.	B
		8020	Aud Proc Lifespan	B
		8103	Diag. & Med. Audiology	M
		8104/8125	Clinical Practicum	C
		8105	Vestibular	P
		8115	Pediatric Audiology	B
		8118	Electrophysiologic Assessment	B
A3	Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span	7006	Language Development	P
		8008	Acoustic Phonetics	B
		8104/8125	Clinical Practicum	C
		8107	Auditory Implants	

			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	B	
A4	Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span		8001	Psychoacoustics	T	
			8008	Acoustic Phonetics	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8104/8125	Clinical Practicum	C	
A5	Calibration and use of instrumentation according to manufacturers' specifications and accepted standards		8012	Measurement Techniques	T	
			8013	Calibration and Conservation	P	
			8101	Audiologic Concepts	P	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	M	
			8114	Intro to Hearing Aids	T	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8118	Electrophysiologic Assessment	M	
			8104/8125	Clinical Practicum	C	
A6	Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases		8103	Diag. & Med. Audiology	M	
			8118	Electrophysiologic Assessment	P	
			8104/8125	Clinical Practicum	C	
A7	Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management		8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	P	
			8107	Auditory Implants	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8118	Electrophysiologic Assessment	P	
			8127	Audiologic Rehab II	P	
			8128	EBP in Amplification	P	
			8129	Psychosocial Adjustment to HI	P	

			8104/8125	Clinical Practicum	C	
A8	Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties					
			7006	Language Development	M	
			7007	Communicative Interaction	M	
			8101	Audiologic Concepts	M	
			8103	Diag. & Med. Audiology	M	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
A9	Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions					
			8101	Audiologic Concepts	M	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
A10	Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span					
			8001	Psychoacoustics	M	
			8013	Calibration and Conservation	P	
			8103	Diag. & Med. Audiology	B	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8118	Electrophysiologic Assessment	B	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	

A11	Manual and visual communication systems and the use of interpreters/transliterators/translators		8107	Auditory Implants	P
			8113	Audiologic Rehab I	T
			8104/8125	Clinical Practicum	C
A12	Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication		7006	Language Development	P
			7007	Communicative Interaction	P
			8101	Audiologic Concepts	M
			8107	Auditory Implants	M
			8115	Pediatric Audiology	M
			8127	Audiologic Rehab II	M
			8104/8125	Clinical Practicum	C
A13	Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making		8008	Acoustic Phonetics	B
			8101	Audiologic Concepts	P
			8103	Diag. & Med. Audiology	P
			8105	Vestibular	P
			8107	Auditory Implants	P
			8113	Audiologic Rehab I	P
			8114	Intro to Hearing Aids	M
			8115	Pediatric Audiology	P
			8116	Hearing Aid Provision	P
			8118	Electrophysiologic Assessment	M
			8127	Audiologic Rehab II	M
			8128	EBP in Amplification	T
			8104/8125	Clinical Practicum	C
A14	Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)		8103	Diag. & Med. Audiology	M
			8105	Vestibular	P
			8107	Auditory Implants	P
			8113	Audiologic Rehab I	T

			8114	Intro to Hearing Aids	M	
			8115	Pediatric Audiology	B	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	M	
			8128	EBP in Amplification	P	
			8104/8125	Clinical Practicum	C	
A15	Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation					
			8101	Audiologic Concepts	B	
			8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	B	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	B	
			8116	Hearing Aid Provision	M	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
A16	Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals					
			8101	Audiologic Concepts	B	
			8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
A17	Importance, value, and role of interprofessional communication and practice in patient care					
			8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	M	
			8105	Vestibular	P	
			8107	Auditory Implants	P	
			8115	Pediatric Audiology	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
A18	The role, scope of practice, and responsibilities of audiologists and other related professionals					
			8001	Psychoacoustics		

			8101	Audiologic Concepts	M	
			8115	Pediatric Audiology	P	
			8107	Auditory Implants	P	
			8104/8125	Clinical Practicum	C	
			8116	Hearing Aid Provision	P	
			8127	Adult AR	P	
			8129	Psychosocial Adjustment to HI	P	
			8128	EBP	P	
A19	Health care, private practice, and educational service delivery systems					
			8105	Vestibular	P	
			8101	Audiologic Concepts	B	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	M	
			8104/8125	Clinical Practicum	C	
A20	Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management					
			8107	Auditory Implants	M	
			8113	Audiologic Rehab I	B	
			8114	Intro to Hearing Aids	M	
			8104/8125	Clinical Practicum	C	
A21	Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served					
			8113	Audiologic Rehab I	P	
			8127	Audiologic Rehab II	P	
			8104/8125	Clinical Practicum	C	
			8115	Pediatric Audiology	M	
			8107	Auditory Implants	M	
A22	Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates					
			8113	Audiologic Rehab I	M	
			8114	Intro to Hearing Aids	P	
			8116	Hearing Aid Provision	M	
			8104/8125	Clinical Practicum	C	
A23	Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel					
			8104/8125	Clinical Practicum	C	
			8127	Audiologic Rehab II	B	
			8129	hearing aids		

Standard IV-B	Prevention and Identification: KNOWLEDGE & SKILLS				
B1	Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders		8020	Aud Proc Lifespan	T
			8013	Calibration and Conservation	P
			8105	Vestibular	T
			8115	Pediatric Audiology	B
			8116	Hearing Aid Provision	B
			8104/8125	Clinical Practicum	C
B2	Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span		8013	Calibration and Conservation	P
			8101	Audiologic Concepts	M
			8113	Audiologic Rehab I	M
			8115	Pediatric Audiology	B
			8127	Audiologic Rehab II	P
			8129	Psychosocial Adjustment to HI	P
			8104/8125	Clinical Practicum	C
B3	Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems		8013	Calibration and Conservation	P
			8103	Diag. & Med. Audiology	P
			8104/8125	Clinical Practicum	C
B4	Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings		8013	Calibration and Conservation	P
			8104/8125	Clinical Practicum	C
			8113	Audiologic Rehab I	M
			8115	Pediatric Audiology	B
B5	Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening		8101	Audiologic Concepts	M
			8103	Diag. & Med. Audiology	P
			8113	Audiologic Rehab I	M
			8115	Pediatric audiology	P
			8118	Electrophysiologic Assessment	B

			8104/8125	Clinical Practicum	C	
B6	Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements		8013	Calibration and Conservation	M	
			8101	Audiologic Concepts	T	
			8104/8125	Clinical Practicum	C	
			8115	Pediatric Audiology	P	
			8118	Electrophysiologic Assessment	M	
B7	Participating in occupational hearing conservation programs		8013	Calibration and Conservation	T	
			8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	M	
			8113	Audiologic Rehab I	B	
			8115	Pediatric Audiology	B	
			8104/8125	Clinical Practicum	C	
B8	Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span		8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	M	
			8113	Audiologic Rehab I	B	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8118	Electrophysiologic Assessment	P	
			8127	Audiologic Rehab II	P	
			8104/8125	Clinical Practicum	C	
B9	Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation		8013	Calibration and Conservation	B	
			8101	Audiologic Concepts	T	
			8115	Pediatric Audiology	T	
			8118	Electrophysiologic Assessment	M	
			8104/8125	Clinical Practicum		
B10	Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function		8101	Audiologic Concepts	B	
			8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	M	
			8115	Pediatric Audiology	P	
			8118	Electrophysiologic Assessment	B	
			8127	Audiologic Rehab II	M	

B11	Screening for comprehension and production of language, including the cognitive and social aspects of communication		8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	B	
			8115	Pediatric Audiology	M	
			8107	Auditory Implants	B	
B12	Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)		8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	B	
B13	Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate		8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	B	
			8118	Electrophysiologic Assessment	M	
			8115	Pediatric Audiology	M	
			8107	Auditory Implants	B	
B14	Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)		8013	Calibration and Conservation	P	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8115	Pediatric Audiology	M	
			8118	Electrophysiologic Assessment	P	
Standard IV-C	Assessment: KNOWLEDGE					
C1	Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors		8101	Audiologic Concepts	M	
			8103	Diag. & Med. Audiology	P	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	P	
			8118	Electrophysiologic Assessment	M	
			8127	Audiologic Rehab II	P	
			8104/8125	Clinical Practicum	C	
C2	Obtaining a case history and client/patient narrative		8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	T	
			8105	Vestibular		

			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	M	
			8118	Electrophysiologic Assessment	M	
			8127	Audiologic Rehab II	M	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
C3	Obtaining client/patient-reported and/or caregiver-reported measures to assess function		8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8105	Vestibular	M	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
C4	Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system		8019	Anat & Phys.	P	
			8020	Aud Proc Lifespan	P	
			8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	T	
			8105	Vestibular	T	
			8118	Electrophysiologic Assessment	T	
			8104/8125	Clinical Practicum	C	
C5	Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life		8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8129	Psychosocial Adjustment to HI	P	
C6	Providing assessment of tolerance problems to determine the presence of hyperacusis		8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8129	Psychosocial Adjustment to HI	P	

C7	Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function			8101	Audiologic Concepts	P	
				8103	Diag. & Med. Audiology	T	
				8115	Pediatric Audiology	P	
				8104/8125	Clinical Practicum	C	
C8	Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated			8101	Audiologic Concepts	P	
				8103	Diag. & Med. Audiology	T	
				8115	Pediatric Audiology	T	
				8104/8125	Clinical Practicum	C	
C9	Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated			8101	Audiologic Concepts	P	
				8103	Diag. & Med. Audiology	T	
				8115	Pediatric Audiology	P	
				8104/8125	Clinical Practicum	C	
C10	Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used			8101	Audiologic Concepts	P	
				8103	Diag. & Med. Audiology	T	
				8115	Pediatric Audiology	P	
				8118	Electrophysiologic Assessment	P	
				8104/8125	Clinical Practicum	C	
C11	Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes			8101	Audiologic Concepts	M	
				8103	Diag. & Med. Audiology	P	
				8115	Pediatric Audiology	P	

			8118	Electrophysiologic Assessment	T	
			8104/8125	Clinical Practicum	C	
C12	Selecting, performing, and interpreting otoacoustic emissions testing		8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	T	
			8115	Pediatric Audiology	P	
			8118	Electrophysiologic Assessment	M	
			8104/8125	Clinical Practicum	C	
C13	Selecting, performing, and interpreting tests for nonorganic hearing loss		8101	Audiologic Concepts	M	
			8103	Diag. & Med. Audiology	T	
			8115	Pediatric Audiology	P	
			8104/8125	Clinical Practicum	C	
C14	Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	
C15	Selecting, performing, and interpreting tests to evaluate central auditory processing disorder		8020	Aud Proc Lifespan	P	
			8103	Diag. & Med. Audiology	B	
			8104/8125	Clinical Practicum	C	
			8118	Electrophysiologic Assessment	B	
C16	Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)		8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8118	Electrophysiologic Assessment	T	
C17	Posturography		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	

C18	Rotary chair tests		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	
C19	Video head impulse testing (vHIT)		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	
Standard IV-D	Intervention (Treatment): KNOWLEDGE & SKILLS					
D1	Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures					
			8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	P	
			8107	Auditory Implants	M	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
			8104/8125	Clinical Practicum	C	
D2	Providing individual, family, and group counseling as needed based on client/patient and clinical population needs					
			8115	Pediatric Audiology	M	
			8107	Auditory Implants	M	
			8113	Audiologic Rehab I	P	
			8116	Hearing Aid Provision	M	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
			8104/8125	Clinical Practicum	C	
D3	Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders					
			8101	Audiologic Concepts	M	
			8103	Diag. & Med. Audiology	P	
			8105	Vestibular	P	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision		

			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
			8104/8125	Clinical Practicum	C	
D4	Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices					
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	T	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	M	
			8128	EBP in Amplification	M	
			8104/8125	Clinical Practicum	C	
D5	Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life					
			8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	P	
			8107	Auditory Implants	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	M	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
D6	Facilitating patients' acquisition of effective communication and coping skills					
			8101	Audiologic Concepts	B	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	M	
			8115	Pediatric Audiology	M	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
D7	Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems					
			8107	Auditory Implants	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology		

			8116	Hearing Aid Provision	M	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
D8	Enhancing adherence to treatment plans and optimizing treatment outcomes					
			8105	Vestibular	B	
			8107	Auditory Implants	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	T	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
D9	Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed					
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	P	
			8114	Intro to Hearing Aids	T	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
Standard IV-E	Advocacy/Consultation: KNOWLEDGE & SKILLS					
E1	Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures					
			8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	

E2	Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues		8115	Pediatric Audiology	M
			8103	Diag. & Med. Audiology	M
			8104/8125	Clinical Practicum	C
			8105	Vestibular	B
			8113	Audiologic Rehab I	M
			8127	Audiologic Rehab II	P
			8129	Psychosocial Adjustment to HI	P
E3	Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship		8105	Vestibular	B
			8107	Auditory Implants	P
			8113	Audiologic Rehab I	P
			8115	Pediatric Audiology	P
			8127	Audiologic Rehab II	P
			8129	Psychosocial Adjustment to HI	P
			8104/8125	Clinical Practicum	C
E4	Providing assessments of family members' perception of and reactions to communication difficulties		8104/8125	Clinical Practicum	C
			8107	Auditory Implants	P
			8113	Audiologic Rehab I	T
			8115	Pediatric Audiology	P
			8116	Hearing Aid Provision	M
			8127	Audiologic Rehab II	P
			8129	Psychosocial Adjustment to HI	P
E5	Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning		8104/8125	Clinical Practicum	C
			8107	Auditory Implants	P
			8113	Audiologic Rehab I	P
			8115	Pediatric Audiology	P
			8127	Audiologic Rehab II	P
			8129	Psychosocial Adjustment to HI	P

E6	Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
E7	Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties		8105	Vestibular	P	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	P	
			8116	Hearing aid provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
E8	Selecting and fitting appropriate amplification devices and assistive technologies		8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	T	
			8116	Hearing Aid Provision	M	
			8118	Electrophysiologic Assessment	B	
			8127	Audiologic Rehab II	M	
			8104/8125	Clinical Practicum	C	
E9	Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input-output characteristics		8115	Pediatric Audiology	B	
			8114	Intro to Hearing Aids	T	
			8116	Hearing Aid Provision	T	
			8104/8125	Clinical Practicum	C	
E10	American National Standards Institute (ANSI) standards		8104/8125	Clinical Practicum	C	
			8114	Intro to Hearing Aids	T	
			8115	Pediatric Audiology		

			8116	Hearing Aid Provision	P	
E11	Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance		8104/8125	Clinical Practicum	C	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	B	
			8116	Hearing Aid Provision	T	
E12	Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	T	
			8115	Pediatric Audiology	B	
E13	Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately		8104/8125	Clinical Practicum	C	
			8114	Intro to Hearing Aids	P	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
E14	Identifying individuals who are candidates for cochlear implantation and other implantable devices		8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	P	
			8104/8125	Clinical Practicum	C	
E15	Counseling cochlear implant candidates and their families regarding the benefits and limitations of Auditory Implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	T	
			8115	Pediatric Audiology	P	
E16	Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients		8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	T	
			8104/8125	Clinical Practicum	C	

E17	Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients’/patients’ communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	B	
			8116	Hearing Aid Provision	M	
			8127	Audiologic Rehab II	P	
E18	Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	T	
			8127	Audiologic Rehab II	P	
E19	Ensuring compatibility of HATS when used in conjunction with hearing aids, Auditory Implants, or other devices and in different use environments		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	M	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	P	
E20	Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	B	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	M	
E21	Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication		8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	T	
			8115	Pediatric Audiology	B	

			8116	Hearing Aid Provision	M	
			8118	Electrophysiologic Assessment	B	
			8127	Audiologic Rehab II	P	*
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
E22	Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder					
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum		
E23	Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations					
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum		
E24	Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances					
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum		
E25	Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)					
			8104/8125	Clinical Practicum	C	
			8103	Diag. & Med. Audiology	P	
			8129	Psychosocial Adjustment to HI	P	
E26	Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)					
			8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	
E27	Providing intervention for central and peripheral vestibular deficits					
			8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	

E28	Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	P	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	B	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8128	EBP in Amplification	P	
			8129	Psychosocial Adjustment to HI	P	
Standard IV-F	Education/Research/Administration: KNOWLEDGE & SKILLS					
F1	Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment		8115	Pediatric Audiology	T	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	P	
			8129	Psychosocial Adjustment to HI	P	
F2	Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment		8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	M	
			8129	Psychosocial Adjustment to HI	P	
F3	Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social-emotional development and functioning		8101	Audiologic Concepts	B	
			8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	P	
			8115	Pediatric Audiology	T	
F4	Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth		8104/8125	Clinical Practicum	C	

			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	P	
F5	Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
F6	Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	M	
F7	Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	M	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	M	
F8	Providing for intervention to ensure age/developmentally appropriate speech and language development		8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	M	
			8115	Pediatric Audiology	T	
			8107	Auditory Implants	P	
F9	Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	M	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
F10	Providing ongoing support for children by participating in IEP or IFSP processes		8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I		9/14/23, p. 166

			8115	Pediatric Audiology	B	
F11	Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills		8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	T	
			8129	Psychosocial Adjustment to HI	M	
F12	Evaluating acoustics of classroom settings and providing recommendations for modifications		8115	Pediatric Audiology	M	
			8119	Hearing Conservation	P	
			8127	Audiologic Rehab II	M	
			8129	Psychosocial Adjustment to HI	M	
			8104/8125	Clinical Practicum	C	
F13	Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals		7007	Communicative Interaction	B	*
			8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	M	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8114	Intro to Hearing Aids	M	
			8115	Pediatric Audiology	P	*
			8118	Electrophysiologic Assessment	M	
			8127	Audiologic Rehab II	P	
			8104/8125	Clinical Practicum	C	

CastleBranch Background Check and Drug Screens

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1. Go to <https://portal.castlebranch.com/UE54>
2. Select “Place Order” at the bottom of the screen
3. Open the “Please Select” tab
4. Choose the one you need to complete. In most cases it is the first option.
 - a. UE54: Abuse - Background Check - Drug Test
 - b. UE54bg: Abuse – Background Check
 - c. UE54dt: Drug Test
5. Read the order instructions and check the box “I have read this information”
6. Acknowledge Terms and Conditions
7. Complete the Personal Information Form

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Goals and Expectations for Clinical Practicum in Speech-Language Pathology

The Directors of Clinical Education in Speech-Language Pathology will:

1. Design an individualized clinical practicum sequence for the student with the input from clinical faculty and in collaboration with the student with the emphasis on the skills the student has obtained and still needs to learn as well as his/her areas of interest;
2. Retain and add external placements that will provide a rich learning environment for students;
3. Be available for students to express interests and concerns about their clinical training or education in general;
4. Keep all issues of concerns addressed with a student confidential;
5. Maintain currency of the practice trends in speech-language-swallowing disorders and business practices to ensure the best opportunity for learning for students;

The clinical educator (supervisor) will:

1. Provide background information about the clients and procedures for specific programs;
2. Initially, inquire about the student's knowledge and experience with the disorder type/age of client assigned and determine the level of instruction needed for the student to succeed with the client;
3. Share expectations of skill level for a student at his/her level of study by the end of the semester;
4. Meet with students on a regular basis to plan and debrief the sessions as well as give feedback regarding the sessions;
5. Be open to student questions and suggestions;
6. Continuously assess the student's skill and knowledge to provide the optimal learning experience for the student;
7. Encourage questions and guide the student regarding the types of questions a learner at his/her level of study is expected to ask;
8. Foster critical thinking and problem-solving skills;
9. Guide the student to a level of expected skill for his/her level of learning with the ultimate goal of independence in the session;
10. Participate in self-assessment of clinical teaching methods and strategies and encourage feedback from students;
11. Ultimately be responsible for providing the best services to the client and families

The student will:

1. Participate in clinic assignments that will expose them to the breadth of the scope of practice across the lifespan, with diverse populations, and in as many different settings as possible;
2. Work with each of the CSD clinical faculty in the majority of clinical programs offered at MSHC;
3. Understand his/her responsibility to provide the best and most efficient care/service to the client and their families;
4. Come to the session prepared with the necessary plans, materials, knowledge, and practice of tests/techniques, and mindset to provide the best services for the client;
5. Be open to learning new techniques and to be an active learner in the education process;
6. Be familiar with the policies and procedures in the CSD Handbook and refer to it for information before asking questions;
7. Apply course content in the clinic and ask insightful questions to assist the clinical educator in identifying any disconnect of knowledge and application;
8. Gain meaningful insight, through self-assessment and instructor feedback, and achieve progress with each clinical placement;
9. Express concerns about the clinical experience with the assigned clinical faculty member throughout the semester and not just at the end of the assignment;
10. Participate in at least one placement in a medical setting and one in pediatric placement (i.e., school, private practice, etc.)
11. Meet the knowledge and skills outlined for certification of clinical competence for ASHA, TN teacher licensure, and other state licensures;
12. Exceed the minimum ASHA requirement of 400 clock hours

The Clinical Practicum Progression in Speech-Language Pathology

In general, the progression of clinical education is based on the coursework taken by the student and the clinical experience the student has had. Students need to have had or are concurrently taking the courses that apply to the clinic assigned. Off-site medical placements require, at minimum, the Language Disorders in Adults I and preferably Dysphagia at least concurrently.

Each semester students will meet with the Co-Director of Clinical Education, SLP, Justine Springs, to discuss their progression of experiences and their requests for placements in the future. Efforts are made to accommodate the requests, when possible.

Students can request more clinic than the typical assignment. Students who are on clinical assistantships will be assigned an additional 10 hours a week, which can have an impact on the total number of clock hours accrued in the program.

First Semester: (approximately 6 hours of client contact a week)

- With-Background (WB) students will be assigned 6 hours of client contact per week. A specific number of clients are not specified because the schedule can vary if working with individuals or groups in clinic. Assignments will typically be diagnostics or therapy with children (speech/language disorders) or accent modification with adults (ASSET). On a rare occasion, a student who has had fluency disorders undergrad may have a fluency client. Total number of clock hours expected by the end of the semester is 50+.
- With other Background (WOB) students may be assigned clinic in the role of observer or possibly the clinician. Clinician roles would be in the accent modification program (ASSET) and, on rare occasions, therapy with children. Assignments are determined based on the undergraduate area of study and experiences. The primary clinical assignment for the semester is obtaining 25 observation hours.

Second Semester: (approximately 9 hours of client contact a week)

- Spring graduates, with recommendation from supervisors, can be placed off-site in pediatric/school settings. Assignments will be different than the first semester, but with the same types of clients. Total number of clock hours expected by the end of the semester is 100+.
- Summer Graduates (after the first semester students are no longer considered to be a WOB) assignments will typically be diagnostics or therapy with children (speech/language disorders) or accent modification with adults (ASSET). Total number of clock hours expected by the end of the semester is 50+.

Third Semester: (approximately 9 hours of client contact a week)

- Spring graduates, with recommendation from supervisors, can be placed off-site in pediatric/school settings. Assignments with disorders for which class work has been completed or concurrently taken can be assigned. Total number of clock hours expected by the end of the semester is 150+.
- Summer Graduates, with recommendation from supervisors, can be placed off-site in pediatric/school settings. Assignments will be different than the first semester, but with the same types of clients. Total number of clock hours expected by the end of the semester is 100+.

Fourth Semester: (minimum of 9 hours of client contact a week)

- Spring graduates will have their first opportunity to be placed in a medical setting. Those not placed in a medical setting will be placed in some type of offsite experience, if they have not been off-site in earlier semesters. Most off-site placements are for 2 full days a week. Students will also be assigned at least one client in-house. Total number of clock hours expected by the end of the semester is 250-300+ (with off-site twice a week). When assigned to an adult off-site placement, the goal is to get as many of the adult clock hours as possible that semester.
- Summer graduates will have their first opportunity to be placed in an adult/pediatric medical setting; however, the priority of placement will be to the spring graduates. Efforts are made to place as many as possible in some type of off-site placement. Total number of clock hours expected by the end of the semester is 150-250+ (depending on if assigned off-site twice a week). When assigned to an adult off-site placement, the goal is to get as many of the adult clock hours as possible that semester.

Fifth Semester: (minimum of 9 hours of client contact a week)

- Spring graduates who have not been placed in a medical setting will have first priority for those placements. Second priority will go to the summer graduates. If placements are available, students who have an interest in the medical setting may request a second placement. Complete all hours in all categories with a minimum total of 400 (including 25 observation) clock hours.
- Summer graduates will have second priority for medical placements after those spring graduates who have not had that opportunity. Total number of clock hours expected by the end of the semester is 250-300+ (depending on if assigned off-site twice a week).

Sixth Semester: (minimum of 9 hours of client contact a week)

- Summer graduates who have not been placed in a medical setting will have first priority for those placements. If placements are available, students who have an interest in the medical setting may request a second placement. Complete all hours in all categories with a minimum total of 400 (including 25 observation) clock hours.

The following table is a breakdown of the clock hours by disorder and age group. These are suggested targets to insure a clinical experience that involves the scope of practice. Some states require these clock hours for licensure. It is important to be aware of the requirements of the states where you may do your CF early in the program to ensure time to acquire what is needed. **The ultimate requirement for clinical experience is the competency level of both knowledge and skills across the nine disorder areas determined by ASHA, not the hours in each category.**

SLP Practicum Targets

Category	Hours Required	Category	Hours Required
Child Speech Diagnostics <ul style="list-style-type: none"> • Artic • Voice • Fluency • Dysphagia/feeding • Speech screening 	20 total <ul style="list-style-type: none"> • only 10 of the 20 can be screening hours 	Adult Speech Diagnostics <ul style="list-style-type: none"> • Artic • Voice • Fluency • Dysphagia/feeding • Speech screening 	20 total <ul style="list-style-type: none"> • only 10 of the 20 can be screening hours • only 10 of the 20 can be dysphagia
Child Language Diagnostics <ul style="list-style-type: none"> • Language screening • Cognitive • AAC 	20 total <ul style="list-style-type: none"> • only 10 of the 20 can be screening hours 	Adult Language Diagnostics <ul style="list-style-type: none"> • Language screening • Cognitive • AAC 	20 total <ul style="list-style-type: none"> • only 10 of the 20 can be screening hours
Child Speech Therapy <ul style="list-style-type: none"> • Artic • Voice • Fluency • Dysphagia/feeding 	20 total	Adult Speech Therapy <ul style="list-style-type: none"> • Artic • Voice • Fluency • Dysphagia/feeding 	20 total
Child Language Therapy <ul style="list-style-type: none"> • Language therapy • Cognitive • AAC 	20 Total	Adult Language Therapy <ul style="list-style-type: none"> • Language screening • Cognitive • AAC 	20 Total
Fluency (hours are counted in the speech category and then noted separately for this requirement)	15 Total <ul style="list-style-type: none"> • Can be any age • Can be either dx or tx • A portion can be prevention 	Hearing screening and Aural Rehab	20 total <ul style="list-style-type: none"> • No minimum in either • Need to have some of both
Voice (hours are counted in the speech category and then noted separately for this requirement)	15 Total <ul style="list-style-type: none"> • Can be any age • Can be either dx or tx • A portion can be prevention 	Undergraduate Hours	75 Maximum <ul style="list-style-type: none"> • Require signed log of hours to count
Counseling	No more than 25	Settings	3 different settings of 50 hours each
Staffing	No more than 25	Total with U of M Faculty	125
Observation	25 total	Total clock hours	375 minimum not including the 25 observation

Frequently Asked Questions/Comments (SLP)

The intent of this information is to help students understand some of the principles and processes used in the clinical practicum experience. It is in no way intended to suggest that students shouldn't express their interests, preferences, and fears about the clinical placements they receive.

“I have all of my child language hours (or _____ hours) and I’m concerned I won’t get all of my hours with the assignment I have”.

Students will have well more than the minimum of 20 hours in child language treatment, as well as other disorder type hours. It is impossible to experience the vast scope of language disorders with all ages of clients and feel confident in treating those cases independently in 20 hours. The goal is reaching competency in the disorder areas, not an hour count. The more you practice something, the better you will be. The 400 clock hours is a minimum.

Below is a table of average clock hours based on the graduating classes for 2012-2014. These are only graduate hours, so undergrad clock hours are not in the totals. Typically child hours are in the first year and adult hours are in the second year. You will get your hours; so rather than noting your progress by the number of hours; try to focus on the experiences and what you want to learn.

Total Hours	Total Child	Total Adult	Child Speech Therapy	Child Lang Therapy	Child Speech Diag	Child Lang Diag	Adult Speech Therapy	Adult Lang Therapy	Adult Speech Diag	Adult Lang Diag
459	232	215	52	75	30	35	52	79	33	22

“I’m concerned about my clock hours.”

Students are to monitor their clock hours and inform the clinic director if numbers are lower than the expected number listed by semester (approximately 50 per semester for the first three) or the assigned placements are not yielding the expected totals due to poor client attendance.

“My classmate has been assigned hours that I don’t have. I’m concerned that I won’t be ready to graduate on time.”

To get a cohort the hours needed to graduate, the order of experiences will differ. Availability often determines assignments. Some students may get hearing/ diagnostic/fluency, etc. hours early in their study to get everyone what they need by the end. All students will get the required hours in the end.

“I have already worked with that supervisor, can you change my schedule?”

You will more than likely work with the same supervisor in more than one semester. The goal of the assignment is to allow you to work with different clients. If you have a significant problem working with a particular person, it is important to address those difficulties during the semester you are assigned to them. You may request a break in being assigned to a particular person; however, the request needs to be expressed before the assignment is made.

“I prefer to work with adults, so can you just assign me to adult clinics?” or “I prefer to work

with children, so can you just assign me to clinics with children?"

The simple answer is "no". We have to ensure that you have the clinical skills to work with all ages and all disorders. I know that the first year of clinic can be frustrating if all of your clients are children and you want to work with adults, but the coursework order dictates that early assignments are with children and the second years have the adult assignments. Likewise, those who have concerns about working in a medical setting may be fearful of what the second year will bring. Keep an open line of communication with the clinic director, and she will work you through it. By the way, a little bit of peppermint oil under the nose can help with the smells in a medical setting.

"I have no interest in working in a _____(school, hospital, etc.). Do I have to?"

It is our experience that five years after graduation, SLPs are working in environments that they had no interest in as a graduate student. Our goal is to give students a broad exposure to a range of practice settings. All will experience a medical placement and an external pediatric/school placement. Students are often surprised that their assumptions about the setting are in error. If nothing else, it gives the student the opportunity to know what type of settings they would be happy working in in the future.

**Experiential Learning Placements
Student Affirmation**

The mission of the University is to help each student develop his/her professional competencies. Experiential learning placements are designed to provide opportunities for students to learn to become effective in their area of practice through observations and practice in a professional setting. These experiences are designed to augment the knowledge, skills, and dispositions gained in the university classroom by requiring regular engagement in on-site, in-person practicum activities in a healthcare, public health, social service or other setting. However, these experiences also come with enhanced responsibility on the part of the student.

Compliance with policies and rules. By signing below, I affirm that I have read and will abide by all applicable University/School policies and practicum guidelines as well as any policies and rules required by any experiential learning placement (ELP) sites. I further affirm my responsibility to comply with all ethical standards associated with my professional placement(s).

Duty of care. I agree that it is my responsibility to understand and follow ELP site policies and procedures designed to identify and control risks, including safety and security procedures and bloodborne pathogen policies, and to obtain any immunizations or testing which ELP site(s) and the University may recommend and/or require. I further understand that it is my responsibility to follow safe practices as set by the University of Memphis, my relevant academic program, and my ELP site, as well as those required by local, state and federal governments. I acknowledge that it is my responsibility to bring to the University's and/or School's attention any information regarding any ELP site being unsafe or otherwise improper.

Practicing within your competency. An important aspect of ethical, professional practice is knowing the limits of your knowledge and skills and not engaging in activities that are beyond your level of competence. I acknowledge that engaging in an ELP may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant to practice within my level of competency.

Acknowledgement of risk. I acknowledge that there are certain risks inherent in my participation in ELPs, including, but not limited to risks arising from: travel to and from the ELP site, ELP activities, unpredictable or violent behavior of certain client populations served by the site, suboptimal working conditions due to pandemic/epidemic circumstances, and exposure to infectious diseases, including tuberculosis or other airborne pathogens, and hepatitis, HIV or other bloodborne pathogens.

Assumption of risk and release. I acknowledge that my chosen profession is not risk free and that by extension, experiential learning placements for the profession may inherently involve risk that could result in my bodily injury, up to and including death, as well as mental anxiety and stress. I voluntarily participate in ELPs in spite of these risks. I agree to assume those risks and release the University of Memphis and its board, employees, agents, and successors, of and from any and all expenses, damages, judgments, and costs, of whatever kind, that arise from any illness or injury I may acquire or sustain while participating in ELPs.

Medical conditions and treatment. I acknowledge that University of Memphis does not provide health and accident insurance for ELP participants and I agree to be financially responsible for

any medical bills incurred as a result of emergency or other medical treatments. Should I require emergency medical treatment as a result of accident or illness arising during the ELP, I consent to such treatment. I will notify my field supervisor and clinical director if I have medical conditions about which emergency personnel should be informed.

Unforeseeable circumstances. Circumstances may arise that necessitate discontinuing – permanently or temporarily – ELPs. Such circumstances may include, but are not limited to, business disruptions, loss of site credentials, fire, flood, embargoes, war, acts of terrorism, civil commotions, natural disasters, and/or pandemics/ epidemics. I understand that in the event of such a circumstance the University will maintain communication regarding alternative pathways for completion of required coursework and will take all necessary steps to determine a suitable path forward. However, the University will not incur any liability as a result of unforeseen circumstances.

Voluntary election. It has been explained to me, and I understand, that faculty are available to discuss any questions or concerns I have about the nature and physical demands of ELPs and the inherent risks, hazards, and dangers associated with ELPs. I am voluntarily electing to move forward with my ELP in light of current circumstances. I acknowledge that if I have health issues or am not comfortable participating in an ELP at any time, I can elect to postpone my ELP(s) to a later date, knowing that it may affect my original projected graduation date and/or the award of my degree. If I wish to discontinue an ELP after the start date, I am responsible for first discussing the reasons why with my clinic director. I further understand that any decision made to discontinue an ELP may affect my original projected graduation date and/or the award of my degree.

Student Signature

Date

Director

Date


PART TWO:

**CLINICAL OPERATIONS
POLICIES AND PROCEDURES**



**School of Communication Sciences &
Disorders
The University of Memphis Clinical**

Operations

Policy Number	C-201
Effective Date	August 18, 2022
Supersedes Date	August 9, 2012
Review Date	August 2024
Approval	

SUBJECT: **Criteria for Admission for Therapy Services at the Memphis Speech and Hearing Center³**

POLICY: Individuals of all ages are eligible for treatment when their ability to communicate and/or swallow is impaired or when there is reason to believe that treatment will prevent the development of a communication or swallowing disorder. The decision to admit an individual to these services must be made in conjunction with the potential client and/or the client’s family or designated guardian, as appropriate.

PROCEDURE:

- I. Eligibility for further assessment and subsequent treatment is indicated if one or more of the following factors are present:
 - A. Referral because of suspected communication or feeding or swallowing disorder from the potential client, family member, audiologist, physician, educator, other speech-language pathologist, psychologist, or other allied health professional.
 - B. Failure to pass a screening assessment for communication and/or swallowing function.
 - C. The potential client is unable to communicate functionally or optimally across environments and communication partners.
 - D. The presence of a communication or swallowing disorder has been verified through an evaluation by a certified speech-language pathologist or audiologist.
 - E. The potential client’s ability to communicate is not comparable to others of the same chronological age, gender identity, ethnicity, or cultural and linguistic background.
 - F. The potential client, family, and/or guardian seeks services to achieve and/or maintain

optimal communication (including alternative and augmentative means of communication), and/or swallowing skills.

- G. The potential client's communication skills negatively affect educational, social, emotional performance, vocation, and/or status of health and safety.
- H. The potential client's swallowing/feeding skills negatively affect his or her nutritional health or safety status.
- I. The potential client, family, and/or guardian seek services to achieve and/or maintain optimal communication and/or swallowing skills.
- J. The potential client, family, and /or guardian seek services to enhance communication skills.


II. Procedures for Admission to Therapy/Instruction

- A. Registration for services is managed by the office staff and entered in the Cerner EMR system.
- B. Clients seen for an evaluation and who wish to be placed on the waiting list for therapy are added to the Client Management System (CMS), an electronic database on the secured shared drive.
 - 1. Clients are offered therapy services based upon the following considerations:
 - a. Client's acuity of condition and need
 - b. Specific disorder type needed for student training
 - c. Availability in a particular therapy program
 - d. Length of time on the waiting list based on the evaluation date
 - 2. When a client's schedule is confirmed, the office staff schedules the sessions in Cerner.



School of Communication
Sciences & Disorders
The University of Memphis

Clinical Operations

Policy Number	C-202
Effective Date	August 9, 2012
Supersedes Date	May 2023
Review Date	May 2026
Approval	

SUBJECT: Discharge and Follow-up from Therapy Services⁴

POLICY: Client discharge from treatment ideally will occur when the communication or swallowing disorder is remediated or when compensatory strategies are successfully established. Because these goals can't always be achieved, additional factors will be considered. The decision to discharge a client from treatment/instruction will be made in conjunction with the client and/or family or guardian, as appropriate. Every attempt is made to follow the client after discharge/transfer.

PROCEDURE:

I. Conditions for Discharge

- A. Eligibility for discharge is indicated if one or more of the following factors are present.
1. The communication or feeding and swallowing disorder is defined within normal limits or is now consistent with the client's premorbid status.
 2. The goals and objectives of treatment have been met.
 3. The client's communication abilities are consistent with prognosis and/or have become comparable to those of others of the same gender identity, ethnicity, or cultural and linguistic background.
 4. The client's speech, language, communication, and/or feeding and swallowing skills no longer adversely affect the client's educational, social, emotional, or vocational performance or health status.
 5. The client who uses an augmentative or alternative communication system has achieved optimal communication across environments and communication partners.

6. The client has attained the desired level of standardized communication skills.
7. Treatment no longer results in measurable benefit. There does not appear to be any reasonable prognosis for improvement with continued treatment. It is appropriate to consider future reevaluation to determine if the client's status has changed or whether new treatment options have become available.
8. The client is unable to tolerate treatment because of new onset or progression of a serious medical, psychological, or other condition.
9. The client demonstrates behavior that interferes with improvement or participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful.
10. There is a lack of appropriate and necessary support for treatment.
11. The client is unwilling to participate in treatment.
12. Treatment attendance has been inconsistent or poor and efforts to address these factors have not been successful. Three unexcused absences (and/or tardiness by 15 minutes) within a 90-day period will result in client discharge from therapy. Clients/families are informed of this attendance policy prior to admission and will be asked to sign an attendance agreement.
13. The client or guardian fails to follow through with referrals or recommendations, thus impeding progress in therapy.
14. The client is referred to and accepted in another program when services not available at the Memphis Speech and Hearing Center are required (e.g., educational, interdisciplinary treatment program, etc.).
15. No service may be provided for a client who has an outstanding balance from a previous semester. A deferment plan may be established in some cases. Arrangements are to be made with the business office.
16. The supervising clinical faculty member and associated student are expected to discuss discharge plans with the client/parent as an ongoing part of the therapy process. If the client, parent, or family member who carries legal responsibility does not agree with dismissal, an additional period of treatment, not to exceed (four) 4 weeks, might be considered to help the clients served understand and accept the dismissal decision.


II. Follow-up Procedures after Discharge/Transfer

Follow-up arrangements (i.e., maintenance therapy, speech-language re-check, referral to another agency, etc.) will be recommended to meet the needs of the client as needed. The supervising clinician is responsible for management of the client's follow-up.



**School of Communication
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Clinical Operations

Policy Number	C-203
Effective Date	August 18, 2022
Supersedes Date	March 1, 2008
Review Date	August 2024
Approval	

SUBJECT: Client Referrals from Outside Agencies

POLICY: Referrals to the Memphis Speech and Hearing Center are accepted from all sources including self-referral.


PROCEDURE:

- I. Referrals from professionals/agencies are received via fax, HIPAA protected e-mail, or internal referrals entered in the clients EMR. Referrals are reviewed and added to the evaluation waiting list by a business office associate or student worker.
- II. A physician's referral is required before services are rendered if the client/guardian intends to file a claim for services with an insurance provider. This is a clinic policy and applies to all clients even if that client's insurance does not require they have a referral.
- III. The referral source will receive a copy of the report as requested even if the client/guardian has not listed the referral source on the release of information form. (For more information see HIPAA (Health Insurance Portability and Accountability Act) and Health Information Guidelines)
- IV. The name of the referral source is included in the report.



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Clinical Operations

Policy Number	C-204
Effective Date	September 7, 2001
Supersedes Date	May 2023
Review Date	May 2026
Approval	

SUBJECT: Client Referrals to Outside Agencies

POLICY: Referrals will be made to outside agencies for clients when appropriate services are not available at the Memphis Speech and Hearing Center or if additional services are warranted which are not available at the Center.


PROCEDURE:

- I. The supervising clinician will advise the client that an outside referral is warranted.
- II. If the client/guardian is in agreement with the referral or requests a referral to another professional or agency for diagnostic or therapy services, at least three names, if available, and numbers of appropriate service providers will be given.
- III. The client/guardian will sign a release of information (ROI) to referral choice. This ROI will be recorded in the patient's chart in EMR system.
- IV. The supervising clinician will record the recommendation and any contacts with the referring agency in EMR system.
- V. Reports and information will be provided as requested per appropriate release of information via secured EMR system.
- VI. If the client/guardian is not in agreement with the referral, the supervising clinician is to document this in the client's record in EMR system. Services may be terminated if the refusal of the referral restricts the ability to treat the client appropriately (e.g., an ENT referral for a voice client) or hinders progress in treatment.



**School of Communication
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Clinical Operations

Policy Number	C-205
Effective Date	August 18, 2022
Supersedes Date	August 19, 2012
Review Date	August 2024
Approval	

SUBJECT: Reporting of Clinical Information and Progress

POLICY: Clinical services are documented electronically and reported verbally to the client/guardian.

PROCEDURE:

1. Reporting
 - A. Evaluation Report
 - a) All reports are to be completed and uploaded on Cerner.
 - b) The student will complete speech/language reports within three working days, audiology reports within two working days, and pediatric audiology reports within 24 hours.
 - c) For audiology students, the first version of the electronic report is graded by the supervising faculty member and is the only grade given for the report. The assigned grade is based on timeliness and extent of revision required. The faculty member will make the necessary revisions and forward the revised report to the student as feedback. If the report is poorly written and the faculty member's revision is exhaustive, the faculty member can request a full re-write of the report with guidelines for improvement. Grading consequences for a poorly written report will apply on subsequent submissions.
 - d) For speech-language pathology (SLP) reports, a template is used for the heading and format for the report. The template is located on the Shared Clinic Drive. All reports must be saved as a new document. If the report is poorly written and the faculty member's revision is exhaustive, the faculty member can request a full re-write of the report with guidelines for improvement. Grading consequences for a poorly written report will apply on subsequent submissions.
 - e) Speech-language test forms should be kept in the master file located in the file room.
 - f) After the responsible faculty member reviews and evaluates reports and returns it to the HIPAA cabinet. The student has one day to make corrections. The faculty member is responsible for reviewing, signing, and sending it to the business office for distribution (see Policy C-207).
 - g) The office associate mails the report to the client/parent/guardian, and individuals/agencies listed on the release of information form. Reports must be

mailed within 48 hours of report completion.

- h) The office associate ensures that the master files' contents are in the appropriate order (see [Policy C-206](#)) and returned to the designated location. The master file is filed in the file room by business office personnel or a graduate assistant.

B. Clinical Summary Report

- a) Reports will be completed at the supervising faculty member's discretion every 30 – 45 days, depending on the requirements of the pay source.
- b) The report format templates are on the shared clinic drive.
- c) The final summary report will be added to Cerner, and a copy will be sent to the office associate for dissemination within ten (10) working days from the end of the service period. The office associate will mail the report to the appropriate recipients. The master file will be placed in the file room.

C. Annual Re-Evaluation Report for Clients in Treatment/Instruction

- a) After one year of service, clients will be re-evaluated by the current supervisor and student seeing the client that semester. An annual report will be written to summarize services provided, results of testing, progress made, and subsequent recommendations.

D. Discharge Summary Report

- a) The discharge summary report is a complete summary of service, the progress gained in treatment/ instruction, results of final testing, and recommendation at discharge.

E. Progress/SOAP Notes

- a) Progress notes or SOAP notes will be recorded in Cerner.

2. Verbal Reporting

A. Evaluation Reporting

- a) Results of the evaluation will be presented and explained to the client/guardian at the conclusion of the evaluation unless the client was referred by the DDS.
- b) The student and supervising faculty member may choose to plan the delivery of the results before they meet with the client/parent.

B. Formal Client/Family/Parent Conferences in Treatment


- a) The student and supervising faculty member will discuss treatment objectives, procedures, and discharge criterion with the client/family at the beginning of the service period.
- b) The student and supervising faculty member will discuss the results of the treatment objectives, post-therapy testing results, and subsequent recommendations with the client/family at the end of the service period/discharge.

- c) Additional conferences may be scheduled if necessary.
 - d) The supervising faculty member must be present during all client/family/parent conferences.
- C. Informal Dissemination of Information
- a) Following a session, the student clinician may briefly inform the parent/caregiver of how the client did in therapy that day, if in accordance with HIPAA policy.
 - b) If a parent/caregiver expresses specific concerns or requests more detail, the student will suggest that the caregiver schedule a conference with the supervising faculty member to address concerns or requests.



School of Communication
Sciences & Disorders
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Clinical Operations

Policy Number	C-206
Effective Date	July 31, 2019
Supersedes Date	May 2023
Review Date	May 2026
Approval	

SUBJECT: The Maintenance of Clinical Records

POLICY: All client records will be current, orderly, secure, and confidential.

PROCEDURE:

I. Location and Security of Client Master Files

- A. Each client has a file, which is kept in a secured cabinet. The cabinet is located in a locked file room that is monitored during work hours and is only accessible via badge access after-hours.
- B. Client files are **NEVER** to leave the building. When a master file is checked out to a student, it must always be in the locked cabinet in the student area when not actively working on it.

II. Confidentiality

- A. All information in the files is **CONFIDENTIAL** and should never be discussed with anyone not directly involved with the client.
- B. All requests for confidential information (copies of reports, test results, etc.) are to be handled by the business office. The signed release of information is considered valid for a period of four months. At age 18 years, a client will sign a release for themselves. Individuals over 18 years of age and under the guardianship of parents or agency will need to show proof of a Healthcare Power of Attorney.
- C. A release signed by client/parent/guardian is required before a report can be mailed out to an entity other than the referring agency.
- D. No Protected Health Information (PHI) will be divulged over the telephone without signed consent. Refer to [Policy C-215](#) for further information regarding HIPAA.

III. Order of Master Files (Blue)

Each Blue file contains the following information. Documents not listed below should NOT be kept in the file.

A. LEFT SIDE

DEMOGRAPHIC SHEET – contains all demographic information, insurance, and parent/guardian information. This information should be **updated annually**.

B. RIGHT SIDE

MSHC REPORTS – For SLP, original evaluation or DDS report.

SLP TEST FORMS – All original protocol forms are kept in the master file.

HEARING AID DATA- The following documents are to be kept until Step 5 of hearing aid protocol is complete: Summary Sheet/ Subjective verification, COSI Questionnaire, Rehab assessment interview form, and Fine-Tuning Questionnaire. A sticky note should be placed on the document stating, “Keep in file until completed.” Once step 5 is complete the form should be shredded.

IV. Length of Time Files are Maintained.

Client Master Files are kept in the Master File cabinet for 5 years. After a file has been inactive for 5 years, it is removed and placed in a locked closet at MSHC for an additional 5 years. Tennessee law specifies that medical records are to be kept for 10 years after the last professional contact. The records of minors are kept for 10 years after the last professional contact or until the minor is 19 years of age, whichever is longer.


V. Scanning Documents into EMR

Once patient is seen and documentation is completed, all documents that need to be entered into the EMR system.



School of Communication
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Clinical Operations

Policy Number	C-207
Effective Date	August 18, 2022
Supersedes Date	August 19, 2012
Review Date	August 2024
Approval	

SUBJECT: Student Responsibilities in Diagnostics and Therapy

POLICY: Students are to be fully familiar with the clinic procedures for conducting evaluations and treatment.

PROCEDURE:

I. Diagnostic Evaluations

A. Pre-Evaluation Procedures

1. A student logs into Cerner to determine their diagnostic schedule for the week and the client(s) they will serve.
2. The student assigned to conduct the evaluation studies the folder and the available medical/educational information before meeting with their supervising faculty member.
3. The student returns the client folder to the business office immediately following meeting. SLP students will develop an evaluation plan including the selection of at least two assessment measures. They will review the test administration instructions for those assessments prior to the evaluation appointment, with supervisory assistance as needed.

B. Day of Evaluation

The student prepares the diagnostic/sound room and selects appropriate materials before the evaluation.

1. The student picks up the blue file and SRF at the business office window after paperwork is completed by the client and office staff at check-in.

2. The supervising faculty member and student meet the client and/or parents in the lobby, and then take them to testing/sound room.
3. If a client is being seen for speech-language testing and is age 3 years or older, their hearing is screened first. The adult client/parents are taken to the evaluation room for the initial interview. Parents of young children being tested have been instructed to bring someone who can sit with their child in the lobby while they are with the examiners.
4. Following the interview, the clinician may choose to have the caregiver return to the lobby or remain to observe the evaluation. Parents are to stay in the building during the entire evaluation in case of emergency.
5. The student and/or faculty member complete the testing.
6. Testing is completed, and tests are scored and analyzed. The student and faculty member discuss the results and recommendations and plan the parent/client conference.
7. The parent/client is informed of the test results and recommendations by the student/faculty member. If the client is interested in therapy services, the clinician adds them to the MSHC wait list for therapy and provides them with a list of other local therapy resources.
 - a. Note 1: Regarding evaluations for Disability Determination, clinicians do not share any information related to results or testing. This information should be provided to the client by the Social Security Office directly, and they will determine qualification of benefits and any recommendations.
 - b. Note 2: Some evaluations, particularly specialty diagnostics, may require a result meeting on a separate day.
8. The student is responsible for restoring the room to its previous condition. This includes putting away all materials and cleaning as needed.
9. **IMMEDIATELY** following the evaluation:
 - a. Audiology: The clinician escorts the client to the business office window and turns in the completed Services Rendered Form (SRF).

- b. Speech-Language: The clinician escorts the client to the business office window so that the business office can confirm that the client has taken care of any financial responsibility they have for the appointment.
- c. FORM(S) MUST BE TURNED IN BY THE END OF THE DAY OF EVALUATION.**

- 10. If the client is not in the lobby at the designated evaluation time, the student will wait in the lobby for 15 minutes. Students should remain in the building during their clinic slot at the faculty member's discretion.
- 11. Speech-Language: A SOAP note should be entered the day of the evaluation appointment. Audiology students, see Policy C-205.
- 12. All Students: If the client cancels or no shows, a SOAP note should be written.
- 13. Speech-Language: Supervisors will turn in their daily log to the coordinator of clinical services at the end of the day with all therapy and evaluation charges for the day listed.

II. Therapy

A. Preparation for Therapy

Initial Student/Faculty Member Conference

The student is responsible for reviewing all information pertinent to planning a therapy program prior to the conference. The student and clinical faculty member will discuss the client's current status and prognosis and will plan the initial treatment session.

1. Working folder

- a. Use of the working folder and its subsequent contents are at the discretion of the faculty member. If established, it must be maintained by the student.
- b. Information contained in the working folder is considered confidential, and documents must be de-identified of all PHI ([C-221](#)). The only identifier used on the folder or documents can be a unique code determined between clinician and student. Working folders are not to leave the building.

Folders are kept in the designated cabinets at MSHC and filed behind the faculty member's name.

- c. If a client has previously been enrolled in therapy, the faculty member provides the student with the working folder. If not, the student is responsible for creating the folder.

2. Therapy Materials

- a. The student is responsible for preparation of materials and organization of the therapy room prior to and following each therapy session.
- b. Therapy materials are available for student checkout in the SLP Materials/Infection Control room in the clinic. Items are to be returned at the end of the day. Additional materials are in rooms for specific programs and are to remain in the rooms in which they are located.

B. Therapy Procedures

1. Weekly Student/Faculty member Conferences

Students meet with their clinical faculty weekly to discuss their clients' progress and plan therapy. Clinical faculty may choose to meet their students as a group or individually.

2. Student Absences

Attendance is mandatory for all scheduled diagnostic and therapy sessions. If the student is ill, they should notify the clinical faculty member in charge. A student may request to miss clinic in certain cases and approval is granted by the clinical faculty member and director of clinical education. The student is expected to find a replacement clinician. Please refer to appropriate policies regarding *clinical experiences* ([E-A-102](#), [E-SLP-102](#)).

- a. If the student is not able to attend the session, they must personally contact the faculty member in sufficient time to make the necessary adjustments. Leaving a message is not acceptable.
 - 1) The student is responsible for finding a substitute for the therapy and for providing a therapy plan for the session(s).
 - 2) If a substitute cannot be found, and the faculty member is available to cover the session, then the client is seen at their regular time. The student is to provide the faculty member with the therapy plan.

- 3) If neither a substitute nor faculty member can cover the session, it is the responsibility of the student to contact the client and reschedule the client's session.
- 4) If the client cannot reschedule, then the session is cancelled by the student. No session will be cancelled without the permission of the supervising faculty member.
 - a. Students are not to participate in therapy if contagious or incapacitated. Refer to the policy on Infection Control (Phys-404).

3. Meeting the Client

- a. The student is responsible for meeting the client on time in the lobby and accompanying them to the therapy room.
- b. If the client is not in the lobby at the designated appointment time, the student will wait in the lobby for 15 minutes. The student should remain in the building during their clinic slot at faculty member's discretion. The student or faculty member will inform parents/family members or client of policy regarding unattended children and excessive tardiness or absences.

4. Length of Sessions

Therapy sessions are scheduled in 15-minute units. Sessions that are 30 minutes in length are terminated after twenty-five minutes. One-hour therapy sessions are terminated after fifty-five minutes.

5. Returning the Client to the Lobby

All clients (adult or child) are to be escorted to the lobby by the student.

III. Beginning and Ending Dates for the Clinic Semester

A. Beginning

All students are **required** to attend the general orientation meeting **each semester**, as well as orientation meetings specific to their clinical assignments, prior to the beginning of each semester.

B. Ending

Each student is required to remain available until the last day of finals each semester.

C. Breaks

Students can volunteer to see clients or complete research duties during the mid-semester breaks unless the University is closed.

IV. Grade Reduction for Missing Orientation Meetings

A. Missing the general orientation and/or any individual orientation meetings with a clinical educator will automatically result in a reduction of the student's grade for the Professionalism/Administrative Accountability section.

B. If an emergency or outstanding circumstance occurs that conflicts with orientation, the student must submit a written explanation to the appropriate Director of Clinical Education at least two weeks prior to the general orientation meeting.

C. The AuD/SLP Director of Clinical Education will determine if the student is excused from attending orientation.

1. If excused, there will be no grade penalty, but the student will be responsible for any information missed during the general orientation and/or individual orientation meetings.


2. If unexcused, the student's grade for Professional/Administrative Accountability section will be reduced. The student will be responsible for any information missed during the general orientation and/or individual orientation meetings.

D. Individual clinical educators will use their discretion in determining how they want the student to access missed information (recorded orientation, virtual participation, notes from a fellow student, etc.).



School of Communication
Sciences & Disorders
The University of Memphis

Clinical Operations

Policy Number	C-A-208
Effective Date	July 1, 2023
Supersedes Date	June 2023
Review Date	June 2025
Approval	

SUBJECT: On-Call Clinic and Hearing Aid Drop-Off Procedures

POLICY: The On-Call service is designed for *brief* (approximately 15 minute) visits to address routine hearing aid problems such as assessing hearing aids for possible repair, performing minor in-office repairs, changing earmold tubing, thin tubes, and receivers, obtaining earmold impressions, fitting earmolds/domes, and replacing accessories.

PROCEDURE:

I. When an established patient comes in during On-Call to have a hearing aid checked

- A. Patient arrives and signs in at front desk. It is intended that patients call ahead first to ensure there is an appointment slot available.
- B. Business office prepares a superbill (SRF), pulls all files and places in file pick up tray. Old, manilla charts are pulled upon request. Business office will register patient in the electronic medical record (EMR) scheduling system.
- C. After obtaining patient's name, front desk personnel notify student or on-call faculty member that a patient has arrived.
- D. Business office personnel direct patients to waiting area and inform that they will be seen as soon as possible.

After patient is seen, the supervising audiologist will complete SRF noting procedures completed and pricing.

- E. Clinician escorts patient to Business Office window to check out and to pay.

II. Drop-off procedures when On-Call Clinic is not in session

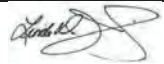
- A. Patient arrives at front desk and is given the in-office repair form to complete.
- B. After completing the form, the patient turns in device(s) and form to business office personnel. Business office reviews the form to ensure completion.

- C. Business office personnel tell patient that he/she will be contacted by Audiology within two business days.
- D. Business office personnel place device(s), patient file and completed Hearing Aid Service Request Form in the red bin marked as "Drop Box" on top of the metal rack.
- E. Any device dropped off before 12:00 PM will be inspected the same day. Any device dropped off after 12:00 PM will be inspected the following business day.



**School of Communication
Sciences & Disorders
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Clinical Operations

Policy Number	C-A-209
Effective Date	July 1, 2023
Supersedes Date	June 2023
Review Date	June 2025
Approval	

SUBJECT: Checking in Earmolds, Hearing Aid Repairs and New Hearing Aid Orders

POLICY: Audiology faculty or student clinicians will document details of earmold order, hearing aid repair, or hearing aid orders on the Audiology Orders spreadsheet. Faculty or student clinicians should also enter any billing information in comments section. Business Office personnel will check-in devices and accessories that come in through USPS, UPS, FedEx, or other delivery companies for patients.

PROCEDURE:

I. Business Office Personnel

All arriving orders will be received by the Business Office. There, personnel will complete a *hearing aid check-in* tracking form. The business associate will then pull the patient's paper file and place the devices and paperwork in the appropriate box -- indicating a new or repaired device -- in the Hearing Aid Workroom (CHB 1010). The business associate will then place the invoice in the appropriate box for the graduate assistant responsible for their management.


II. Faculty Member or Student Clinician

Faculty member or student clinicians will call patient or notify the business office to call patient and schedule appointment to pick up device(s) or accessories. All device, accessory, or repair orders will be documented by clinicians according to check-in procedures on the *Audiology Orders* spreadsheet. The device or accessories are to be placed in appropriate box, indicating it is ready to be picked up. Clinicians will complete the informational card placed on the front of the bins so that relevant information may be obtained easily.



**School of Communication
Sciences & Disorders
The University of Memphis**

Clinical Operations

Policy Number	C-210
Effective Date	9/3/2021
Supersedes Date	May 2023
Review Date	May 2025
Approval	

SUBJECT: Dress Code and Conduct for Students, Staff and Faculty Involved in Clinic

POLICY: Professional appearance/conduct is required when serving clients or when conducting MSHC business

I. Examples of Appropriate Dress/Appearance

- A. U of M ID badges are to be worn on the upper torso when working with patients.
- B. Students should wear appropriate attire, such as slacks or khakis, a dress shirt / blouse of appropriate length and neckline, a skirt or dress at the knee or below, and closed-toe shoes.
- C. Offsite facilities may require specific attire or have specific restrictions. It is the responsibility of the student to learn what the dress codes are and to follow them.
- D. Dress code requirements may be modified for special events (e.g., field trips and outdoor clinics) at the discretion of the MSHC clinical director.

II. Examples of Inappropriate Dress/ Appearance

- A. Shorts
- B. Jeans
- C. T-shirts with writing
- D. Athletic attire
- E. Tank tops and tops with spaghetti straps must be covered with a jacket or a shirt
- F. Open toe shoes (due to infection control), athletic shoes, casual sandals including flip-flops, or stilettos are not allowed in clinic.

III. Examples of Potentially Inappropriate Dress/Appearance

- A. Visible piercings other than the ears may be distracting.

- B. Visual body art (e.g., tattoos) may be distracting and/or offensive. Be prepared to cover it.
- C. Subdermal implants (e.g. A subdermal **implant** refers to a body modification that is placed underneath the skin, therefore allowing the body to heal over the **implant** and creating a raised design) as may be distracting and/or offensive. Be prepared to be able to cover it with clothing in some way.
- D. Hair colors that would not be of natural origin may be distracting. Be prepared to be notified if this is found inappropriate.
- E. Students are expected to use good professional judgment regarding dress. If the clinical faculty member considers a student's dress inappropriate, the student may be asked to return home to change.


IV. Appropriate Conduct

- A. Student clinicians are not to take food or drinks into the therapy/diagnostic sessions unless there is a social event associated with the session.
- B. Student clinicians are not to chew gum during therapy/diagnostic sessions.
- C. The details of this policy apply to a public clinical setting, regardless of whether the individual is actively involved in the clinic.
- D. Cellphones should not be visible in a session unless being used for clinical purposes.



**School of Communication
Sciences & Disorders
The University of Memphis**

Clinical Operations

Policy Number	C-211
Effective Date	August 19, 2012
Supersedes Date	September 7, 2001
Review Date	May 2026
Approval	

SUBJECT: Malpractice Insurance for Students and Faculty Who Provide Clinical Services

POLICY: All students and faculty members who provide clinical services must have malpractice insurance.

PROCEDURE:

I. Students

Malpractice insurance covering students will be provided and paid for by the School of Communication Sciences & Disorders.


II. Faculty

All clinical faculty are required to carry personal malpractice insurance to be credentialed to bill insurances.



**School of Communication
Sciences & Disorders
The University of Memphis**

Clinical Operations

Policy Number	C-212
Effective Date	August 18, 2022
Supersedes Date	January 25, 2011
Review Date	August 2024
Approval	

SUBJECT: Criteria for Hearing Evaluation Prior to Speech-Language Evaluation

POLICY: All children younger than 36 months of age at the time of the evaluation who are scheduled for a speech-language evaluation must be seen for a hearing evaluation or submit a recent hearing evaluation (to include hearing sensitivity and middle ear function) from a licensed audiologist/professional.

PROCEDURE:

I. Audiologic Testing at Another Facility

- A. Submission of external hearing evaluations are reviewed by an audiology faculty member and is evaluated on completeness and reliability that qualifies hearing is appropriate for communication.
- B. The audiologist will discuss with the speech-language pathologist any recommendations for further audiological testing prior to the scheduled speech-language evaluation appointment.


II. No Previous Testing

If hearing test results are not available or the audiologist determines that external results obtained are incomplete, a hearing test is scheduled prior to or in conjunction with the speech-language evaluation.



School of Communication
Sciences & Disorders
The University of Memphis

Clinical Operations

Policy Number	C-213
Effective Date	August 18, 2022
Supersedes Date	August 19, 2012
Review Date	August 2024
Approval	

SUBJECT: Limitations to Scheduling Clients for Diagnostic Services

POLICY: Clients with a history of absences or a delinquent account with the Memphis Speech and Hearing Center will not be re-scheduled for diagnostic appointments.

PROCEDURE:

I. Missed Appointments

- A. Clients will not be rescheduled for diagnostic appointments if they fail to show for the appointment. The client will be added to an on-call list and will have an opportunity to schedule for the following semester. The MSHC Coordinator may make this determination.
- B. A no show policy is in effect ([Policy C-219](#)) and attendance policies for therapy can be found in [Policy C-202](#).


II. Outstanding Balance

Clients will not be scheduled for diagnostic or therapy appointments when the business associate and MLH associate determine that the client has an outstanding balance from a previous semester. The client may arrange a deferment plan with MLH.



**School of Communication
Sciences & Disorders
The University of Memphis**

Clinical Operations

Procedure Number	C-214
Effective Date	August 18, 2022
Supersedes Date	June 1, 2013
Review Date	August 2024
Approval	

SUBJECT: Hearing aid(s) returns to the Memphis Speech and Hearing Center for credit


PROCEDURE:

- I. Patient returns hearing aid(s) to clinician or front desk staff member
 - A. Patient will complete the *Hearing Aid Request form* and indicate reason for return
 - B. Clinician and/or business staff will:
 1. Collect hearing aid(s) and all parts from patient and put in hearing aid bin on shelf and notify dispensing audiologist
 2. Notify the patient that they will not be reimbursed, per contract, for shipping and handling charges, professional services, ear impressions or earmolds.
 3. Complete a *Services Rendered form (SRF)* in the amount of the hearing aid (credits are to be delineated with brackets) and submit to the business office for credit
 - a. Service fees are not included in return amount
 - b. Shipping and handling costs are not included in return amount
 - c. Ear impressions
 - d. Earmolds
 4. Dispensing audiologist will complete the manufacturer's specified return form, place in MSHC Manager's box and return aid(s)
 5. Dispensing audiologist will make note on the *Audiology Orders spreadsheet* in the returned devices tab.
 6. Dispensing audiologist will submit the *Hearing Aid Request form* to the MSHC Manager.
 - C. MSHC Coordinator and MLH Operations Manager will:
 1. Verify credit has been posted in GE system
 2. Complete necessary reimbursement paperwork for Methodist-Le Bonheur Healthcare.



School of Communication
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Clinical Operations

Procedure Number	C-216
Effective Date	August 18, 2022
Supersedes Date	June 1, 2013
Review Date	April 2024
Approval	

SUBJECT: Hearing Aid Dispensing Procedure for Memphis Speech and Hearing Center Patients

PROCEDURE:

I. Hearing Evaluation Appointment

A. Clinician will

1. Determine need for hearing aid services and/or other options for amplification
 - a. Give patient a copy of the *Procedures for Obtaining a Hearing Aid at MSHC* handout and review the handout with them.
 - b. Document in Cerner that the *Procedures for Obtaining a Hearing Aid* handout was given and reviewed with the patient.
2. Schedule appropriate follow-up appointments with business office.
 - a. All hearing aid appointments should be scheduled in the following manner:
 - 1) Hearing Aid Examination and Selection-1 week following HE
 - 2) Hearing Aid Fitting and Orientation-2 weeks following HAE/S or once the hearing aid is received from the manufacturer.
 - 3) Follow-Up-2 weeks following fitting
 - 4) Hearing Management Group - on next scheduled dates
3. Complete SRF for hearing evaluation appointment

II. Hearing Aid Examination and Selection Appointment

A. Clinician will:

1. Following choosing the hearing aid, the clinician will indicate on the *Hearing Aid Purchase Agreement* the total cost of the hearing aid including shipping and handling, and additional features or accessories.

2. Review the *Hearing Aid Receipt* with the patient to ensure they understand each section including:
 - a. Medical waiver vs. medical clearance, when necessary.
 - b. Payment due dates (Memphis Speech and Hearing offers NO payment plan)
 - 1) Half of the cost of the hearing aid is due at the time of order
 - 2) Remaining balance is due at the hearing aid fitting and orientation appointment
 - c. Service fees are separate from the cost of the hearing aid and are non-refundable. HAE fee is due on the day of the selection and the fitting and dispensing fees are due at the hearing aid fitting and orientation appointment.
 - d. Return policy
 - e. Additional costs may apply
3. If an ear impression is taken, the clinician will review the cost for the ear impression(s) and ear mold(s) and have the patient sign the *Consent for Taking Ear Impressions*. Standard ear mold(s) remain at the current price. Specialty ear mold(s) will require a price quote.
4. The student will fill out an audiology quote sheet, documenting all allocated charges for device(s), accessories, and shipping.
5. The clinician will complete a *SRF* for the total cost of the hearing aid including shipping and handling, added items or accessories, earmolds and impressions if applicable, and service fees for the appointment.
6. The clinician will include all the above information in a letter to the patient following the appointment
7. Clinician will complete an *SRF* for the following:
 - a. HAE/S appointment
 - b. Total cost of hearing aid(s)-only ½ is due, but total cost is billed
 - c. Ear impression(s), if applicable
 - d. Ear mold(s), if applicable

III. Hearing Aid Fitting and Orientation appointment


- A. The remaining portion of the *Hearing Aid Receipt* will be completed, and the clinician will have the patient sign the agreement. A copy is given to the patient at check-out. Review the agreement and ensure understanding of fees included and not included in future appointments, i.e., product versus appointments during first year.
- B. The clinician will complete the *SRF* with the following charges

1. Dispensing fee
2. Hearing Aid Fitting and Orientation



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Clinical Operations

Procedure Number	C-217
Effective Date	August 9, 2012
Supersedes Date	May 2023
Review Date	May 2025
Approval	

SUBJECT: Client Check in Procedures - Business Office personnel will receive and check-in clients prior to providing services

PROCEDURE:

I. New Clients

- A. Client is received by individual at Front Office Desk and asked to sign in legibly.
- B. Client must complete the MSHC new patient packet either on the kiosk or paper copy.
- C. Business Office Personnel
 - 1. Make a copy of client's insurance card(s) (front and back) and photo ID
 - 2. Have patient sign Benefit Letter which is to include:
 - a. Check for precertification with insurance carrier, if applicable
 - b. Collect co-pay, if applicable
 - c. Place patient name on top of Services Rendered Form (SRF) for audiology and place in front file holder for clinician and students.
 - Note 1: Once patient is scheduled, they will be issued a portal login. In the portal, they will be able to complete all paperwork and upload a copy of their insurance card(s) and photo ID.
 - Note 2: If client states they do not have their insurance card, an attempt is made to obtain verification of services. If carrier cannot verify coverage while client is at the Center, the client is informed that he/she will have to private pay for that day's service or reschedule the appointment.

II. Returning Clients

- A. Client is received by individual at Front Office Desk and is asked to sign in legibly.
- B. The business associate will confirm that all paperwork (consents) is up to date.

- C. If client has **NOT** been seen within the past year, the business associate will:
1. Ask the client to complete required paperwork (General Consent, Education Release, and Demographic Info) and update information in the billing system.
 2. Obtain a copy of the current insurance card (front and back) and photo ID.
 3. Check for precertification with insurance carrier.
 4. Place patient name on top portion of the Services Rendered Form (SRF) for audiology and place in front file holder for clinician and students.

III. Therapy Clients

- A. First day of therapy client will check in with business office and update any of the necessary forms.
- B. The business associate will:
1. Make copy of insurance card (front and back) and photo ID.
 2. Have patient sign updated Benefit Letter.
 3. Complete needed paperwork if it has been over a year.
 4. Check with Carrier for precertification if not completed prior to visit.
 5. Collect co-pay each visit, if applicable.


IV. All clients

Client's file is not to be removed from the Business Office area until the client has completed the check-in process.



**School of Communication
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Clinical Operations

Procedure Number	C-218
Effective Date	August 9, 2012
Supersedes Date	May 2023
Review Date	May 2025
Approval	

SUBJECT: Client Check Out Procedures

PROCEDURE:

I. Check Out


- A. Client is accompanied to checkout by student or clinician with file and completed SRF, when applicable, to include, circled procedures, ICD-10 codes, hearing aid repair and/or order charges, signature, and State license number of the clinician. Blue ink color should be used to complete the SRF for the business office to see all circled CPT codes.
- B. Hearing aid repairs should be charged the day it is sent for repair (even if patient is not present)
 1. Repair charges should include the following:
 - a. Cost of repair,
 - b. Shipping and handling,
 - c. Electroacoustic analysis (monaural or binaural) if beyond the first year and/or out of warranty
 - d. Unexpected additional charges may apply to the cost of the repair (i.e. recase); therefore, the patient should be advised of this possibility and the additional charges will be assessed at the time of pick-up.
- C. Hearing aid orders should be charged the day of order. Clinician should complete the Hearing Aid Purchase Agreement with the patient's signature at this time. This form should remain in the patient chart until all fees are paid in full. This form will be used by the Business Office associate at time of check-out. A copy should be made for the patient at this time too.
 1. Clinician will complete a *SRF* for the total cost of the hearing aid including shipping and handling, added items or accessories, earmolds and impressions if applicable, and service fees for the appointment.
 2. Half of the cost of the hearing aid is due at time of order. Remaining balance is due at the hearing aid fitting and orientation appointment
 3. Service fees are separate from the cost of the hearing aid and are non-refundable.

- D. Business office personnel will total charges for the day on the SRF. If a client does not have insurance coverage, they should private pay for services at time of check-out.
- E. All products are to be paid for when the patient receives them.



School of Communication
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Clinical Operations

Policy Number	C-219
Effective Date	September 3, 2021
Supersedes Date	May 2023
Review Date	May 2025
Approval	

SUBJECT: Client No Show Policy

POLICY: It is the client's responsibility to notify the office at least 24 hours in advance of their scheduled appointment to reschedule or cancel. Individuals who fail to show for two scheduled appointments within a 90-day period are informed that the Memphis Speech and Hearing Center will be unable to provide additional services until the following semester.

PROCEDURES:

I. Clients

All clients seen at the Memphis Speech and Hearing Center (excluding other agreements) are subject to this policy to include University students, regardless of their insurance coverage.

II. Clients Seen for Evaluations

- A. The no show policy will be communicated to clients. In addition, a notice will be included in the paperwork sent to the client prior to the appointment.
- B. Notation of the no show will be noted in EMR.


III. Clients Seen in Therapy

- A. The business office staff will give the client the attendance policy in writing at the time of their first therapy appointment.
- B. Clients who have two unexcused appointments in a 90-day period may be dismissed from therapy. ([Policy C-202](#)).



**School of Communication
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Clinical Operations

Policy Number	C-220
Effective Date	August 19, 2012
Supersedes Date	May 2023
Review Date	May 2025
Approval	

SUBJECT: Straight to Therapy Admission Process

POLICY: Clients wishing to be admitted to therapy without having an evaluation at the Memphis Speech and Hearing Center must submit the results of a complete speech/language evaluation. The evaluation must be administered by a certified speech-language pathologist and include test results with standard scores, if applicable. If the client is a child under the age of three years, the parent or guardian must submit the results of a hearing evaluation completed by a certified audiologist. Any client above the age of three years will undergo a hearing screening upon admission. All tests must be “current,” defined as: within six months for birth to four-year-old; twelve months for children above four years of age.

PROCEDURE:

- I. Verbal request from client/parent/caregiver or professional**
 - A. When the request is received to bypass the evaluation and be directly enrolled into therapy, the business office personnel taking the call will do the following:
 1. Describe the “Straight to Therapy” process.
 2. Describe the Waiting List process.
 3. Explain the nature of a student training program. Specifically, that student clinicians provide services under the supervision of a certified clinician.
 4. Convey that the appropriate therapy programs are recommended only after all reports are reviewed by the clinical supervisor.
 5. Inform the caller about Tennessee Early Intervention Services (TEIS) if the child is under age three.
 6. Request all required documentation, as listed below:
 - a. A complete current speech/language evaluation administered by a certified speech/language pathologist. “Current” means within six months for children ages birth to four and twelve months for individuals four and above.
 - b. A complete current (within six months) hearing evaluation administered by a certified audiologist if the child is under the age of three years.
 - c. Inform them that once a slot is available a physician’s referral is necessary if services are to be covered by insurance.
 7. If asked, provide three resources of information regarding other therapy providers.
 8. Obtain insurance provider information.
 9. Report therapy fee schedule.

II. Intake Information

- A. The designated business associate stores intake information in a holding file until all required reports are received.
- B. Once reports and documentation are received, they are placed in a manila file with no client number and forwarded to the reviewing SLP or Audiologist.

III. Evaluation information is reviewed

- A. All straight to therapy requests will be managed by an assigned SLP, who will review the speech/language diagnostic report(s) and:
 - 1. Determine if reports are complete and current.
 - 2. Determine if further testing will be required.
 - 3. Make recommendations/referrals as appropriate.
- B. If the child is under the age of three or the client has a significant hearing history the hearing diagnostic information is reviewed by an Audiologist faculty member and will:
 - 1. Determine if reports are complete and current.
 - 2. Determine if further testing will be required.
 - 3. Make recommendations/referrals as appropriate.
- C. If all information is complete, the reviewing SLP will request that the office associate contact the parent/client to inform them of the decision.
- D. Following the decision to proceed, the reviewing SLP will add the patient to the SLP Therapy Wait List located in the Team-MSHC Clinicians. The SLP will include the disorder(s), severity, recommendations, and recommended therapy program(s), and the evaluation date.
- E. If appropriate, more than one program should be considered when making the recommendation.
- F. The business associate will contact the client/parent to inform them that all paperwork has been received and that they have been placed on the request for services list (waiting list). They will also confirm:
 - 1. At that time the business associate will also confirm: the client/parent(s) name(s), address(es), contact numbers (multiple numbers are helpful) and insurance provider information. They will also remind the (client or caregiver to notify MSHC if any contact information changes.
 - 2. If the client has specific questions regarding the recommendation or any other clinical process, they will be referred to the SLP in charge of the therapy program.

- G. If the information submitted for review is incomplete, the reviewing SLP will forward the file to the business associate to contact the parent/caregiver and request the missing data.

IV. Scheduling the Client

- A. The faculty member submits information in the Client Management System that indicates the client is “Straight to Therapy”.
- B. The business associate will enter the schedule and contact the insurance carrier for precertification if applicable.
- C. The responsible party who calls to schedule the therapy will advise the client to come early on the first day to complete the paperwork. Every effort will be made to provide the paperwork to the client before the appointment.

V. Client check-in on the first therapy visit

- A. On the first therapy visit the client will sign-in and will follow procedures for the check-in of new clients ([Policy C-217](#)).
- B. The student clinician and faculty member will review the updated information before the session. Additional testing, including a hearing screening, may be performed in the first session.

Health Information Management (HIM) Procedure
Memphis Speech and Hearing Center
Effective Date 04/01/2017; Review 05/31/2022

Procedure:

1. Receive blue file from the business office
 - a. File will contain FIN labels on the right side of the file (bracketed on).
 - b. File will contain the Client Demographic/Insurance Billing form on the left side of the file (hole punched and in brackets).

2. Once patient is seen and documentation is completed, all documents that need to be entered into Cerner must have a FIN label placed in the **TOP RIGHT HAND CORNER** of every sheet to be scanned (front and back if necessary). Label can be horizontal or vertical.
 - a. Remember FIN labels may not go anywhere else.

3. FIN labels are good for 30-days from initial appointment date for both audiology and speech.
 - a. If within 30 days, you may use the same FIN label
 - b. If not the same, you may inform a business officer to print you a new set of FIN labels.
 - c. Please do not leave blue files laying in the file room or with forms not in the proper trays.

4. HIM trays are sorted by title and a scan code (CDI).

5. Once a FIN label is attached, place the forms in the appropriate tray(s).
 - a. SRF's do NOT get scanned. The business office collects the SRF's to go with the daily folder. If you make a copy for yourself to do charge entries, after completing then please shred.
 - b. Case history forms do not get scanned. They need to be shredded after entry into the Cerner system. If HE precedes SLE, all history information needs to be entered.

6. Speech-Language Evaluation Reports and Documentation
 - a. First page of report should be on MSHC-MLH letterhead.
 - b. Copies are made and mailed to parent/client, referring physician and all on the cc list at the end of the report and documented in Cerner.
 - c. Copy is made to be scanned. FIN label is attached and put in the appropriate tray.
 - d. Original goes in blue folder on the right side with no FIN stickers.
 - e. A copy of the speech-language test forms will need to have a FIN label placed in each

- page and placed in appropriate tray. If label will cover important data, note the information on the form.
- f. The original test forms will be hole-punched and placed behind the report in the blue folder with no FIN sticker.
7. DDS Reports and Documentation
 - a. First page of report should be on MSHC-MLH letterhead.
 - b. Original is sent to DDS with appropriate paperwork.
 - c. One copy is made to go in the right side of the blue file.
 - d. Test forms will be hole-punched and placed behind the report on the right side of the blue file.
 - e. **NO** DDS information is entered into Cerner.
 8. Check-In Reports and Documentation
 - a. Invoices will go in JPT's box on her business office desk in tray marked "invoices".
 - b. Packing slip will be checked and shredded after all parts have been confirmed.
 9. Lions Club Reports and Documentation
 - a. All documentation is done the same as any other patient.
 - i. HE is documented in the Cerner HE.
 1. Earmold is also documented in HE report.
 2. Keep copy of earmold order form in right side of blue file (under FIN labels) until earmold is received. Once it is received and order checked, shred order form.
 - ii. HAI/O report is documented on the HIPAA internal drive, printed on MSHC MLH letterhead.
 1. A copy of the original report is made.
 2. The copy will be mailed to patient.
 3. Original copy will have FIN labels attached and be put in the appropriate tray.
 - iii. If the patient returns, complete documentation for step 5.
 - iv. The Lions Club application which indicates the HA approval and a copy of the patient's Lions Club card that lists active dates have a FIN label attached and go in outside documentation.
 10. Preparing for courier pick up
 - a. Each Friday, the business office will print HIM cover sheets for each of the labeled trays.
 - b. All papers in each tray will be reviewed to ensure it is in the appropriate scanning code tray.
 - c. Each set of paperwork will be paper clipped with the appropriate cover sheet and be placed in a brown envelope to be picked up on Monday.
 11. A courier will be picking up the documents that need to be scanned, on Mondays. HIM takes less than 7 days to scan documents in once received.

References:

- **HIM**
Refers to the Health Information Management for scanning documents into the Electronic Medical Records system, Cerner.
- **FIN**
Refers to the financial identification number assigned to each patient for 30 days from initial date seen. This number will change every 30 days.
- **FIN Label**
Refers to the label that contains the patient name, MRN, location, date of birth, age, sex, scan code, evaluator and initial date seen.
- **HIM Tray**
The trays in the file room in the clinic that have various scan codes (CDI-alias codes) assigned for HIM to scan into the proper place within the EMR system
- **EMR**
Electronic medical record. The system used by MSHC is Cerner.
- **SRF**
Services rendered form. This is the internal form used to bill patients.
- **MRN**
This is the patient's file number.
- **GCOA**
General Consent of Authorization
- **REL**
Race, ethnicity and language form
- **Orders**
Orders are referral documents from the physician

Scan Codes:

Hearing Screening	80	Orders	065
Hearing Aid Information	204	Outside Records	999
Audiology	200	Release of Information	222
Rehab Eval/Discharge	51	REL	333
Rehab Docs	50	Billing/Insurance	09
Misc	33	GCOA	24
Legal Documents	224	Auth Consents	555

Business Office Forms:

Document	Responsibility	Procedure
Services Rendered Form	Business Office	File in daily folder. DO NOT SCAN. If students/ supervisors need a copy for charge entry, shred after use.
Client Demographic Information	Business Office	Enter in Cerner. Hole-punch and put on left side of blue file.
General Consent for Care/Authorization	Business Office	Put FIN label in top right corner of sheet, put in GCOA 24 tray
Education and Research Release	Business Office	Put FIN label in top right corner of sheet, put in Authorizations Consents 555 tray
REL Form	Business Office	Put FIN label in top right corner of sheet, put in REL 333 tray
Release of Information	Business Office	Put FIN label in top right corner of sheet, put in Release of information 222 tray
Insurance card and eligibility information	Business Office	Put FIN label in top right corner of sheet, put in Billing/Insurance 09 tray
Referral forms/Physician Orders	Business Office	Put FIN label in top right corner of sheet, put in Orders 065 tray
Case History Forms (Adult/Child)	Students & Clinical Faculty	Enter all data (hearing and speech) in Cerner. Shred AFTER supervisor(s) signs final report. ¹
Invoices	JPT	Put in JPT clinic box in the business office. If clinician needs ones for any reason, keep in the blue file with a sticky note that says, "Please leave in blue file".
Outside Agency Forms/Reports	Students & Clinical Faculty	Put FIN label in top right corner of sheet, put in Outside Records 999 tray

Speech Forms:

Document	Responsibility	Procedure
Tests Forms	Students & Clinical Faculty	Put FIN label in top right corner of copied forms (completed pages only), put in Rehab docs 50 tray. ²
Diagnostic Reports	Office Staff	Put FIN label in top right corner of copy, put in Rehab Eval/Discharge 51 tray. ³
Working Data	Students & Clinical Faculty	Document in report then shred.

Audiology Forms:

Document	Responsibility	Procedure
Step 1 Follow Up Phone Call	Students & Clinical Faculty	Document in Cerner then shred.

¹ This does not pertain to DDS case history forms, which are kept in the chart (left side).



² This does not pertain to DDS test forms, which are kept in the chart (right side) and not entered into Cerner.

³ This does not pertain to DDS reports, which are kept in the chart (right side) and not entered into Cerner.

Considerations for Choosing a HA	Students & Clinical Faculty	Document in Cerner then shred.
Summary Sheet/Subjective Verif.	Students & Clinical Faculty	Keep in file until Step 5 is done. Document in Cerner then shred
Pre-Fit Interview	Students & Clinical Faculty	Document in Cerner then shred.
Hearing Aid Protocol Summary	Students & Clinical Faculty	Document in Cerner then shred.
COSI Questionnaire	Students & Clinical Faculty	Keep in file until Step 5 is completed with sticky note that says, "Keep in file until completed". Document in Cerner then shred
Fine Tuning Guidelines	Students & Clinical Faculty	Document in Cerner then shred.
Client Refusal to Test Form	Students & Clinical Faculty	Put FIN label in top right corner of sheet, put in Misc. 33 tray.
Consent Form for Taking Ear Imp.	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.
Directionality/DNR Print Form	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.
Verifit Printouts (SpeechMapping, RECDs, Simulated REM)	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.
Hearing Aid Purchase Agreement	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.
Hearing Aid Purchase Receipt	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.
Int't Outcomes Inventory IOIHA	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.
Medical Clearance Form	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in Orders 065 tray.
Hearing Aid Service Request Form	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.
Rehab Assessment Interview Form	Students & Clinical Faculty	Document in Cerner after Step 5 and shred.
Post-Fit Structured Interview (2d)	Students & Clinical Faculty	Document in Cerner then shred.
Patient Agreement for Fitting of Hearing Devices Purchased from an Outside Source	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.
Fine Tuning Questionnaire	Students & Clinical Faculty	Send home with patient after Step 4. Document in Cerner after Step 5 and shred.
Hearing Aid Quotes / Clinic Fees	Students & Clinical Faculty	Document in Cerner then shred.
CaptionCall Prof. Certification	Students & Clinical Faculty	Submit to Caption Call. Document in report then shred.
Aided Detection of Warble Tones	Students & Clinical Faculty	Document in Cerner then shred.
AzBio Sentence Test Score Sheet	Students & Clinical Faculty	Document in Cerner then shred.

BKB-SIN Test Score Sheet	Students & Clinical Faculty	Document in Cerner then shred.
CID-W22 Word List	Students & Clinical Faculty	Document in Cerner then shred
Common Phrases Test	Students & Clinical Faculty	Document in Cerner then shred.
Early Speech Perception (ESP)	Students & Clinical Faculty	Document in Cerner then shred.
GASP Test	Students & Clinical Faculty	Document in Cerner then shred.
Working data (tympanogram sheets, written audiograms, SRT forms, word recognition lists)	Students	Document in report then shred.

PART THREE:
PHYSICAL OPERATIONS
POLICIES AND PROCEDURES

 <p>School of Communication Sciences & Disorders The University of Memphis</p> <p>Physical Operations</p>	Policy Number	Phys-301
	Effective Date	August 8, 2022
	Supersedes Date	January 25, 2019
	Review Date	May 2025
	Approval	

SUBJECT: Office, Clinic, and Research Laboratory Space Assignment

POLICY:

Assignment of office and research laboratory space is made by the Dean of the School of Communication Sciences and Disorders. Classroom assignments are made by the Associate Dean of Graduate Studies when the semester schedule is determined. Other spaces (conference rooms, meeting spaces, etc.) are formally reserved through the Administrative Associate. Clinic space is assigned by designated clinical faculty.

PROCEDURE:

I. Offices

Faculty & Staff:

- The CSD Dean assigns faculty and staff offices and closet storage.
- Laboratory space is assigned with consideration for the faculty member’s research needs.
- CSD Emeritus faculty members are not guaranteed a private office.
- A designated, shared office space will be available to CSD adjunct faculty or part-time faculty/instructors during the semester they are teaching or working with students, if available.
- Space justifications may be requested at any time.

Students:

- New PhD students will be assigned carrel space in the PhD workroom (room 2030). Students at the dissertation stage of their program (after courses and comprehensive examinations) are eligible for offices upon request and availability.
- Office space may also be assigned to PhD students with written justification of the need of an office. Reasonable requests include work assignments requiring some privacy, such as teaching or clinical supervision.
- AuD and MA students may use the CSD HIPAA lab (room 2015) on the second floor in order to complete clinic reports on a first come, first serve basis. The computer lab in 2028 may also be used by all CSD students; however there are no connections to the HIPAA server.
- Private offices are not provided for AuD or MA students.

II. Classrooms & Conference Rooms

Request for classrooms and 3rd floor conference rooms, to use on a temporary basis, may be scheduled with the School Administrative Associate. 4th floor conference rooms are available by making reservations in the student study space spreadsheet maintained by the School Administrative Associate. Email fwright2@memphis.edu if you need more information. Please reserve as early as possible to ensure access to the desired spaces.

III. CSD Clinic Facilities

A. Therapy rooms for internal use (CSD faculty) and external use are reserved in the online Skedda scheduling system. SLP Director of Clinical Education provides clinicians with Skedda user accounts and monitors room use and accessibility.

- CSD/MSHC, contact Justine Springs (jjsteele@memphis.edu)
- Outside of CSD, contact Katherine Mendez (krgraham@memphis.edu)

B. Audiology booths are used on a first come, first serve basis with the exception of some booths periodically reserved for special purposes.

- For booth reservations, contact the Director of Clinical Education in Audiology (x5800). Temporary assignments are to be scheduled with the Director of Clinical Education in Audiology as needed.
- Audiology booths for external use must be reserved through the Director of Clinical Education in Speech Pathology (x5800).

C. The business office door is locked, and admission is subject to approval of the HIPAA officers via the CSD administrative associate. CSD students are only to be in the business office to access the file room or complete GA tasks. Non-CSD personnel should not be in the business office without authorization.

D. There should be minimal traffic in the business office. Individuals who use this space are responsible for ensuring all access doors to the business office are closed and locked when not currently in use.

IV. Research Facilities


Requests for scheduling research space and equipment should be made only with the consent of the faculty member directing the project. The use of space in a particular laboratory should be requested through the primary faculty member who has responsibility for the laboratory. This should be done well in advance of the proposed use of the lab.

V. **All other space issues should be directed to the Dean.**



School of Communication
Sciences & Disorders
The University of Memphis

Physical Operations

Policy Number	Phys-302
Effective Date	August 18, 2015
Supersedes Date	September 7, 2001
Review Date	May 2026
Approval	

SUBJECT: Clinical Materials and Equipment Requests

POLICY: MSHC clinical materials and equipment are the property of the School of Communication Sciences and Disorders and are available within the school, clinical or classroom activities. Individuals who are not members of the School of Communication Sciences and Disorders are not permitted to use the equipment or materials without express permission of the Dean of the School. Special permission to remove materials or equipment from the premises is required.

PROCEDURE:

I. MSHC/CSD Clinical Materials/Equipment

- A. Use of the clinical equipment or materials outside of routine clinical use should be requested through the respective Director of Clinical Education (SLP or Audiology). This is true for both entities outside CSD and for research activities.
- B. All items are to be returned at the end of the day.
- C. Materials and equipment should not be removed from any therapy room without notifying the Director of Clinical Education in SLP or from a sound suite or clinic rooms without notifying the Director of Clinical Education in Audiology.
- D. The portable audiometers in the sound rooms are **not** to be removed or checked-out for screenings.
- E. The portable audiometers available for use at satellite programs can be checked out from the Audiology infection control/materials room. Those used for Head Start and preschool screenings are in the SLP materials room (also labeled as Sam Cooper 1205).
- F. Clinic space and/or materials used for research purposes that are independent of patient services should be cleared by the Director of Clinical Education and any other relevant personnel.



II. Classroom and Research Equipment

Classroom and research equipment can be obtained through the permission of the professor directing the research laboratory or class involved. Priority will be given to sponsored research activities and approved dissertation activities.

III. Audio-Visual Equipment

The Audiovisual Multimedia Specialist (Devan Yanik, at this writing) should be the primary contact for checking out portable equipment (e.g., camcorders). Secondly, the Director of Computing Services (Ed Brainerd) may be helpful for setting up recording or remote classroom equipment (e.g., meeting OWLs).

- A. Repairs of equipment and materials should be reported immediately to either the clinical faculty member or the instructor in charge.
- B. CSD school equipment and materials are extremely costly and fragile, and care must be taken to protect all of them. If equipment is abused or lost, there may not be funding necessary to permit immediate replacement.

 <p>School of Communication Sciences & Disorders The University of Memphis</p> <p>Physical Operations</p>	Policy Number	Phys-303
	Effective Date	August 30, 2022
	Supersedes Date	August 10, 2020
	Review Date	May 2025
	Approval	

SUBJECT: Building Use

POLICY: The spaces used by CSD should be kept clean, safe, and secure. The building is staffed for clinical services weekdays between 8:00 a.m. and 5:00 p.m. CSD students may have access to the clinic, sound rooms, and student computer area during evenings and on weekends.

PROCEDURE:

I. Building Access

- A. The University ID badge provides electronic swipe-access to the building, student workrooms, and CSD/MSHC clinic space. It is activated through the CSD Dean's office based on individual access needs.

CSD students may use the building during evenings and on weekends; however, caution should be used during these times. Students are advised not to keep late hours at the Center. If entering or exiting the building after dark, please do so in groups.

When leaving late, call Building Security (x3848) for an after-hours escort to your car. Alternatively, the Tiger Patrol/Police Service has a 24/7 on-campus escort program, which one can reach by calling 901-678-HOME.

II. Building Security

- A. The north doors to the building (facing Park Avenue) are unlocked from 7:30 a.m. to 6:00 p.m. The security desk is manned from 6:30 a.m. till 7 p.m. The south doors (facing parking lot) are always locked.
- B. You must have your ID badge to enter the building at any time that the exterior doors are locked. The security guards have permission to stop anyone who is not wearing an ID badge.
- C. Do not prop open building doors for any reason. Do not open the doors for anyone you do not know who cannot produce a University ID. Make certain that you completely close exterior doors when you are entering or exiting the building, especially on weekends and at night.
- D. All stairwell doors onto the floors should be closed after 8 PM and on the weekends.
- E. Report any door access issues to the CSD Administrative Associate (x5877) as soon as you notice them.

III. Library

- A. The library is located on the second floor of the CHB and staff are available Monday through Thursday 8:00 a.m. to 6:00 p.m.; Friday 8:00 a.m. to 4:30 p.m.; and Monday through Friday 8:00 a.m. to 4:30 p.m. between semesters. The library is not open on the weekends.
- B. All books and/or materials must be returned on or before the designated date to avoid a late fee charge.
- C. The library is to be kept quiet at all times.

IV. Classrooms, Research Labs and Therapy Rooms

- A. All faculty, staff, and students are expected to help maintain all classrooms, research labs, and clinic rooms. This includes individual responsibility to help always keep these areas clean and orderly.
- B. Items/signage are not to be attached to walls, doors, or cabinets either by nails, tape or any type of adhesive, without approval from the CSD Dean.

V. Physical Plant Maintenance and Repairs

- A. Any problem with building operation should be reported immediately to the CSD Administrative Associate (x5877)
- B. Including, but not limited to:
 - temperature control
 - elevator operation
 - water and waste drainage
 - swipe-card function

VI. Smoke Free Area

The Community Health Building/Memphis Speech and Hearing Center has been designated as smoke free in order to offer an optimum environment for clients and employees. Therefore, smoking is not permitted in the building.

VII. Mailboxes

- A. First floor, clinic area mailroom: CSD clinical faculty and staff
- B. Second floor mail room: CSD MA and AuD students are assigned mailboxes. Students should check their mailboxes and E-mail daily.
- C. Second floor PhD student lab: CSD PhD students are assigned mailboxes. Students should not utilize the School's address as their permanent mailing address.
- D. Tenure Track Faculty and Research Staff: TT faculty and research staff are assigned mailboxes in the 3rd floor workroom. Personal deliveries and mail should not be sent to the School.

VII. Collaboration Space

Spaces are available for all students to congregate and break from class/clinic. The Collaboration Space on the 3rd floor is designated for Graduate Student use. Room 4016 is designated for CSD student use and is available 24/7.



Quiet space for individual and group study can be accessed in the Health Sciences Library or by reservation with the CSD Administrative Associate. See Policy 301 for locations and reservation procedures.

VIII. Food Services

- A. The Atrium Café on the first floor is open during the semester when classes are held in the building. It is not open in the summer or during University breaks.
- B. A refrigerator and microwave are available to CSD clinical students in the closet of Room 2015 on the 2nd floor. PhD students have access to a refrigerator and microwave in the PhD Student lab (CHB 2030) on the 2nd floor. There are also refrigerators and microwaves in the Clinic breakroom (1st floor) and Dean's Suite breakroom (3rd floor). These are available as long as they remain clean.
- C. There are vending machines located in the 2nd and 3rd floor collaboration spaces. If you discover they are empty, please let the School Administrative Associate know.

IX. COVID related Procedures

- A. For guidance associated with containing the spread of COVID, please see:
<https://www.memphis.edu/coronavirusupdates/>
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

 <p>School of Communication Sciences & Disorders The University of Memphis</p> <p>Physical Operations</p>	Policy Number	Phys-304
	Effective Date	
	Supersedes Date	March 1, 2018
	Review Date	May 2026
	Approval	

SUBJECT: Emergency Situations

POLICY: All personnel should be prepared in an emergency situation

PROCEDURE:

I. Personal Emergency Information

- CSD client emergency data are kept in their electronic medical record.
- CSD personnel submit their emergency contact information through *Team CSD* in the CSD Faculty and Staff channel.
- CSD students submit their emergency contact information in their Typhon profile.

II. Emergency Evacuation Procedures

- A. In the event of an emergency, call 911 or the U of M Campus Police 678-4357 (678-HELP).
- B. If you are told to evacuate, you should do so immediately.
- C. Faculty and staff are responsible for making sure that all handicapped persons in their charge leave the building safely.
- D. FIRE
 1. Use listed primary exits in case of emergency unless they are blocked. A floor plan is posted in the hallways indicating the primary and alternate exits.
 2. Elevators are not to be used in case of fire.
 3. People with mobility impairments who are not on the first floor should move to the stairwells located in the four corners of the building. Someone (faculty or staff) must stay with the person, while another person directs emergency/rescue personnel to their location.
 4. On the first floor, clients should be led out of the building. At no time should clients be left unattended during a building evacuation. A wheelchair is located in the MSHC file room on the first floor.

5. The assembly point in the event of a fire is the parking lot behind the building, behind the second row of parking spaces. All personnel should assemble there and wait for a head count.
6. Do not block fire lanes and building entrances and do not re-enter the building until given the all-clear from Campus Police or emergency personnel.

E. SHELTER IN PLACE

1. In the event of a shelter in place emergency, everyone should head inside.
2. Close and lock all windows and doors, where possible. Try to shelter in spaces where there is room for everyone to sit.
3. Close fire-doors if possible.
4. Report everyone who is with you to the Dean via email (ljrmlwcz@memphis.edu).
5. Await further instruction.

F. TORNADO

1. In case of a tornado warning, all occupants should proceed to the ground floor to the internal hallways in the clinic.
2. If the ground floor cannot be reached (e.g., wheelchair bound), find an interior room or hallway.
3. Stay away from rooms with windows.

G. EARTHQUAKE



1. In the event of an earthquake, occupants should follow the “Drop, Cover, and Hold On” technique. Drop to the ground, take cover under a sturdy object (e.g., desk) or cover your head and neck, and hold on.
2. Avoid windows and unsteady objects that could fall.
3. Do not try to exit the building during the earthquake.
4. Do not use elevators.
5. After the earthquake, if the building is damaged, evacuate and alert Physical Plant and Police Services of building damage.

H. ACTIVE SHOOTER

1. If a shooter is outside your building and you are inside, go to a room that can be locked, close all doors and windows and turn off the lights. If possible, have everyone get down on the floor and out of view from windows & doors.
2. Call 911 and alert them to the situation. Stay out of sight until you get an 'all clear' message from the University or law enforcement.
3. If a shooter is inside your building, follow the procedure above. If a locked room is not available, go to a room, close the door and have everyone gather along the wall nearest the door. Avoid clumping together and barricade the door as you are able. Cellphones should be put on silent.
4. If a shooter enters your classroom or office, call 911 and let police know the shooter's location, if possible. If you cannot speak, leave the line open. Your goal should be to either escape or hide. Trying to physically overpower the shooter should be used only as a last resort. If you decide to escape, do not attempt to take injured people with you. Let emergency personnel know where they are. Have an escape route and plan in mind and keep your hands free.
5. Regardless of where you are relative to the shooter, do not leave campus until emergency personnel have indicated it is safe to leave (see E. Shelter in Place).

III. Medical Emergency Procedures

- A. Follow appropriate CPR/First Aid guidelines.
- B. Students: Call for help if alone with a client.
 1. Notify a supervisor or faculty member.
 2. If possible, send another student for a faculty member.
- C. Notify a family member or other appropriate person to come to the location of the emergency.
- D. If unable to reach a family member or guardian and if emergency treatment is warranted:
 1. Individual involved will call 911 or campus police and will accompany client to the hospital if the parent is not present.
 2. Clinical faculty member will notify family member via phone.
- E. An AED is located in the mail/copy room (1064) in the clinic.
- F. [Incident report](#) must be filed by the supervising clinician/clinical faculty member within 24 hours of event. See Phys-306.

 <p>School of Communication Sciences & Disorders The University of Memphis</p> <p>Physical Operations</p>	Policy Number	Phys-305
	Effective Date	August 6, 2018
	Supersedes Date	August 18, 2015
	Review Date	May 2025
	Approval	

SUBJECT: Parking Procedures

POLICY: All personnel should park vehicles in assigned locations and with the appropriate permits

PROCEDURE:

I. Parking for Faculty, Staff and Students

Every vehicle parked on campus property must have a university parking permit (hang-tag) properly displayed. The [University Parking and Transportation Services](#) is located at 120 Zach Curlin Parking Garage. Hours are M-Th 7:00-6:00, F 7:00- 4:30. Phone: 678-2212

A. STUDENTS:

1. A parking permit, which provides access to the University's [general parking areas](#), is issued to each student upon their initial enrollment at the university. After fees are satisfied, the parking office issues the university-parking permit (hang- tag).
2. There is no additional charge to students for their initial general parking permit and validation sticker. These are issued each subsequent semester the student enrolls and satisfies registration fees.

B. FACULTY & STAFF:

1. Permits are purchased through the Parking Office and paid through automatic deductions for all regular full-time employees and part-time employees working more than 7.5 hours a week or for longer than a month.
2. Contact the Parking office (x2212) for more information on permit cost and options.
3. Part-time employees or ULPS employees working on site less than 7.5 hours per week or for less than a month will be given an MSHC Client Parking pass and they will park in the Client parking lot.

C. Pay or appeal parking citations online through MyMemphis, TigerPark.

II. Parking for Clients

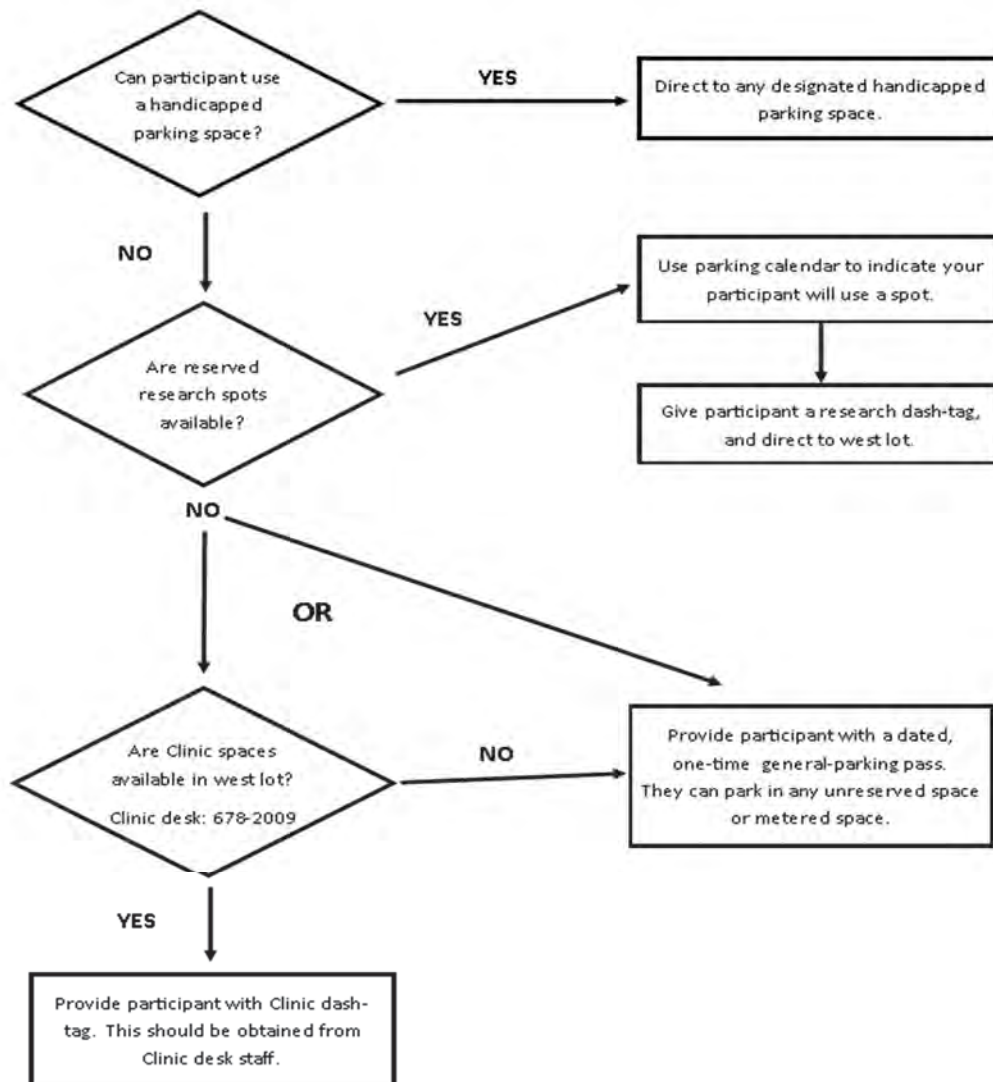
- A.** Client parking is designated by signage in the lot to the West and North of CHB. Only part-time employees who are working on site less than 7.5 hours a week may use client parking.

B. Clients must obtain dash-tag from the MSHC staff to place in their car for the duration of their visit. Clients may receive a citation if the dash-tag is not visible. If this happens, please bring it to the attention of the Dean's office.

III. Parking for Research Participants or other visitors

The CSD-Parking calendar is to be used for sharing the limited participant spaces.

CSD's guide to research participant parking




8/2/17



School of Communication
Sciences & Disorders
The University of Memphis

Physical Operations

Policy Number	Phys-306
Effective Date	September 8, 2023
Supersedes Date	August 6, 2018
Review Date	May 2026
Approval	

SUBJECT: Reporting an Injury

POLICY: All personnel and students should report injuries according to policy. Information can be found at the [Office of Environmental Health and Safety](#).

PROCEDURE:

I. Student/Volunteer/client report of injury

- A. The student's instructor or clinical faculty supervisor should be informed of any injury after an accident. The student and faculty member should complete the [Student/Visitor First Report of Injury or Illness](#) form.

II. Employee First Report of Injury

- A. An employee's supervisor should be informed of any injury after an accident. The employee and their supervisor are to complete a [First Report of Injury or Illness form](#) and submit it to the Environmental Health and Safety Department (ehs@memphis.edu) and Employee Benefits (benefits@memphis.edu) on main campus. **Reports must be submitted within 24 hours of the injury.**
- B. Employees will also forward a copy of their injury report to the Administrative Associate to be kept on file.


III. Workers Compensation

- A. In an emergency, employees should go to the nearest emergency room and seek treatment. Then contact your supervisor and Employee Benefits as soon as possible to start the workers' compensation claims process.
- B. A written record of any information pertaining to any emergency situation, not in the forms mentioned above, should be maintained in the employee's file.
- C. In a non-emergency, immediately notify your supervisor and then the two of you should call the Workplace Injury and First Notice of Loss Call Center at 1.866.245.8588. Choose option 1 and speak to a nurse who will recommend whether or not you should seek treatment. If the recommendation is for you to seek treatment, you should proceed to the medical facility that the nurse recommends that you go to.



School of Communication
Sciences & Disorders
The University of Memphis

Physical Operations


Policy Number	Phys-307
Effective Date	August 18, 2015
Supersedes Date	June 12, 2008
Review Date	May 2025
Approval	

SUBJECT: Use of Copy Machines

POLICY: Copy machines in the mail rooms on floors 1 and 3 are for CSD business and to be used by authorized personnel only. Funds may be placed on a University of Memphis ID to make personal copies on the copier located on floor 2 on the CSD side of the building.

PROCEDURE:

- I. Each CSD faculty and staff member is assigned a personal four-digit copy code. Copies on this code are intended to support academic and clinical education.
- II. Individuals making copies related to research, grant, or NSSLHA/SAA activities will be assigned an additional code to ensure that the appropriate account(s) are billed.
- III. CSD Graduate Assistants (GA) are allowed to make copies on CSD School copiers as part of their work assignment. GAs will obtain codes from authorized faculty and staff. Students are prohibited from making personal copies on CSD School or MSHC Clinic copiers without faculty permission.
- IV. Students, faculty, and staff may place funds on their University of Memphis ID which will allow them to make copies for personal use on the machine in the student mailroom on the second floor. Materials may also be scanned and emailed on this machine for free.
- V. Individuals are required to be aware of and follow all copyright laws and regulations.

<p style="text-align: center;">School of Communication Sciences & Disorders The University of Memphis</p> <p style="text-align: center;">Physical Operations</p>	Policy Number	Phys-309
	Effective Date	March 19, 2021
	Supersedes Date	July 1, 2020
	Review Date	May 2024
	Approval	

SUBJECT: Infection Control for Memphis Speech & Hearing Center

The following guidelines for infection control are written to inform and instruct all personnel, faculty, staff, volunteers and students who participate in clinic at the Memphis Speech and Hearing Center. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies and terminology can be found in the references listed at the end of these guidelines. The CSD Exposure Control Plan is available for review in the CSD Dean’s suite. Infection Control for Research Labs is outlined in Policy Phys - 312. It is strongly recommended that all personnel be familiar with the information contained in these references.

POLICY:

- I. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the employees, students, volunteers and clients from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit <http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf> to complete the report form.
- II. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.
- III. Environmental infection control and basic housekeeping practices will be implemented to protect clients, students, volunteers, and employees.
- IV. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.
- V. All chemicals in use in the MSHC will be stored, utilized, labeled and disposed of in accordance with the directions contained in the Material Safety Data Sheet (MSDS) for that product.
- VI. Purchase and use of materials or chemicals not reported in this document will be reported to the Administrative Associate for appending to this document.
- VII. There will be an annual review of the infection control documents for MSHC with oversight by the CSD Clinical Training Policies Committee.

PROCEDURE:

I. Personnel

Not all faculty, staff, volunteers, students, and/or interns have the same potential risk of exposure to infectious materials.

A. Professional Staff, Students and Volunteers

Audiologists, Speech-Language Pathologists, volunteers and students engaged in direct client contact might encounter the following tasks or procedures that place them at some risk of exposure to infectious material including but not limited to using, handling, cleaning, disinfecting, or sterilizing:

Audiology	Speech-Language Pathology	All
<ul style="list-style-type: none"> a. Instruments with 2% glutaraldehyde b. Earmolds/hearing aids/cochlear implants c. Ear examination through otoscopy d. Cerumen management e. Ear impressions f. Otoscopes g. Hearing Aid Workroom Equipment (e.g. Stethosets, Cleaning tools) h. Sound Suite Equipment (e.g. Headphones, Audiometers, Immittance bridges) 	<ul style="list-style-type: none"> a. Oral Mechanism Examinations b. Endoscopic equipment c. Airflow masks d. Nasometers e. TEP prostheses f. Speaking valves g. Inner cannulas of tracheostomy tubes h. Dentures i. Oral prostheses j. Mucous/sputum 	<ul style="list-style-type: none"> a. Patient "touch and splash" surfaces b. Immittance probe tips, earlight tips, and specula c. Toys d. Changing diapers e. Microphones f. Headphones g. Surfaces/tables h. Emesis

B. Clinic and Office Personnel

Clinic and/or office personnel may be exposed to infectious material but typically do not participate in cleaning/disinfecting procedures.

C. Building Maintenance and Cleaning Staff

These individuals may be exposed to infectious material through assistance in cleaning or through removal of trash containing infectious materials.

D. Other personnel utilizing space in MSHC should be aware of and comply with University policy regarding Hazardous Waste and Bloodborne Pathogen training and policies.

II. Cleaning and Disinfecting

A. Definitions from Bankaitis & Kemp (2005)

- a. Cleaning: removal of gross contamination from contaminated instruments and areas without necessarily involving the killing of germs
- b. Disinfecting: process involving killing a percentage of germs

- B.** Procedures will be used in the clinic areas including all sound rooms, hearing aid rooms all therapy rooms, speech clinic laboratory, and lobby as well as the sound rooms and surrounding suite space. Containers with a cleaning and disinfecting solution will be located in infection control/materials areas on the first floor. Clorox or viricidal wipes will be in each therapy space and should be used to clean each room after **every** patient.
- C.** Sterilization materials will be limited to the infection control/materials rooms. Containers for sterilization chemicals will be provided with lids that must remain in place except when instruments are being placed or removed. There will be no food or drink in these areas.
- D.** All soiled instruments needing cleaning, disinfection, or sterilization will have visual soil and debris removed with a germicidal cloth or enzyme soap prior to being placed in a cleaning and disinfectant bath. Personnel assigned to infection control duties will be responsible for transferring instruments to a sterilization bath and carrying out sterilization procedures.

III. Infection Control Protocols

A. Environmental

a. Surface Disinfection - Surfaces to be Cleaned

Counter tops, tabletops, doorknobs, light switches, chair armrests, and test equipment surfaces will be cleaned and disinfected following each clinic session or following test procedures (responsible party-student or employee completing their session).

1. The table surfaces used for therapy, diagnostics, hearing aids, cochlear implants will be cleaned and disinfected following each use (responsible party-student or employee doing the hearing aid modifications).
2. Headphones and other equipment used with a client (such as the patient signal button) will be cleaned and disinfected with a disinfectant towelette following each use (responsible party-student or employee completing the testing).
3. Toys used in clinic will be cleaned and disinfected following each use. Items may be cleaned in the dishwasher or washer & dryer located in the infection control/materials room.
4. Areas used for disinfection and sterilization will be cleaned and disinfected daily (responsible party-the students assigned to infectious disease duties).

B. Surface Disinfection Procedures

This is two-step process of cleaning gross contamination followed by a disinfectant to kill germs. A product containing both a cleaning compound and disinfectant can be used for

both steps.

- a. Each sound room, test, or therapy area will be supplied with a hospital grade disinfectant/cleaner, either spray or disposable treated cloths.
- b. During cleaning, gross contamination and debris will be removed with a paper towel or other disposable or cleanable device. The surface will then be wiped down with a disinfectant cloth or spray solution.
- c. Disinfection will follow with a surface wipe or spray leaving it wet for at least two minutes, or longer if specified on the product label. The surface will then be wiped dry, if needed.

C. Disinfection

- a. Immersion: Noncritical objects and instruments will be immersed for disinfection. These items include rod portion of the endoscope, earmolds, and pen light tips that appear to be free of blood, mucus, or cerumen. These items will remain in the disinfectant bath as long as directed on the disinfectant instructions.
- b. UV disinfection of instrumentation: All facets of headset microphones and other instruments exposed to exhalation by unmasked faculty, volunteers, students, and clients will be disinfected for at least 10 seconds by use of a UV wand, and the space in which this activity occurred will be illuminated by UV light for at least 15 minutes. Signage on the door of the space will warn personnel of the period that the UV light has been on.

- D.** All equipment that comes in contact with humans is assumed to be contaminated and is always to be handled with gloved hands prior to and during cleaning and disinfection.

E. Handling, Cleaning and Disinfecting Hearing Aids and/or Earmolds

The hearing aid and/or earmold will be received from the client/patient in a disinfectant cloth, gloved hand, tissue, or container provided for this purpose. There will be small plastic bags and/or cardboard boxes available in all audiology test areas as well as front desk reception and the business office for receipt of hearing aids and earmolds. The business office staff will be instructed to have the hearing aid/earmold placed in a bag or box by the client and will contact the Audiologist responsible for walk-in clinic to collect the box from the office. Under no circumstances will the office personnel handle the hearing aids or earmolds that have not been cleaned and disinfected.

- a. Audiologists and students will wear gloves during cleaning and disinfecting process. Due to the inability to immerse hearing aids or cochlear implants for disinfection, disinfectant cloths or spray (Sanitize H/H) on a tissue will be used to clean and disinfect the surface areas of the hearing aid or cochlear implant. Afterwards, the hearing aid or cochlear implant should undergo UVC light source treatment. Earmolds, which can be separated from behind-the-ear hearing aids or cochlear implants, will be immersed in a cleaning solution. All instruments (wax loop, picks, etc.) used to clean a hearing aid or cochlear implant will be disinfected following use.

- b. Stethoscope ear tips and the tip that attaches to the hearing aid or cochlear implant will be cleaned with a disinfectant cloth following each use and then immersed in sterilizing solution.
- c. Once cleaned and disinfected, hearing aids or cochlear implants can be placed in the test box for electroacoustic analysis or for programming purposes. The hearing aid surface or cochlear implant will be disinfected again following test completion.
- d. The disposable boxes or plastic bags used to receive and store hearing aids or cochlear implants are to be thrown out once the hearing aid or cochlear implant is returned to the patient.
- e. Syringes used during earmold impressions are to receive surface disinfection with a disinfectant cloth or spray unless come in contact with blood. In this instance, once wiped cleaned, should be immersed in sterilizing solution.

IV. Sterilization

A. Definitions from Bankaitis and Kemp (2005)

- a. Sterilization: killing 100% of germs including endospores

B. Sterilization

- a. This procedure is required for instruments that contact blood, ear drainage, cerumen, mucous, sputum, or emesis. This includes probe tips, specula, stethoscope tips, oral appliances, and TEP. Instruments used in cleaning hearing aids such as wax loops and picks may occasionally need sterilization if blood or ear drainage is encountered during their use. Items belonging to or leaving with patients will typically be cleaned, disinfected, and returned to the client. If otoscopy reveals blood or visible ear drainage, sterilization of the earmold should be considered. Cold sterilization with 2% glutaraldehyde (Aurasept, Wavicide, etc.) or 7.5% hydrogen peroxide (Sporox) will be utilized.
- b. Sterilizing solution will be placed in a covered plastic tray, which is approved for this use. Gloves and eye protection will be worn when handling the solution. Lab coats for protection of clothing are available for use when changing sterilizing solution.
- c. Instruments will be removed, rinsed in water, and set on a prepared surface to dry. Once the instruments are dry, they will be returned to the appropriate storage containers.
- d. All disinfectant and sterilizing solutions will be changed every 14-28 days as directed on the label, or sooner if the solution becomes visibly soiled, viscous and/or fails the effectiveness test.
- e. Infection control logs will be posted in each cleaning area. Each solution change will

be dated and recorded on the log. MSDS instructions will be followed in safe handling and disposal of the solution.

C. Handling and Cleaning the Rod Portion of the Endoscope (see Appendix III - C for full cleaning procedures)

- a. The soiled portion of the endoscope will be cleaned with enzyme soap and rinsed.
- b. The fiber optic portion of the endoscope is immersed in the sterilizing solution (Cidex Plus) for 20 minutes.
- c. Rinse with running water until residue is cleaned.
- d. Dry with a soft cloth and place in the clean endo-caddy.
- e. This procedure must be done for each trial with a new person/patient.

D. Human

a. Hand Washing

1. Hands will be thoroughly cleaned before and after each patient (and after handling any potentially biohazardous material) through hand-washing or use of an alcohol- based handrub.
2. The hand washing procedure to be followed is: remove rings (as able), start water, lather the soap scrubbing palms, the backs of hands, between fingers, under fingernails, over the wrists, and onto the forearms. Rinse the soap off with running water, dry the hands using a paper towel, then turn off the water using the damp towel, not clean hands. Avoid using hot water as this may increase risk of dermatitis. Or, apply alcohol-based hand rub 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.

b. Gloves and Protective Clothing

1. Gloves will be worn for all procedures that may create exposure to blood, cerumen, ear drainage, or contagious rashes. This applies to earmold impression removal, oral mech exams, endoscopic exams, otoscopy, immittance, OAEs, placing and removing immittance tips and specula, any hearing aid procedure and other situations as deemed appropriate by each clinician.
2. Gloves must be changed after each procedure is complete and prior to any additional procedure requiring gloves if the user comes in contact with unclean objects, one's clothing, hair, skin, or body fluids or leaves the room.
3. Gloves will be worn for cleaning and disinfecting instruments, toys, hearing aids, and when handling sterilizing solutions. Two pairs of gloves

will be worn when treating patients known to be infected with HIV or Hepatitis B.

4. Gloves are to be removed by grasping the wrist of one glove with the other gloved hand, pulling the glove off into an inside/out position. The ungloved hand will then be used to grasp the inside edge of the remaining glove and pull off in an inside/out manner folding the first glove inside the second. Gloves will then be placed in a trash receptacle.
5. Before and after glove removal, the clinician should wash hands with soap and water or use alcohol-based hand sanitizer when soap and water are not immediately available.
6. When using the endoscope or during VNG appointments (where exposure to emesis or other contaminants may occur), each clinician present in the room will be required to wear a disposable gown, buttoned lab coat, or other protective covering available in the lab. This must be discarded before leaving the lab. Lab coats are to be cleaned if soiled (or weekly if used regularly) in the infection control room. Personal lab coats may be taken home for cleaning if stored in a plastic or paper bag before leaving the clinic.

c. Personal Illness

Staff, volunteers and students are encouraged to use good judgment regarding personal illness and the potential for spreading illness to co-workers and clients.

1. Staff, volunteers and students should not enter the clinic, at MSHC or off-site, if they are sick. Illness that creates an inability to attend to clinic responsibilities may necessitate a change in clinical faculty member, student clinician, or evaluation/therapy appointment (refer to Policy C-107).
2. Symptoms of infectious disease include, but are not limited to fever, rash, cough, sore throat, vomiting, and diarrhea.
3. Medical treatment for strep throat, conjunctivitis, and other contagious diseases is required before returning to clinic.

V. Waste Management

- A.** Most waste can be placed in the regular trash that will consist of plastic lined trash bins placed throughout the clinic area.
- B.** Items that are visibly contaminated with cerumen, ear drainage, blood, mucous, sputum or emesis will be disposed of as Biohazardous Waste in the red biohazard bags. After the red bag is sealed, it is transferred to the biohazard disposal container for Stericycle, Inc. pick-up as scheduled or specially arranged. To arrange a special pick-up, call 800-633-9278.
- C.** All other waste contaminated with cerumen, saliva, drainage, etc. can be placed in

the regular trash. Tongue blades are to be broken before they are discarded.

- D. Used disinfectant will be disposed of in accordance with the directions found on the Material Safety Data Sheet (MSDS) for each product which will be kept in a binder in the Infection Control Room.
- E. All sharps are to be disposed into an approved Sharps Disposal Container. When the container is full, then it is to be placed into the Stericycle, Inc. disposal container for biohazard materials. Stericycle, Inc. will pick-up the disposal container biannually unless notified otherwise. Sharps may include needles, razor blades, broken glass and/or syringes.


References

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School of Communication
Sciences & Disorders
The University of Memphis

Procedure for Key Issuance

Policy Number	Phys-311
Effective Date	August 30, 2022
Supersedes Date	July 27, 2016
Review Date	May 2025
Approval	

SUBJECT: Ordering New Keys, Returning Keys, Reissuing Keys Internally

PROCEDURE:

I. Claiming a Key that is held at the CHB

All initial requests for keys should be submitted via email to the CSD Administrative Associate. Requests for student keys need to come from faculty or staff members. Once a request is made, the CSD administrative associate will check to see if a key is available for reissue.

If the requested key is available, he/she will make an entry of the new holder's name, UID # and the date the key is reissued in the Key Control Spreadsheet. Key transfers will be recorded through the B&F Door Access System when the key being transferred has an individual core mark.

Individual key holders will be responsible for reporting the loss or theft of the key and paying for its replacement if it is lost or stolen.

II. Ordering a New Key

New key orders will be made by the CSD Administrative Associate. Student keys must be requested by a staff or faculty member and must also be authorized with an email from the CSD Dean to the lock shop that includes the work order #, the student's UID # and permission to issue the key.

Key holders will need to present a university ID at the Physical Plant office in order to claim their key(s). Individual key holders will sign for keys and be responsible for reporting the loss or theft of the key and paying for its replacement if it is lost or stolen.

III. Replacing Lost or Stolen Keys

If you have a lost or stolen key, you will need to file a police report with University Police reporting the loss of your key/keys. They can be reached at 678-4357. You will then need to check to see if a key can be reissued to you. If one is available, it will be reissued following the

procedure listed above. If no key is available in house, the administrative associate will order a new key(s) for you following the procedure listed above. If you lose your keys, you will be responsible for paying for the replacement keys which are currently \$4/key.

IV. Returning Keys


If you are graduating or leaving your position at the University, you are responsible for returning any and all keys to the CSD administrative associate or Physical Plant before you leave CSD on a permanent basis. They will log your keys back in on the Key Control Spreadsheet and through the B&F Door Access System. Graduating students will have the appropriate return of their keys noted on their School Check Out form.

Any employees who receive keys from students or other employees who are leaving the University are responsible for those keys, including replacing them if they are lost or stolen, until they have been returned to the CSD Administrative Associate and have been logged into the School's Key Inventory.



School of Communication
Sciences & Disorders
The University of Memphis

Physical Operations

Policy Number	Phys-312
Effective Date	3.23.2018
Supersedes Date	New
Review Date	May 2024
Approval	

SUBJECT: Infection Control for CSD Research Labs


POLICY: The following guidelines for infection control are written to inform and instruct all personnel-faculty, staff, volunteers, and students-who participate in research labs in the School of Communication Sciences & Disorders. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies, and terminology can be found in the references listed at the end of these guidelines. Also, the Exposure Control Plan document and Infection Control Policies for the Research labs are located in the Dean's office. It is strongly recommended that all personnel be familiar with the information contained in these references.

PROCEDURE:

- I. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect employees, students, volunteers, and research participants from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit <http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf> to complete the exposure form.
- II. Each research lab will develop and maintain its own infection control and waste disposal procedure. The procedure will identify all reusable materials, all disposable materials, and chemicals in use in the laboratory. It will define the correct methods for cleaning, sanitization, and storage of reusable materials. It will define the correct methods for safe handling, disposal and storage for all disposable materials and chemicals.
- III. A copy of each lab's procedures, along with MSDS's and information about accessing safety stations in the Community Health Building (e.g. eye wash, safety showers) will be maintained in the lab as well as in the Dean's Suite.
- IV. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees and students. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.

- V.** Environmental infection control and basic housekeeping practices will be implemented to protect research participants, students, volunteers, and employees. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.
- VI.** All hazardous chemicals will be identified, labeled, stored and disposed of in accordance with the MSDS for that product.
- VII.** There will be an annual review of the infection control procedure for each lab with oversight by the Dean's Office. The infection control procedure for each lab will also be reviewed and updated each time an Academic Faculty member has a new grant or project that will be conducted in the laboratory.
- VIII.** In compliance with UM1759, all employees, volunteers, and students who are working in research labs that produce biohazardous or hazardous waste will undergo Hazardous Waste Training on an annual basis.
- IX.** In compliance with the School's Exposure Control Plan, all employees, volunteers, and students who are exposed or are likely to be exposed to bloodborne pathogens or other potentially infectious materials (e.g. cerumen, saliva, urine, solid waste) will undergo Bloodborne Pathogen Training on an annual basis.

**School of Communication Sciences &
Disorders
The University of Memphis
Academic and Clinical Education**

Policy Number	Phys - 313
Effective Date	August 25, 2021
Supersedes Date	May 3, 2019
Review Date	May 2024
Approval	

SUBJECT: Required Immunizations, Certifications, Trainings and Background Checks for all Faculty, Staff, Volunteers, and Students Working in SCSD and MSHC

PURPOSE: This policy is intended to protect the health and well-being of all employees, students, volunteers and clients participating in the operations of the School of Communication Sciences & Disorders (SCSD).

POLICY: All employees, students and volunteers who participate in the operations of SCSD and the MSHC are **required** to comply with the attached schedule of annual immunizations, certifications, trainings, and background checks.

PROCEDURE:

The schedule and sequence correspond to the activities of an individual participating in the Clinic and the School.

I. Notification

- A. The Director(s) of Clinical Education, the School Administrative Associate, and/or approved designee will notify incoming employees, students, and volunteers of these requirements prior to their participation in MSHC or SCSD activities.
- B. Employees, students, and volunteers will be notified if they are responsible for any associated costs to meet these requirements.
- C. Those not in compliance will not be allowed access to HIPAA sensitive areas and will be prohibited from being around children and clients.

II. Definition of Groups Named in this Policy

- A. *Individuals Providing Direct Client Services in MSHC* includes any and all parties providing patient care in MSHC regardless of their affiliation or lack thereof with SCSD and/or the University of Memphis.

- B. *Individuals working with Minor Children* includes any and all parties who will oversee or interact with children under the age of 18 regardless of their affiliation or lack thereof with SCSD and/or the University of Memphis. This includes anyone in the MSHC and tenure-track faculty and students in laboratories who see children as participants.
- C. *Volunteers*, as defined in this policy, includes any and all individuals who are not affiliated with SCSD and/or employed by the University of Memphis. If an individual is participating in SCSD or MSHC activities and they are not affiliated with the University of Memphis, they are also required to be registered with Legal as a volunteer and to use a sponsored account for building and computer access.

III. Requirements for Individuals Providing Direct Client Services in MSHC

REQUIREMENT	FREQUENCY	CSD STUDENT DOCUMENTATION PROVIDED TO:	DUE DATE	PARTY RESPONSIBLE FOR COST
TB skin test, QuantiFERON blood test, or chest x-ray	One time	Upload to Typhon account	Before clinic assignment begins. Annually thereafter.	Individual
Flu Shot	Annually	Upload to Typhon	October 15 th of each year	Individual
American Red Cross CPR and AED2 Certification	Every 2 years	Upload to Typhon	Before clinic assignment begins.	Individual for initial certification; SCSD for School scheduled renewals for SCSD clinical students, clinical faculty & clinical staff
TDAP Vaccination	Every 10 years	Upload to Typhon	Before clinic assignment begins.	Individual
Hepatitis B vaccination series	One time series of 3 shots	Upload to Typhon	Complete series by January 15 th	Individual
Blood Borne Pathogens Training	Annually	Upload to Typhon	Before Clinic assignment begins. Annually thereafter.	EH&S
Hazardous Waste Training	Annually, as required for those participating in Infection control in MSHC	Upload to Typhon	Before Clinic assignment begins. Annually thereafter.	EH&S

HIPAA Training; both CSD and UofM trainings are required	Annually	Upload to Typhon	Before Clinic assignment begins. Annually thereafter.	SCSD
Cerner/Cornerstone Training	One time	Upload to Typhon	Within 36 hours of receiving Cerner login for Cornerstone training; annually in Orientation thereafter	SCSD

IV. Requirements for Individuals Working with Minor Children in MSHC or at SCSD

REQUIREMENT	FREQUENCY	DOCUMENTATION PROVIDED TO:	DUE DATE	PARTY RESPONSIBLE FOR COST
Background Check for Working with Minor Children*	Every 5 years	<ul style="list-style-type: none"> • Upload to Typhon for SCSD students and Clinic personnel • provide to Administrative Assc for all other parties 	Before working with children or at the beginning of clinic assignment	Individual
Minors on Campus Training	One Time	<ul style="list-style-type: none"> • Upload to Typhon for SCSD students and Clinic personnel • Provide to Admin Assc for all other parties 	Before working with children or at the beginning of a clinic assignment	HR/Learning Curve course (no cost)
Clear Sex Offenders Registry Check	Every 3 years	<ul style="list-style-type: none"> • Upload to Typhon for SCSD students and clinic personnel • Provide to Admin Assc for all other parties 	Before working with children or at the beginning of a clinic assignment	No associated cost
Stewards of Children	Every 3 years	<ul style="list-style-type: none"> • Upload to Typhon for SCSD students and clinic personnel • Provide to Admin Assc for all other parties 	Before working with children or at the beginning of a clinic assignment	SCSD

* Full directions for completing the Background Check for Working with Minors can be found at: <https://www.memphis.edu/tep/clinical/background-checks.php>

V. Requirements for Non-Clinic Employees (Faculty & Staff), Students and Volunteers in SCSD

Requirement	Frequency	Documentation Provided to:	Due Date
HIPAA (CSD and UofM)	Annually	Administrative Associate	At the beginning of the academic year, or at the beginning of work assignment
Minors on Campus training	Once	Administrative Associate	At the beginning of the academic year, or at the beginning of work assignment
A signed statement acknowledging the need to report suspected abuse	Annually	Volunteers and staff sign notice below for Administrative Assoc.	At the beginning of the academic year, or at the beginning of work assignment
CITI training (those working in research labs)	Check the website for dates-based on a Schedule	Tracked by individual lab directors	Within 30 days of beginning in lab
Blood Borne Pathogens and Hazardous Waste (as identified in Research Lab Infection Control plans)	Annually	Tracked by individual lab directors	Within 30 days of beginning in lab

VI. Records and Dissemination of Information

- A. SCSD Students and clinical faculty working in Clinic will upload proof of the required tests and procedures to their private record in the Typhon system.
- B. Non-SCSD affiliated individuals working in Clinic will provide proof of the required tests and procedures to the Administrative Associate.
- C. Non-Clinic faculty, staff, and volunteers in the School will provide proof of the required tests and trainings to the Administrative Associate. They will be stored electronically at the School on the J drive.
- D. The Directors of Clinical Education or their representatives are responsible for entering the expiration date in Typhon for each item.
- E. It is the responsibility of the individual to remain current with all records and procedures. If a site outside of MSHC requires documented proof of the test results, it will be the responsibility of the individual to provide the information.

Notice to Students Regarding Background Checks

There are potential consequences associated with failing a criminal background check regarding licensure. If one answers “yes” to any of the questions below, it is possible that they may be denied licensure and/or employment at the conclusion of their program.

- Have you ever been convicted of a felony or crime(s) other than minor traffic offenses?
- Have you ever been denied licensure of the profession for which you might apply for licensure or had discipline imposed by another state’s licensing?
- Have you ever had a civil suit judgment entered against you or entered into an adverse civil settlement?

Students must review the state licensure requirements specific to the discipline by contacting the specific licensing board. It is the student’s responsibility to understand.

Appendix I.

Statement Acknowledging the Need to Report

Date: _____

I _____, understand:

- the duty to report child abuse or neglect under Tennessee state law TN Code Annotated 37-1-403(i)(1),
- the procedures to follow when I suspect abuse or neglect
- that any suspected crime committed on the University of Memphis campus is to be reported to Police Security

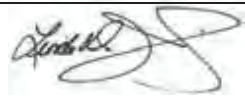
- I have read the guidelines Working with Minors Do's and Don'ts.
- I certify that I have never been convicted of a crime related to abuse and neglect of minors or the elderly

Signature



**School of Communication
Sciences & Disorders
The University of Memphis**

Physical Operations

Policy Number	Phys - 314
Effective Date	May 2019
Supersedes Date	New
Review Date	May 2025
Approval	

SUBJECT: Camps Involving Minors on Campus

POLICY: Special programs considered as camps for minors using University facilities must follow the policies and guidelines as it relates to minors on campus.

PROCEDURE:

I. Minors on Campus Certification

Permission from the Dean and the Provost must be obtained when planning a camp for minors at the Community Health Building. The Minors on Campus Certification form is submitted for signature with a description of the proposed camp.

II. Requirements

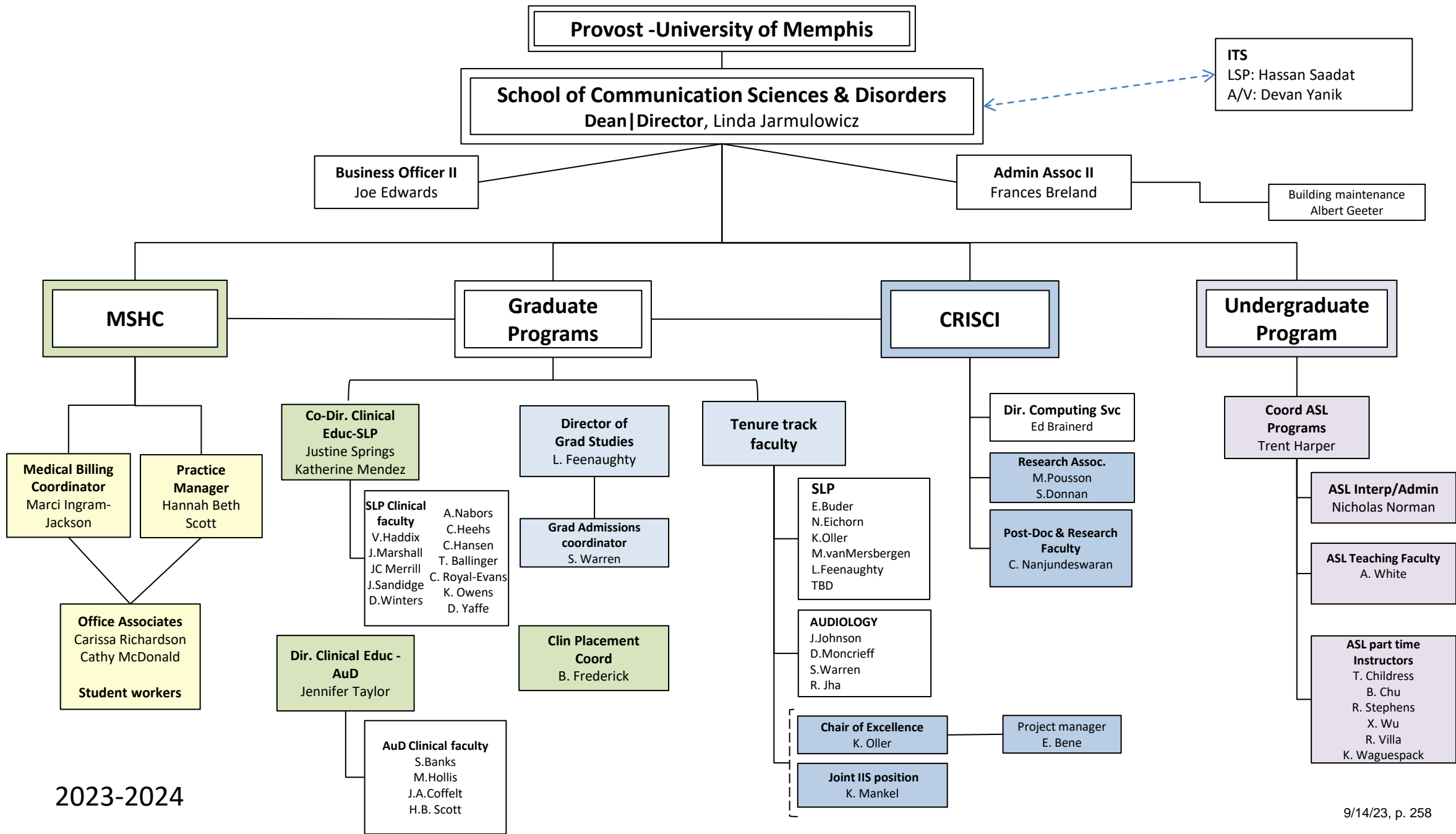
- A. The [requirements and forms](#) necessary for employees and volunteers are on the Legal Counsel Website.
1. All employees and volunteers need proof of background/sex offender registry checks and Minors on Campus training. Either the Directors of Clinical Education or the School's Administrative Associate will keep records of proof of participants' training (Policy New).
 2. Students may be considered volunteers if the assignment is not related to a course or graduate assistant duties. Volunteers must submit a Volunteer Form five days before the scheduled start date of the program/activity, so Legal Counsel has time to file them with the State of Tennessee.
 3. All employees, students, and volunteers involved in the camp/activities will receive a packet of information and forms to be signed that includes:
 - a. Guidelines for Working with Minors: a list of Do's and Don'ts
 - b. Staff-to-participant ratios
 - c. Reporting Responsibilities: Every Person has an Obligation to Report Child Abuse
 - d. Statement of Acknowledgement Minors on Campus

III. Safety

- A. Policy Phys-304 in the School of Communication Sciences and Disorders Handbook covers the emergency procedures for all individuals in the Community Health Building.
- B. All minors must be supervised at all times.
- C. All clients at MSHC have signed consent forms, and information is gathered to include medical conditions, dietary restrictions, medications, and emergency contacts. Specific camps/activities may require additional documentation for participants to include medication that needs to be taken during the camp, a media release, and a statement of assumption of risk. These [forms](#) are located on the Legal Counsel website.
- D. When possible, medically trained staff should be available during the camp hours.
- E. The coordinator of the camp will create a drop-off and pick-up plan for the camp and include it in the information provided the families.

IV. Participant Code of Conduct

- A. The coordinator of the camp/activity will create a code of conduct that is explained to the participant and given to the parent/guardian. The code should contain an explanation of expectations of the participant as well as conditions that may lead to dismissal.



2023-2024

SUGGESTED E-MAIL GUIDELINES

The number one rule is that e-mail is for routine rather than emergency correspondence. If something is a real emergency, it should be handled by phone.

Subject Line:

- **Make sure that the subject line is descriptive** of the topic in the message. This will make it easier to find it at a later date if you need to or to scan you mail quickly.
- **If you need an immediate response use the High Importance tag** (use this strategy sparingly.)

Body of the E-mail:

- **E-mails are intended for short information bites** and not for long discussions.
- **Discussions, brainstorming, problem solving, and conflict resolution** are for face-to-face meetings, not e-mail.
- **Do not read emotion into e-mails.** E-mails are often responded to quickly and bluntly compared to a personal conversation. Topics that have the potential of being emotionally charged are not for the internet.
- **Consider using bullet points in your e-mail** if you are addressing more than a couple of topics or have several questions for the recipient to answer.
- **If you are generating the e-mail.** Reread it to be sure that it is providing enough information that the reader can understand your point or question. A brief intro of the topic can help for example, "Regarding my schedule", "For our next meeting", etc.

Replying to Messages:

- When to "reply to all": If the message was sent to a group, and the sender is asking for opinions from all, use the reply all. **If your reply is not of interest to others or does not add to the original message, only reply to the sender. This will reduce the number of messages the others receive.**
- If you **Bcc** a large group of recipients instead of adding them to the **To** line of the email, any "reply all" responses will only go to you as the sender.
- When responding to a list of issues or questions, say "see below" and respond to each one listed in the body of the message you received.

Forwarding E-mail:

- When forwarding a message, be sure that you have permission to forward the information from the original sender.
- It may be that only a portion of the e-mail is appropriate to forward. Edit the message before forwarding.

Distribution Lists:

- **The School has a set of distribution lists** available for use.
- **If you use an established list**, but not all recipients need to be included on the e-mail, remove the names for which the message is not intended.
- **Limit the use of “CSD Everyone”** to communications that are of importance to everyone in the School.

What are etiquette rules?

There are many etiquette guides and many different etiquette rules. Some rules will differ according to the nature of your business and the corporate culture. Here is [a video of 26 email etiquette rules](#) and how to follow them.

email etiquette tips:

1. GENERAL

- **Do not overuse Reply to All**
- Do not overuse the high priority option and avoid using URGENT and IMPORTANT
- Do not copy a message or attachment without permission
- Use a professional email address that easily identifies you
- Don't forward virus hoaxes and chain letters
- Don't reply to spam
 - If you're unsure whether or not an email is spam, forward it to abuse@memphis.edu. The people in IT will let you know if the email is legitimate or not.
- Process your emotions before responding or hitting 'send'
- Give recipient time to respond – at least 24 work hours

2. CONTENT

- Use a meaningful subject line
- Be concise and to the point
- Make it personal, but use humor carefully
- Answer all questions, and pre-empt further questions
- Add disclaimers to your emails
- Does not use email to discuss confidential information (use the phone)
- Don't send or forward emails containing libelous, defamatory, offensive, racist or obscene remarks
- Read the email before you send it
 - Especially: check recipient's name

3. FORMAT

- Use proper spelling, grammar & punctuation
 - Take care with abbreviations and emoticons
 - Use active instead of passive voice when you write
 - Keep your language gender neutral
- Use proper structure & layout
 - Avoid long, complex sentences
 - Avoid difficult to read fonts
 - **Do not write in CAPITALS**
- Include the message thread
- Do not attach unnecessary files
- Include a signature to professional emails

Reference

Morgenstern, J. (2005). *Never check e-mail in the morning: and other unexpected strategies for making your work life work*. New York, Fireside.

Infection Control for Videostroboscopy Equipment

The following guidelines for infection control are written to inform and instruct all personnel-faculty, staff, and students-who participate in videostroboscopic evaluations in the Memphis Speech and Hearing Clinic. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies, and terminology can be found in the references listed at the end of these guidelines. Also, the Exposure Control Plan document and Infection Control Policies for the Research labs are located in the Dean's office. It is strongly recommended that all personnel be familiar with the information contained in these references.

POLICY:

- I. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the employees, students and clients from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit <http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf> to complete [the report](#) form.
- II. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.
- III. Environmental infection control and basic housekeeping practices will be implemented to protect clients, students, volunteers and employees.
- IV. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.
- V. All chemicals in use in the MSHC will be stored, utilized, labeled and disposed of in accordance with the directions contained in the Material Safety Data Sheet (MSDS) for that product.
- VI. Purchase and use of materials or chemicals not reported in this document will be reported to the Administrative Associate for appending to this document.
- VII. There will be an annual review of the infection control documents for the MSHC with oversight by the Clinical policies Committee.

PROCEDURE:

I. Personnel

Not all employees, staff, or students have the same potential risk of exposure to infectious material.

- a. Professional Staff and Students
 - i. Speech-Language Pathologists and students engaged in direct client contact might encounter the following tasks or procedures that place them at some risk of exposure to infectious material.
 - 1. Disinfecting patient "touch and splash" surfaces.
 - 2. Oral mechanism examinations
 - 3. Oral and intraoral manual therapy and diagnostic techniques
 - 4. Using and storing endoscopic equipment
 - 5. Cleaning endoscopic equipment with Cidex Plus
 - 6. Use of electromyographic sensors and equipment
- b. Office Personnel
 - i. Office personnel are not typically exposed to infectious material, nor do they participate in cleaning/disinfecting procedures.
- c. Building Maintenance and Cleaning Staff
 - i. These individuals may be exposed to infectious material through assistance in cleaning or through removal of trash containing infectious materials.

II. Cleaning and Disinfecting

- a. General Information
 - i. Cleaning and disinfecting procedures will be completed in the endoscopy clinic room. Containers with a cleaning and disinfecting solution and Clorox wipes will be located in the endoscopy room cupboards.
 - ii. Sterilization materials will be limited to the endoscopy clinic room. Containers for sterilization chemicals will be provided with lids that must remain in place except when instruments are being placed or removed. There will be no food or drink in these areas.
 - iii. All soiled instruments needing cleaning, disinfection, or sterilization will have visual soil and debris removed with an enzymatic wash and placed in a cleaning and disinfectant bath (Aztec caddy or Endobath). Personnel assigned to endoscopy duties¹ will be responsible for transferring instruments to a sterilization bath and carrying out sterilization procedures.
 - iv. Rigid Endoscope Cleaning: Aztec endoscope caddy with lid
 - 1. In the endoscopy room with the door open
 - 2. Cleaning Solution: Cidex OPA Concentrate
 - v. Flexible Endoscope Cleaning: Endobath Flexible Scope SmartBasin M601
 - 1. In the endoscopy room with the door open.
 - 2. Cleaning Solution: Cidex OPA Concentrate

3. See sections 6.0-8.3 of Endobath Instruction Manual 2.0 for detailed operating procedures.

III. Infection Control Protocols

a. Environmental

i. Surface Disinfection

1. Surfaces to be Cleaned
 - a. Rigid endoscope.
 - b. Flexible endoscope.
 - c. Counter, sink, and cabinet surfaces in the endoscopy room.
 - d. Vertical surfaces of the endoscopy tower.
 - e. Endoscope dirty bin following cleaning procedures.
2. Surface Disinfection Procedures
 - a. Will follow Phys-309
3. Endoscope Disinfection Procedures
 - a. This is a two-step process of cleaning gross contamination followed by a disinfectant to kill germs. A product containing both an enzymatic cleaning compound and disinfectant can be used for both steps.
 - b. The endoscopy room will be supplied with the enzymatic cleaning compound in liquid form.
 - c. During cleaning, gross contamination and debris will be removed with a designated enzymatic sponge or other disposable or cleanable device, wiping the endoscope area from proximal (nearer the handle) to distal end (nearer the lens or camera end) at least 20 times. Following cleaning, the endoscope will be rinsed with water from proximal to distal end and wiped down with a clean cloth in the same direction.

ii. Sterilization

1. Instruments will be removed, rinsed in water, and set on a prepared surface to dry. Once the instruments are dry, they will be returned to the appropriate storage containers.
2. All disinfectant and sterilizing solutions will be changed every 14-21 days as directed on the label, or sooner if the solution becomes visibly soiled or viscous.
3. Infection control logs will be posted in each cleaning area. Each solution change will be dated and recorded on the log. MSDS instructions will be followed in safe handling and disposing of the solution.

4. Handling and Cleaning the Rod Portion of the Rigid Endoscope
 - a. Gloves and protective eyewear must be worn during any interaction with Cidex Plus.
 - b. The door of the endoscopy room must be opened to increase ventilation when using Cidex Plus.
 - c. The rod portion of the endoscope is immersed in the sterilizing solution (Cidex Plus) in the Aztec endo-caddy for 20 minutes.
 - d. Rinse with running water for 3 minutes.
 - e. Dry with a clean gauze pad (do not dry lens portion of the rigid scope) and place in either the Aztec endo-caddy, the endo-caddy on the side of the instrument cart, or in the case in the cabinet.
 - f. This procedure must be done for each trial with a new patient.
5. Handling and Cleaning the Fiberoptic Portion of the Flexible Endoscope
 - a. Gloves and protective eyewear must be worn during any interaction with Cidex Plus.
 - b. The door of the endoscopy room must be opened to increase ventilation when using Cidex Plus.
 - c. The protective cover of the distal chip pins will be placed and locked to ensure no liquid contamination.
 - d. The flexible portion of the endoscope is immersed in the sterilizing solution (Cidex Plus) of the Endobath for 20 minutes.
 - e. Rinse with running water for 2 minutes.
 - f. Dry with a clean gauze pad (do not dry lens portion of the rigid scope) and place in the endo-caddy on the side of the instrument cart or in the case in the cabinet.
 - g. This procedure must be done for each trial with a new patient.

b. Human

i. Hand Washing

1. Hands will be thoroughly cleaned before and after each patient (and after handling any potentially biohazardous material) through hand-washing or use of an alcohol-based hand rub.
2. The hand washing procedure to be followed is: remove rings, start water, lather the soap scrubbing palms, the backs of hands, between fingers, under fingernails, over the

wrists, and onto the forearms. Rinse the soap off with running water, dry the hands using a paper towel, then turn off the water using the damp towel, not clean hands. Avoid using hot water as this may increase risk of dermatitis. Or,

3. Apply alcohol-based hand rub 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.

ii. Gloves and Protective Clothing

1. Gloves will be worn for all procedures that may create exposure to blood, bodily fluids, or contagious rashes. This applies to endoscopic exams and other situations as deemed appropriate by each clinician.
2. Gloves must be changed if the user comes in contact with unclean objects, one's clothing, hair, skin, or body fluids or leaves the room.
3. Gloves will be worn for cleaning and disinfecting instruments, toys, hearing aids, and when handling sterilizing solutions. Two pairs of gloves will be worn when treating patients known to be infected with HIV or hepatitis B.
4. Gloves are to be removed by grasping the wrist of one glove with the other gloved hand, pulling the glove off into an inside/out position. The ungloved hand will then be used to grasp the inside edge of the remaining glove and pull off in an inside/out manner folding the first glove inside the second. Gloves will then be placed in a trash receptacle.
5. When using the endoscope, each user present in the room will be required to wear a disposable gown or other protective covering available in the lab. This must be discarded before leaving the lab.

iii. Personal Illness

1. Faculty and students are encouraged to use good judgment regarding personal illness and the potential for spreading illness to co-workers and clients. Illness that creates an inability to attend to clinic responsibilities may necessitate a change in clinical faculty member, student clinician, or evaluation/therapy appointment (refer to Policy C-107). Symptoms of infectious disease include, but are not limited to: fever, rash, cough, sore throat, vomiting, and diarrhea. Medical treatment for strep throat, conjunctivitis, and other contagious disease is required before returning to clinic.

IV. Waste Management

- a. All waste material from the use of the endoscope (e.g. 4x4 gauze, lubricating gel, cotton tip swabs, rubber gloves) must be double wrapped in paper towel and placed in the regular trash container.
- b. Hot water from the procedure will be poured down the sink drain and the cup placed in the regular trash container.
- c. Tongue blades are to be broken before they are discarded
- d. Most waste can be placed in the regular trash that will consist of plastic lined trash bins placed throughout the clinic area.
- e. Used disinfectant will be disposed of in accordance with the directions found on the Material Safety Data Sheet (MSDS) for each product which will be kept in a binder in the Infection Control Room.

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