

Dear Clinical Educator,

Thank you for accepting a graduate student clinician from the Communicative Disorders Program at Eastern New Mexico University. We appreciate this partnership in clinical education, and the opportunity for our student to build clinical skills under your supervision and mentorship.

This handbook contains information regarding our program, current ASHA requirements for supervision, practicum procedures and policies as outlined by the CDIS Program and the ASHA Code of Ethics. For quick access to a specific topic, the following hyperlinks may be useful.

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If at any time you have questions, please feel free to contact me. We genuinely appreciate your support of our program.

Sincerely,



Laura Bucknell, M.A, CCC-SLP
Clinic Director Communicative Disorders
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ENMU CDIS Program

Eastern New Mexico University is located in the rural city of Portales, NM close to the Texas border. The Communicative Disorders program at ENMU is a hybrid program where students complete their first clinical rotation on campus under faculty supervision. Once students have developed foundation skills in creating treatment plans, planning and implementing goal-oriented therapy, collecting data, writing clinical reports, and holding client conferences, they have the opportunity to leave campus to continue their clinical education in the area in which they will be future job seekers. Academic coursework continues from home using Mediasite technology. Students are required to be logged into Mediasite and other video conferencing technology for academic instruction in real time. Students are not allowed to miss class to attend practicum. In addition, students are not allowed to be at the practicum site unless the supervisor is also onsite.

Accreditation Status

The Master of Science (M.S.) education program in speech-language pathology at Eastern New Mexico University is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850, 800.498.2071 or 301.296.5700.



The Practicum Experience

The Communicative Disorders Program at ENMU is based on the philosophy that the quality of care must be of the same high standard, regardless of who provides the care. The CDIS faculty recognizes that students advance through stages of development as they develop as clinicians. This is true globally, as well as for each new skill encountered. It is further recognized that students advance through stages at varying rates. The goal of the clinical education component of the Communicative Disorders Program is that each student will be entry-level competent with professional practice competencies upon graduation. Further development will occur throughout each individual's professional career.

Practicum Course Descriptions

Practicum courses are designed to provide a range of clinical experiences in a variety of settings to prepare students for professional practice in speech-language pathology. The practicum courses provide opportunities for students to build on previously established clinical skills in order to acquire the entry-level competencies by the end of the practicum sequence.

Completion of the full practicum sequence is designed to result in student proficiency for:

1. Planning goal-oriented therapy programs that are tailored to individual client needs, for clients of varying ages, disorders, and cultural backgrounds
2. Developing treatment plans that accurately reflect long-range goals for the client and utilize appropriate materials and techniques for achieving therapy goals
3. Utilizing a variety of clinical techniques
4. Writing informative clinical reports with appropriate use of professional terminology and

- reasonable observation of written language conventions
5. Exhibiting a competent and confident image to the client and/or parent in all clinical contexts
 6. Self-evaluation of clinical strengths and weaknesses
 7. Exhibiting competence and confidence as a diagnostic evaluation team member ,a team leader, and as the sole diagnostician
 8. Exhibiting the necessary skills to deal appropriately with other professionals
 9. Using research and exhibiting resourcefulness when faced with a situation not previously encountered or not directly covered by textbooks or academic theories
 10. Gathering and using evidence to make efficacious practice decisions
 11. Developing and implementing the full repertoire of professional practice competencies

CDIS 501 Practicum I

Supervised clinical experience, including evaluating patients, administering speech/language therapy, holding client conferences, and maintaining records. Practicum experiences will be obtained at the ENMU Speech, Hearing, and Rehabilitation Outreach Center (SHROC) or at sites that are directly supervised by ENMU CDIS faculty. Attendance at a clinicians' meeting with the supervisor each week is required plus 100 minutes weekly class seminar time.

CDIS 502 Practicum II

Supervised clinical experience including evaluating patients, administering speech/language therapy, holding client conferences, and maintaining records. CDIS 502 practicum must be completed in a K-12 school-based setting. Students are expected to complete assessments and evaluations as a part of this practicum experience. The public school setting typically requires that students be available either on M/W or T/TH from 8 until 4 for both days.

- CDIS 502 enrollment for 1 credit requires students be available for 2 half days or 1 full day.
- CDIS 502 enrollment for 2 credits requires students be available for 2 full days per week.
- CDIS 502 enrollment for 3 credits requires students be available for 3 full days per week

All CDIS 502 enrollment, regardless of credit hours, requires that students attend 100 minutes per week in class seminar time with ENMU faculty.

CDIS 502 placements must be 14 weeks in length unless otherwise approved by the clinical director. Students should complete 10-15 clock hours prior to enrollment in CDIS 502, and should expect to earn a minimum of 75-100 hours while in 502.

CDIS 503 Practicum III

Supervised clinical experience including evaluating patients, administering speech/language therapy, holding client conferences, and maintaining records. CDIS 503 practicum should be a skilled nursing facility. In the event that a SNF placement cannot be secured, home health agencies, birth to three, private clinics, or other introductory medical sites may be considered. Students are expected to complete assessments and evaluations as a part of this practicum experience.

- CDIS 503 enrollment for 1 credit requires students be available for 2 half days or 1 full day.
- CDIS 503 enrollment for 2 credits requires students be available for 2 full days per week.

- CDIS 503 enrollment for 3 credits requires students be available for 3 full days per week.

All CDIS 503 enrollment, regardless of credit hours, requires that students attend 100 minutes per week in class seminar time with ENMU faculty.

CDIS 503 placements must be a minimum of 14 weeks in length unless otherwise approved by the Clinical Director. Students should expect to earn a minimum of 100-125 hours while in practicum.

CDIS 505 Practicum IV

Supervised clinical experience including evaluating patients, administering speech/ language therapy, holding client conferences, and maintaining records. CDIS 505 should be a home health agency, a birth to three, a private clinic, or an intermediate medical site. CDIS 505 placements may also include a school-based or preschool setting, as long as this site does not duplicate an already completed practicum and provides a unique learning experience for the student clinician. Students are expected to complete assessments and evaluations as a part of this practicum experience.

- CDIS 505 enrollment for 1 credit requires students be available for 2 half days or 1 full day.
- CDIS 505 enrollment for 2 credits requires students be available for 2 full days per week.
- CDIS 505 enrollment for 3 credits requires students be available for 3 days per week.

All CDIS 505 enrollment, regardless of credit hours, requires that students attend 100 minutes per week in class seminar time with ENMU faculty.

CDIS 505 placements must be a minimum of 14 weeks in length unless otherwise approved by the Clinical Director. Students should expect to earn a minimum of 100-125 hours while in practicum.

CDIS 589 Internship in Speech-Language Pathology

Supervised full-time clinical experience in evaluation and therapy at a cooperating institution. The CDIS 589 practicum experience must be at a medical site. Students are expected to complete assessments and evaluations as a part of this practicum experience.

Students must have earned a minimum of 300 clock hours prior to enrollment in CDIS 589, and should earn at least 100-125 hours while in 589.

Academic Support Services

ENMU Golden Library provides full library services to local and distance education students. These services include but are not limited to, information on how to do research and request books and articles, and are accessible on the ENMU website. All student clinicians are required to research evidence based frameworks to design intervention for their clients.

Student Requirements for Placement

Students must meet specific requirements to be eligible for a practicum placement. The CDIS Program requires all our practicum students to have met the following prerequisites:

1. Physical Examination
2. Personal health coverage during the duration of the clinical rotation, if required by the site
3. Current liability insurance

4. Current TB skin test or equivalent x-ray documentation
5. Current vaccinations including; measles, mumps, rubella, varicella, and tetanus/diphtheria
6. Current Hepatitis B vaccination or signed declination statement
7. Influenza vaccine during the flu season (October 1 to March 31) or a signed declination form
8. Drug screening
9. Current CPR certification
10. Current training in Universal Health Precautions, OSHA Bloodborne Pathogens, and HIV/AIDs education, HIPAA and FERPA, Child Abuse and Neglect Reporting, and Elder Abuse and Neglect Reporting
11. Current fingerprint-based background check
12. Criminal records search pursuant to the requirements of the Caregivers Criminal History Screening Act
13. United States Department of Justice National Sex Offender Public Website search
14. HHS/OIG List of Excluded Individuals/Entities
15. GSA/SAM List of Parties Excluded from Federal Programs
16. U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specialty Designated Nationals (SDN), if applicable
17. DMV driving history, based on responsibilities

Supervision

Requirements to be a Supervisor

Supervision of a student clinician must be provided by an individual who holds the Certificate of Clinical Competence and appropriate state licensure, and has acquired sufficient knowledge and experience to mentor a student and provide clinical education. Additionally, the 2020 certification standards in Speech-Language Pathology require all clinical supervisors to have completed two hours of professional development in the area of supervision before serving as a clinical supervisor; and have a minimum of nine months practice experience post-certification.

Access to Professional Development Courses in Supervision

ASHA has two free continuing education courses regarding supervision: "Nine Building Blocks of Supervision" and "Knowledge, Skills, and Competencies for Supervision" on their website. Both courses are available at no charge through July 26, 2021, and can be accessed using this link: <https://www.asha.org/professional-development/supervision-courses/>

The Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) also offers free eLearning Courses in supervision. Each course has five modules available for CEUs through ASHA. To access the e-Learning courses, you will need to create an account on the CAPCSD Moodle system and then **use an** enrollment code.

Create a CAPCSD Account

1. To create an account, go to the CAPCSD Moodle site at <http://elearning.capcsd.org/>
2. Click on "Create New Account" on the right side under "Is this your first time here?"
3. Fill out the form to create a user login and password using an accessible email address. You will need to click on a link from WITHIN your email, so be sure you enter your email address correctly.

4. Enter your email account and find the verification message that was sent to you. This message should arrive quickly. If the message does not appear in your inbox, check your spam or junk mail folder. If you do not receive the email, please contact vweagle@edc.org to have your account manually authenticated.
5. In the email message, you will be asked to click on a link to confirm your new account. Clicking on this link will log you into the CAPCSD Moodle system.

Enroll in a Course

1. To enroll in a course, login to the CAPCSD Moodle system with your account login and password.
2. Click on “CAPCSD Online Learning.”
3. Click on the course of your choice. You must select your desired CEU selection, AAA or ASHA. If you do not want CEUs, you can still engage in the desired aspects of the course but not complete the quiz.
4. Enter the enrollment code provided by your university program to access the course. The enrollment code specific to the course and type of CEU selected is required. The enrollment code is case sensitive. Enter the enrollment code and click “Enroll Me.”
5. You need only enter the enrollment code on your first attempt to access the course. When you return to the site in the future, your course will be listed in the available courses when you login.
6. When you enroll in a course, you will have access for 6 months and will then be unenrolled. When you are unenrolled from a course, you will still remain in the system so you can sign up for other courses at any time.

CAPCSD Course Enrollment Codes

<u>Course Title</u>	<u>URL</u> http://elearning.capcsd.org/	<u>Enrollment Code</u>
Foundations of Clinical Education	http://elearning.capcsd.org/course/view.php?id=6	r7W@8CRk
Effective Student-Clinical Educator Relationships	http://elearning.capcsd.org/course/view.php?id=8	V5Jem&h!
Feedback in Clinical Education	https://elearning.capcsd.org/course/view.php?id=17	Kp!26b&e

Both ASHA and CAPCSD provide the ability to print out a certificate of completion after finishing a course. You will need a copy of your certificate to upload to Calipso.

Initial Student-Supervisor Meeting

Students are required to arrange a meeting with their supervisor prior to starting the practicum. The purpose of the meeting is to review and complete program required paperwork including the Practicum Packet, establish a clinical schedule, review the Clinical Practicum Student Assessment, and become oriented to the site as time permits. Students are responsible for bringing the needed forms to the meeting. Students are also required to comply with the policies and procedures of their practicum site. Please review the following information with the student clinician before the practicum begins.

1. Practicum Packet, CPSA and Student's initial Reflection
2. Dress code requirements
3. Infection control procedures
4. Site regulations, policies, and procedures for use of name badge, cell phone, parking, etc.
5. Emergency procedures and client safety
6. Specific client care procedures/expectations
7. Site documentation procedures/expectations

Supervision Requirements

A minimum of 25% of all treatment sessions and 50% of all diagnostic sessions *with each client* must be observed directly by the supervisor. These amounts represent minimums and should be adjusted upward at the discretion of the supervisor. Such adjustments typically depend on the level of student competence, the difficulty of the client, or site requirements. Diagnostic evaluation refers to those hours in assessment and diagnosis of language and speech disorders that are completed before the initiation of a treatment program. Treatment refers to clinical management (including direct and indirect services), progress monitoring, and counseling.

The supervisor carries the legal and professional responsibility for the client. This responsibility must be the highest priority for the supervisor. The supervisor also carries a responsibility for fostering student learning and growth. This responsibility, however, must remain secondary to client care. Student clinicians should be allowed to implement decisions and procedures only after approval by the supervisor. Students may not implement changes in the treatment plan or schedule without the supervisor's prior approval.

As supervisors and mentors, the primary goal is to help the student progress toward becoming competent speech-language pathologists. The supervisor-student clinician relationship is critical in facilitating the development of student's clinical skills and in strengthening professional and interpersonal skills.

In addition to direct observation, supervisors may use a variety of strategies to encourage the development of professional practice competencies. Additional types of supervision used are determined by each supervisor, depending on the needs of the student, client, and/or site. As when working with clients, effective instruction of practicum students requires that they receive feedback regarding strengths and areas of improvement, and alternative strategies for making those improvements. Use of a variety of supervision strategies is encouraged so that students receive as broad a perspective as possible. Supervisors may consider:

1. Observation of the student clinician during diagnostic and therapy sessions
2. Providing the student clinician with written and oral feedback regarding observations, treatment plans, and other aspects of clinical practice
3. Conferencing or consultation with the student regarding observations, planning, special problems, or other aspects of clinical practice
4. Providing suggestions for alternative procedures for implementing goals or encouraging the student to seek out and develop alternative procedures
5. Editing and providing final approval of all written work pertaining to client care including treatment plans, diagnostic reports, task analyses, and final reports
6. Demonstration of therapy techniques by working directly with the client

7. Participation in parent and/or client counseling sessions
8. Providing a support system for the student clinician while keeping in mind the ultimate goal of developing independent and critical thinking skills within the student.
9. Encouraging student critical self-reflection to facilitate the self-evaluation process

Discussion with the Centers for Medicare and Medicaid Services (CMS) regarding student provision of patient care services across health care settings that bill for Medicare and Medicaid services was conducted in 2018. CMS confirmed that there has been no policy change and recognized the value of clinical education for students across health care settings, including acute care hospitals and in-patient rehabilitation facilities. Students may participate in a therapy session with a Med B patient, under the direction of the SLP who is actively either treating or guiding the student during the therapy session. Supervising SLPs may not treat another patient or supervise another student while a student clinician is treating a Med B patient. Additional information regarding Medicare regulations and billing when supervising student clinicians in a skilled nursing facility can be found on the ASHA website at:

https://www.asha.org/practice/reimbursement/medicare/student_participation_slp/

Clock Hours

Applicants for the Certificate of Clinical Competence in speech-language pathology must complete at least 400 clock hours of supervised clinical practicum. ASHA requires that students experience the entire spectrum of speech and language disorders. This should include age ranges from birth to death, severity levels from mild to profound, and both treatment and evaluation of the following:

1. Articulation
2. Fluency
3. Voice and Resonance
4. Receptive and Expressive Language (speaking, listening, reading and writing)
5. Hearing (including the impact on speech and language impairment)
6. Augmentative and Alternative Communication
7. Feeding/Swallowing
8. Cognitive aspects of communication
9. Social aspects of communication

Hours may be accrued in evaluation during a formal evaluation or reevaluation. Clock hours devoted to counseling associated with the evaluation/diagnostic process may also be counted. The majority of evaluation hours in each category must be in areas other than in screening activities. Clock hours obtained during periodic assessments during treatment are counted in the treatment category. No more than 25 of the clock hours may be obtained from participation in staffing in which evaluation, treatment, and/or recommendations are discussed or formulated, with or without the client. Only staffing for which the student receives 100% supervision may be counted. Staffing hours do not count toward the tally of client contact hours.

Up to 20 clock hours may be in related disorders. These include activities related to the prevention of communicative disorders and the enhancement of communication effectiveness. Activities implemented to prevent the onset of speech and/or language disorders and their causes as well as efforts to advance the development and conservation of optimal communication may be counted in the area.

The ENMU CDIS Program is currently using two methods of recording clock hours. We are phasing out the paper method of clock hour logs and implementing Calipso; however, we have some students still using the paper method.

Paper Method: Students are required to keep two original sets of their clock hour logs for each practicum site. Students are taught to use a client code to protect client confidentiality when recording their clock hours on the ***CDIS Clock Hour Log***. It is important to note that ASHA does not allow for minutes to be rounded, and only direct contact time with the client is counted. Each entry must be initialed by the site supervisor. Students are encouraged to obtain the supervisor's initials for time logged before leaving each day. Please do not initial any clock hours in error. The student will need to rewrite the log as white out or cross outs are not acceptable.

Calipso: Students are required to record their clock hours for each client on the ***CDIS Daily Clinical Attendance Log*** and enter their clock hours into Calipso. It is important to note that ASHA does not allow for minutes to be rounded, and only direct contact time with the client is counted. To protect client confidentiality, records in Calipso use a client code rather than client names. The student will enter this code in the note section at the bottom of the clock hour log in Calipso. This code will match on the Daily Clinical Attendance Log to provide a reference if needed when approving clock hours. Please do not approve any clock hours in error. The student must make corrections and reenter their hours in Calipso. Students will be required to hand in their Daily Clinical Attendance Log to the Program at midterm and at the end of the semester.

Supervisors should have received an email from the program to set up their Calipso account before the student begins practicum. If you did not receive the email with the Calipso information, please contact us. Supervisors will need to complete the Site Form on Calipso. The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) requires site information when placing students at external practicum sites. Completion of the Site Form on Calipso will assist us in meeting this accreditation requirement. We thank you for taking the time to do this.

ENMU CDIS PROGRAM STANDARDS

Ethics

In all clinical activities and during all aspects of patient care, it is expected that the student clinician will strictly adhere to the ASHA Code of Ethics. In observance of professional protocol and adherence to the Code of Ethics, the following should be considered minimum standards for the student's participation in clinical activity. The complete ASHA Code of Ethics is included at the end of this handbook. A student's failure to adhere to the ASHA Code of Ethics may result in removal from practicum and/or dismissal from the CDIS Program.

Confidentiality

All information in client records is considered confidential. The student will maintain the confidentiality of all client information. Any information used during class discussions, in the context of a learning experience, case presentation, or research will be anonymous. A student that breaches confidentiality will face disciplinary action up to and including suspension or dismissal from the communication disorders program.

To insure confidentiality standards are met, the student SHALL:

Consider **ALL** information concerning clients to be confidential and refrain from discussing the client by name in any public setting.

1. Use discretion concerning client information in written and oral communication with others.
2. Respect the privacy of confidential information within client files.
3. Never remove a file or client paperwork from the site.
4. Appropriately dispose of all audio/video recordings used in the therapy setting following the termination of the student clinician's involvement with the client.

Dependability

The student is expected to prepare for and conduct all clinical activities during the scheduled times. This includes therapy and diagnostic sessions, as well as meetings, conferences and consultations with clients, significant others, and supervisors. The student clinician must complete all assignments and necessary clinical records in a timely manner, and carry out all duties to accomplish total case management (e.g., forms, phone calls, referrals, etc.). The student clinician must make appropriate arrangements and notify all concerned regarding any cancellation or change in schedule or location.

Punctuality/Absences

The student clinician is expected to be punctual and fully prepared for all practicum obligations. The student must attend all therapy sessions, meetings, conferences, and/or consultations promptly. Students may not miss practicum to complete personal business. Absences for major events such as illness, family death, etc. may be permitted with appropriate documentation. Students who are absent from an off-campus practicum site must notify the Clinic Director at ENMU (email or voicemail is acceptable) and be approved by the site supervisor. Notification must be made as early in advance of the absence as possible. Failure to gain approval for an absence by the site supervisor and/or to notify the Clinic Director may result in a grade reduction and inability to use the clock hours for that site. The student must plan to make up any missed or canceled appointments as patient/supervisor schedules allow.

Personal Appearance

An off campus practicum/internship requires a high degree of professionalism and accountability and is part of the student's preparation for future employment as a Speech-Language Pathologist. The student clinician's personal appearance and dress should reflect professionalism. The student is expected to follow the site dress code. If a dress code is not specified, the student should be in professional dress with site-appropriate footwear. Student Clinicians must follow the CDIS dress code when providing services at the ENMU Speech, Hearing, and Rehabilitation Outreach Center on campus. Students must use name badges/credentials at all times on site.

Students must refrain from the use of strong perfume, cologne, lotion, oil, hair spray, or aftershave that may trigger allergies or asthma or be unpleasant to patients and/or others in close proximity. Student's clothing must be free of pet hair, which may cause an allergic reaction with some clients. Jewelry should be worn with discretion. The supervisor may require that large jewelry items or piercings are removed prior to therapy. Visible tattooing, which may not be allowed at some practicum sites, should be covered during therapy.

Practicum supervisors have the right to judge the appropriateness of each student clinician's attire individually. If a student arrives for a practicum assignment in inappropriate attire, he or she may be dismissed for that day. A dress code violation may result in a grade reduction.

Evaluation/Grading

Evaluation and grading give the student clinician, supervisor, and the program, a measure of skill and knowledge development, as well as a means to provide input and facilitate the student's clinical growth and development of critical thinking. The CDIS program uses the Clinical Practicum Student Assessment (CPSA), which aligns with the KASA standards set by ASHA and the skills outcomes determined by the ENMU Communicative Disorders department.

The CPSA is a survey based online assessment. The CDIS program does not use the evaluation tool on Calipso. The CPSA is completed at mid-term and again at the conclusion of the practicum experience. An email will be sent to the supervisor with a link to access the CPSA, approximately 10 days before it is due. The student will also receive an email as a reminder to arrange a meeting with the supervisor to review clinical strengths and weaknesses, and progress toward meeting competencies. Competency expectations progress as clinical skills develop and correspond directly to the level of practicum in which the student is enrolled. Students are expected to demonstrate administrative and professional practice behaviors throughout the practicum experience and demonstrate development of critical thinking, use of evidence based practice, and application of knowledge in clinical situations. At the end of the practicum, the student will need to complete a final Student Reflection with the supervisor.

The completion of the Clinical Practicum Student Assessment may be done jointly with the student or reviewed upon completion. The supervisor may wish to have the student print out the Clinical Practicum Student Assessment and self-rate their performance before meeting together. The online survey is user friendly and takes approximately fifteen minutes to complete. The supervisor will need the course number of practicum that the student clinician is enrolled in (CDIS 501, CDIS 502, CDIS 503, CDIS 505, or CDIS 589) when completing the survey.

The ENMU Supervisory Team will review the CPSA and assign a grade based on the supervisor ratings and comments, number of hours of experience, demonstration of professional and administrative practice behaviors, and work completed in weekly meetings with ENMU faculty. Attendance will be factored in when determining the final grade.

Students are required to perform clinical duties within the parameters of the ASHA Code of Ethics. An ethical violation will result in removal of the student from the clinical site and may result in their suspension or permanent dismissal from the ENMU CDIS Graduate Program

Important Facts to Remember

- The supervisor carries the legal and professional responsibility for the client. This responsibility must be the highest priority for the supervisor. The supervisor also carries a responsibility for fostering student learning and growth. This responsibility, however, must remain secondary to client care.

- Supervisors must complete two hours of professional development in the area of supervision before supervising a student.
- The ***Practicum Form Packet*** must be completed at the beginning of the practicum. It is the student clinician's responsibility to provide the required form and send all forms to the program.
- A student clinician is not allowed to engage in client care unless the supervisor is on site.
- At least 25% of all speech/language therapy sessions must be supervised with **each client** assigned to the student clinician. Direct supervision must be in real time and take place periodically throughout the practicum.
- At least 50% of each diagnostic session must be supervised. This includes screening of speech, language, and hearing as well.
- Student clinicians must enter clock hours into Calipso for each client daily. ASHA does not allow for rounding of minutes and only direct client contact may be counted.
- Grading will occur at midterm and finals week via an online survey. Each student clinician is responsible for arranging to meet with their supervisor to review performance ratings on the CPSA.
- Supervisor has the right to add additional clinical requirements and/or assignments as needed to evaluate or enhance the practicum experience.
- Students are not allowed to take anything that contains client information outside of the practicum site.

Helpful Links for Supervisors

Frequently Asked Questions about Student Supervision

<http://www.asha.org/slp/supervisionFAQs/#direct%20supervised>

Modeling Ethical Practice for Future Professionals

http://www.asha.org/practice/ethics/supv_of_student/

ASHA Clinical Education and Supervision Key Issues

http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942113§ion=Key_Issues

ASHA Clinical Education and Supervision Resources

<https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942113§ion=Resources>

Clinical Supervision in Speech-Language Pathology, ASHA Technical Report

<http://www.asha.org/policy/TR2008-00296.htm>

ENMU Contact Information

The CDIS Program welcomes questions and feedback. If you have clinical questions, feedback, or concerns regarding a student, please contact Laura Bucknell. If you have clinical questions, feedback, or concerns regarding a student completing their final internship, please contact Nicole Bougie. If you have questions regarding the placement process, please contact Sharon Duran. If you have questions regarding Calipso, please contact Crystal Jones. If you have questions regarding the affiliation agreement, please contact Wendy Turner.

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Erin Sherman, Assistant Clinical Director..... (575) 562-2186
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Sharon Duran, Practicum Liaison Placement Specialist (575) 562-2378
Sharon.Duran@enmu.edu

Nicole Bougie, Faculty and Internship Placement Coordinator (575) 562-2867
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Crystal Jones, Accreditation Data Analysis Specialist (575) 562-2117
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Wendy Turner, CDIS Support Specialist (575) 562-2156
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ASHA CODE OF ETHICS

ASHA Code of Ethics effective March 1, 2016.

Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "The Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is [applicable to the following individuals](#):

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)

- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

Terminology

ASHA Standards and Ethics

The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

Advertising

Any form of communication with the public about services, therapies, products, or publications.

Conflict of interest

An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

Crime

Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

Diminished decision-making ability

Any condition that renders a person unable to form the specific intent necessary to

determine a reasonable course of action.

Fraud

Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

Impaired practitioner

An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health–related conditions.

Individuals

Members and/or certificate holders, including applicants for certification.

Informed consent

May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

Jurisdiction

The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

Know, known, or knowingly

Having or reflecting knowledge.

May vs. shall

May denotes an allowance for discretion; *shall* denotes no discretion.

Misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

Negligence

Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

Nolo contendere

No contest.

Plagiarism

False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct

does not include honest error or differences of opinion.

Publicly sanctioned

A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

Reasonable or reasonably

Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

Self-report

A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

Shall vs. may

Shall denotes no discretion; *may* denotes an allowance for discretion.

Support personnel

Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on [Audiology Assistants](#) and/or [Speech-Language Pathology Assistants](#).

Telepractice, teletherapy

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, [see the telepractice section](#) on the ASHA Practice Portal.

Written

Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

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

Rules of Ethics

A. Individuals shall provide all clinical services and scientific activities competently.

- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

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

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.