

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.

[Practicum course descriptions](#)
[Requirements to be a supervisor](#)
[CEUs in supervision](#)
[Initial student-supervisor meeting](#)
[Supervision requirements](#)
[Clock hours](#)
[ENMU CDIS Program Standards](#)
[Evaluation/grading](#)
[Helpful links for supervisors](#)
[Important facts to remember](#)
[ENMU contact information](#)
[ASHA Code of Ethics](#)

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

Sincerely,



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Eastern New Mexico University
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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 synchronous internet media and technology and students are required to participate in class in real time. Practicums are part-time clinical rotations while coursework continues and students are not allowed to miss class to attend practicum without program approval. The final clinical rotation is a full-time internship after all academic coursework is completed.

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.

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.



Practicum Experience

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 sequence of the courses provide an opportunity 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 use appropriate materials and techniques for achieving therapy goals
3. Learning and implementing 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

Supervisors will mentor students at various levels in the practicum sequence. It is important to recognize what experiences a student clinician has completed and what courses the student has yet to complete.

Practicum Course Descriptions

CDIS 501 Practicum I

The first course in the practicum sequence is completed at the ENMU Speech, Hearing, and Rehabilitation Outreach Center or other ENMU site under the supervision of ENMU clinical instructors. This practicum focuses on the development of foundation skills in creating treatment plans, planning and implementing goal-oriented therapy, collecting data, writing clinical reports, and holding client conferences. Students must follow the Clinical Schedule agreed upon and recorded in the Practicum Packet, and participate in weekly practicum lab class with ENMU faculty to support student learning.

CDIS 502 Practicum II

Students complete a pediatric clinic rotation next in the sequence. This may be CDIS 502 in a school setting or CDIS 503 in an early intervention setting. CDIS 502 practicum experiences are obtained at a K-12 school setting and must include working with children in grades K-5. Clinical experiences should facilitate the development of providing speech/language therapy, maintaining

therapy records, and completing evaluations in order to experience the typical workload of the supervising SLP. Students should plan to obtain 100 clock hours during the practicum, with experiences in both assessment and intervention. Students must follow the Clinical Schedule agreed upon and recorded in the Practicum Packet, and participate in weekly practicum lab class with ENMU faculty to support student learning.

CDIS 503 Practicum III

CDIS 503 practicum experiences are obtained at a Birth to Three site, a preschool, or at a private practice that serves young children. Clinical experiences should facilitate development of providing early intervention and supports to babies/young children with developmental delays and disabilities and their families. Students should plan to obtain 100 clock hours during the practicum, with experiences in both assessment and intervention. Students must follow the Clinical Schedule agreed upon and recorded in the Practicum Packet, and participate in weekly practicum lab class with ENMU faculty to support student learning.

CDIS 505 Practicum IV

CDIS 505 practicum experiences are obtained at a SNF, a medially based outpatient center, or in a home health setting. Clinical experiences should facilitate the development of providing services to adults with swallowing and/or neurogenic deficits. Students should plan to obtain 100 clock hours during the practicum, with experiences in both assessment and intervention. Students must follow the Clinical Schedule agreed upon and recorded in the Practicum Packet, and participate in weekly practicum lab class with ENMU faculty to support student learning.

CDIS 507 Practicum in Telepractice

CDIS 507 is a supervised clinical experience in telepractice, including evaluating patients, administering speech/language therapy, holding client conferences, and maintaining records. CDIS 507 is enrolled when ALL clients are served via telehealth. This is a required course for all students who started graduate studies beginning in 2020.

CDIS 508 Practicum in Assessment

Students may enroll in a practicum for "evaluations only" if a site agrees to this kind of placement. CDIS 508 is a supervised clinical experience in evaluating patients, administering speech/language assessments, holding client conferences, and maintaining records. First-semester enrollment in CDIS 508 must be completed at the ENMU SHROC.

CDIS 589 Internship in Speech-Language Pathology

CDIS 589 practicum experiences are obtained at outpatient/inpatient hospitals/clinics, rehabilitation centers, acute care settings, or specialized clinics/centers. CDIS 589 is a full-time clinical internship with a minimum duration of eight weeks. Internships may be longer per site requirements. Students should plan to obtain 100 clock hours during the practicum, with experiences in both assessment and intervention. Students must follow the Clinical Schedule agreed upon and recorded in the Practicum Packet.

Minimum Terms for Practicum

Fall and spring clinical practicums have a minimum term of 14 weeks (or the approved equivalent). Summer practicums are also available, with the length of term adjusted based on the number of days per week each student is at the site. The required number of days at the site is determined by the number of credits enrolled as practicum courses are available for variable credit. This allows part-time students to take part-time practicums. We understand that the option of reporting to site for only 1-2 days a week is available from the Program, but it may not be available at each site. The amount of days at a practicum site is determined by the following formulas.

Fall and Spring:

- 1 credit = 1 day (or 2 half days) per week X 14 weeks = 14 days
- 2 credits = 2 days (or 4 half days) per week X 14 weeks = 28 days
- 3 credits = 3 days per week X 14 weeks = 42 days

Summer:

- 1 credit = 2 days per week X 7 weeks = 14 days
- 2 credits = 4 days per week X 7 weeks = 28 days
- 3 credits = 6 days per week X 7 weeks = 42 days
- 3 credits = 5 days per week X 8 weeks + 2 days = 42 days

CDIS 589 Internship is always a full-time placement of at least 8 weeks in duration. Some clinical internship sites require 10- to 16-week commitments. Part-time equivalents (fewer hours per week for 9+ weeks) may be arranged if available and approved by the Clinical Director.

The program requires that student be at the practicum site at least 7 hours and participate in direct client services for 50% of the day (50% productivity) to count the day. We allow half days; however, the student must be at the practicum site least 3.5 hours with 50% productivity to count as a half day. Days that focus on preparing the student clinician for client contact and include activities such as orientation to the site or observations are not included in the day count. Students are not allowed to be at the practicum site unless the supervisor is also on site.

Students are expected to follow the terms of their schedule as stated in the Practicum Packet and complete all personal business outside of the established clinical schedule. We make sure that our students understand that some sites may require evening and weekend work in addition to 5 days per week (40+ hours per week). When students agree to a placement, they must agree to follow the established schedule of the site and their supervisor.

Student Requirements for Placement

Students must meet specific requirements as outlined in the affiliation agreement to be placed at a practicum site. Students complete a criminal records/background check, provide proof of current vaccinations and immunizations, complete a physical examination, drug and alcohol testing, complete various trainings (CPR, Mandatory Reporting, HIPAA, FERPA, PPE use), and secure health insurance and liability insurance.

Supervision

Requirements to be a Supervisor

Supervisors must hold the Certificate of Clinical Competence and have acquired sufficient knowledge and experience to provide clinical education. The 2020 ASHA certification standards require all clinical supervisors to have a minimum of nine months practice experience and complete two hours of professional development in the area of supervision, post-certification. Coursework in supervision completed before 2020 can count when recorded on the ASHA CE Registry. If you have completed the coursework and are not a member of the CE Registry, you can login into your ASHA account and select the link "2020 Requirements for Clinical Instructors." Next, select "edit" to self-attest that you have met this one-time requirement. If you need to complete the two hours of continuing education in supervision to be eligible to be a supervisor, there are a variety of courses available.

Professional Development Courses in Supervision

The Council of Academic Programs in Communication Sciences and Disorders offers free eLearning courses in supervision. Modules focusing on Foundations of Clinical Education, Effective Student-Clinical Educator Relationships, and Feedback in Clinical Education can be accessed at: <https://www.capcsd.org/elearning-courses/>.

ASHA offers courses on supervision that can be accessed as part of the [ASHA Learning Pass](#) or purchased at the [ASHA Store](#).

Northern Speech Services offers multiple courses in supervision which can be accessed at: <https://www.northernspeech.com/online-slp-ceus/>.

Professional Development Resources offers a two-hour course in supervision for ASHA credit and can be accessed at: <https://www.pdresources.org/course/index/3/1374/Clinical-Supervision-for-Speech-Language-Pathologists-and-Audiologists>

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 Clinical Practicum Student Assessment, complete the Practicum Packet, and establish a clinical schedule. Reviewing the Practicum Packet helps to start the discussion on the expectations for the practicum experience, and also to review the student's past clinical experiences and self-identified strengths/weaknesses.

Students are expected to comply with all policies and procedures at their practicum site. At this initial meeting, please orient the student and review the following information as appropriate.

1. Dress code requirements, use of name badge
2. Infection control procedures
3. Site regulations, policies, and procedures
4. Emergency procedures and client safety
5. Specific client care procedures/expectations
6. Site documentation procedures/expectations
7. Site and technology requirements in the provision of teletherapy

Supervision Requirements

Students must be directly supervised at least 25% of the time. The amount of supervision should be adjusted upward when necessary given the specific needs of the client and the level of the student's skill. In states where telesupervision and telepractice is allowed, supervisors may use telesupervision to provide at least 25% supervision for each client; however, telepractice sessions must be in view of the supervisor 100% of the time. Additional guidance from the CFCC can be found using this link: <https://www.asha.org/Certification/COVID-19-Guidance-From-CFCC/>

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. Time must be allocated to debrief with the student each day to discuss client progress, specific knowledge, and provide feedback about the student's strengths and weaknesses as a student clinician.

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.

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. 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

In regard to medical settings, in 2018 ASHA held discussions with the Centers for Medicare and Medicaid Services (CMS) concerning student provision of patient care services across health care settings that bill for Medicare and Medicaid services. CMS recognized the value of clinical

education and agreed that students may participate in therapy with Med B patients, when the supervising SLP is actively guiding the student during each 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

Students must complete at least 400 clock hours of supervised clinical practicum, with experiences across the entire spectrum of speech and language disorders before graduating. Experiences should include age ranges from birth to death, severity levels from mild to profound, and take place in both treatment and evaluation. Clock hours areas include:

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

Clock hour records are kept in CALIPSO, a web-based application, that allows both the student and supervisor to view and track clock hours in real time. Supervisors will receive an email from the program, with information to set up a Calipso account. The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) requires information about external practicum sites. Please complete the Site Form in Calipso to assist us in meeting this accreditation requirement. We thank you for taking the time to do this.

Students will record their direct contact time with each client on the **CDIS Daily Clinical Attendance Log** and send this log to the program twice a semester. (Students are not allowed to record client names or client initials on this log or in CALIPSO). The Daily Clinical Attendance Log helps to verify the student's time with clients and check for accurate entries when approving clock hours. If you find an error please ask the student to correct and resubmit before approving.

When reviewing the student's clock hours, please keep in mind that only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted. Minutes may not be rounded. Direct contact minutes with a client are not the same as billing codes. Current Procedural Terminology (CPT) codes may be used for billing purposes; however, billing codes do not equal contact minutes. Some CPT codes will allow billing for documentation time. Direct contact clock hours never include documentation time.

Students may need reminders to capture the time spent under each area addressed in therapy or during an evaluation. For example, if an adult with a hearing impairment was evaluated for speech intelligibility and language/cognition, then minutes should be captured in hearing, speech and

cognitive aspects of communication. The minutes should be distributed across all areas as appropriate. If multiple goals were addressed in one therapy session, the minutes spent in each area will also be captured. For example, treatment that focused on formulating verbal responses and memory strategies, should have minutes listed under both language and cognitive aspects of communication.

Group Minutes - When working with groups, minutes are broken down to the capture time with each client. For example, if one 30-minute group had three members with two clients working on artic and one working on language, the breakdown for the group is 20 minutes of artic and 10 minutes of language. Time recorded for each client may never exceed the total group time.

Conference Minutes - Minutes spent in presenting client information to the client or the client's family in a meeting, conference, or IEP are counted as direct contact time. Time spent in attending a meeting or conference without presenting information to the client or client's family does not count.

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 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 ensure 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.
5. Ensure privacy during the provision of teletherapy.

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 clinical records in a timely manner and carry out all duties to accomplish total case management as assigned. The student clinician must make appropriate arrangements and notify all concerned when a client requests any change in schedule, location, or cancels a session.

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 should not miss practicum to complete personal business. For emergency absences or absences due to illness, the student must contact both the program clinical director and the site supervisor as early as possible. Timely notification is essential to prevent disruption of services. Students must plan to make up any missed or cancelled appointments as the supervisor schedule allows.

Personal Appearance

The clinician's personal appearance must be professional at all times and appropriate to the practicum site whether services are provided via telepractice or in-person. The student is expected to follow the site dress code. Students must use name badges/credentials at all times on site.

Students must refrain from use of strong perfume, cologne, lotion, oil, hair spray, or aftershave, that may trigger allergies or asthma or be unpleasant to 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, should be covered during therapy. Practicum supervisors have the right to judge the appropriateness of each student clinician's attire individually.

Evaluation/Grading

Evaluation and grading give the student clinician, supervisor, and the program, a measure of skill and knowledge development, and a means to provide feedback to facilitate the student's clinical growth and development of critical thinking. The CDIS program uses the Clinical Practicum Student Assessment (CPSA), which is based on Professional Practice Competencies and Student Learning Outcomes determined by the ENMU Communicative Disorders Program.

The CPSA is a survey-based assessment accessed online. The CDIS program does not use the evaluation tool in 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. The student and supervisor should meet to review the student's self-assessment of their practicum performance, clinical strengths/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 professional

practice behaviors, display critical thinking, use of evidence-based practice, and application of knowledge in clinical situations. The ENMU Supervisory Team will meet and review the submitted CPSA ratings and supervisor comments to determine a grade. At the end of the practicum, the student will write a final Student Reflection and review this with the supervisor.

Important Facts to Remember

- Supervisors must meet the 2020 ASHA Standards to be eligible to supervise a student.
- The supervisor carries the legal and professional responsibility for the client while fostering student learning and growth.
- The Practicum Packet must be completed at the initial student-supervisor meeting before beginning the practicum. It is the student clinician's responsibility to submit the packet to the program.
- A student clinician is not allowed to provide in-person services unless the supervisor is on site. In the provision of teletherapy, the student must wait until the supervisor has joined the session.
- At least 25% of all student provided services for **each client** must be directly supervised in real time and take place periodically throughout the practicum.
- Student clinicians must enter clock hours into Calipso for each client daily. Minutes must reflect only direct client contact and may not be rounded.
- Grading will occur at midterm and finals week using the CPSA. Each student clinician is responsible for arranging to meet with their supervisor to review their clinical performance.
- The supervisor has the right to add additional clinical assignments to evaluate or enhance the student's practicum experience.
- Students are not allowed to take anything that contains client information outside of the practicum site.

STUDENT ROLES

The student's role in the clinical setting is to develop the intellectual, interpersonal and technical skills of a professional speech-language pathologist through clinical practice. Each student is expected to:

- Have a significant impact on his/her/their community by providing quality care in a variety of settings.
- Follow the [ASHA Code of Ethics](#) and operate within the [Scope of Practice in Speech-Language Pathology](#) (with recognition of student status)
- Operate within the [Professional Functions for Speech-Language Pathologists](#) as established by the program
- Provide optimal speech-language pathology services by:
 - Developing outstanding clinical skill and judgment
 - Applying basic and social science background and clinical theory in decision making
 - Applying academic knowledge learned ([Academic Standards](#)) to clinical settings
 - Integrating relevant research outcomes ([Research Standards](#)) into the practice of speech-language pathology
- Develop and apply clinical student learning competencies as specified by the [Clinical Standards](#)
- Develop and apply Professional Practice Competencies during interactions with others
- Develop interpersonal skills which will:
 - Reflect both physical and emotional composure at all times
 - Enable one to work with a diverse population of clients, peers, faculty, and other health care professionals
 - Develop self-esteem in self and others
 - Ensure open, honest communication
 - Enhance client-faculty communication by introducing faculty members using an appropriate title and name. Faculty members should be asked in advance how they prefer to be introduced and addressed.
- Take responsibility:
 - For self-learning by setting personal and professional goals and for performing self-evaluation
 - For providing total patient care within the scope of personal knowledge and skill, and seeking guidance from qualified faculty and staff when appropriate
 - By interacting with peers as teachers and mentors
 - By using problem solving skills creatively
 - By making ethical decisions based on knowledge and values consistent with professional standards of conduct
- Encourage individual differences by:
 - Learning to work with clients of varying ages; ethnic and cultural backgrounds; and physical, mental and social capabilities
 - Developing an awareness of personal strengths, gifts, talents, and limitations
 - Appreciating the different roles faculty, peers, and other health care professionals play in providing total patient care
 - Working with fellow health care providers in collegial relationships.

- Explore personal characteristics by:
 - Clarifying personal goals and values in relation to the profession
 - Challenging oneself, in a positive manner, to learn and apply new concepts and techniques related to speech-language pathology
 - Providing leadership and acting as a role model in community and professional activities
 - Balancing personal and professional roles
 - Developing management skills related to the practice of speech-language pathology including the ability to train, delegate and supervise other team members
- Maintain a neat, clean, secure environment by:
 - Using common courtesy and following procedures detailed in this handbook
- Follow [Administrative and Program Standards](#) at all times

Helpful Links for Supervisors

Frequently Asked Questions about Student Supervision

<https://www.asha.org/slp/supervisionfaqs/>

ASHA Clinical Education and Supervision

<https://www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/>

Telepractice Resources During COVID-19

<https://www.asha.org/about/telepractice-resources-during-covid-19/>

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 (589), please contact Nicole Whitehouse. If you have questions regarding the placement process or a contract, please contact Sharon or Sierra Duran. If you have questions regarding Calipso, please contact Kristina Dunsworth.

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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.

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.

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.