STUDENT HANDBOOK

MASTER OF SCIENCE (MS) PROGRAM
COMMUNICATION SCIENCES AND DISORDERS (CSDM)
SPEECH-LANGUAGE PATHOLOGY (SLP)

ACADEMIC & CLINICAL HANDBOOK
Standard Operating Procedures Guide (SOP)

AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY DEPARTMENT

University of Arkansas for Medical Sciences

July 2024
2024-2025 ACADEMIC YEAR

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WELCOME LETTER FROM PROGRAM DIRECTOR FOR SLP

DEAR M.S. STUDENTS,

Welcome to the Master of Science in Communication Sciences and Disorders, Speech-Language Pathology (CSDM) degree program at the University of Arkansas for Medical Sciences. The mission of our program is to provide you with a strong academic and clinical education that will allow you to practice as a clinical speech language pathologist who evaluates and treats individuals across the lifespan with speech language and hearing disorders. Over the next two years, at various times, you will find this journey to be exciting, challenging, tiring, and everything in between. However, once you have completed your M.S. degree and are a practicing speech-language pathologist, we have no doubt that your overarching feeling will be "rewarded." You will likely find many aspects of this endeavor rewarding, such as the satisfaction of successfully accomplishing the degree program and the fulfillment of reflecting on the knowledge and skills you have acquired through hard work and commitment. But most of all, we believe you will find great reward in the clinical experiences that allow you to serve your clients and their families to the best of your ability.

On behalf of all of the faculty and staff in the speech-language pathology program, welcome to our (and now your) M.S. program in Communication Sciences and Disorders.

Sincerely,

Dana Moser
Dana Moser, Ph.D., CCC-SLP
Program Director of M.S. in CSDM (SLP)

INTRODUCTION

The purpose of the Communication Sciences and Disorders M.S. degree *Academic & Clinical Handbook* and *Standard Operating Procedures Guide (SOP), also known as the "SLP Handbook,"* is to familiarize you with various department and speech-language pathology division guidelines that will be important for you during your M.S. program. It is also to provide an operational framework for faculty and students to follow when engaging in clinical education and services at the University of Arkansas for Medical Sciences College of Health Professions Speech-Language and Hearing Education Clinic (hereafter, "the university clinic").

The Academic and Clinic Handbook should be read thoroughly and carefully. It will answer questions concerning clinical training, clinic and departmental policies and procedures, and will assist you in planning your clinical program. This handbook is revised annually to include the latest program modifications. It is your primary resource to seek information about your program. By familiarizing yourself with the Clinic Handbook and keeping it with you during your training in the program, you can save yourself, your clients, faculty, and the clinic staff a great deal of time and concern.

If you have any questions about these or any other procedures, please do not hesitate to contact your academic advisor. If you do not know who your advisor is, please see the Director of the M.S. Program in speech-language pathology.

FACULTY AND STAFF

SPEECH-LANGUAGE PATHOLOGY FACULTY

- Dana Moser, Ph.D., CCC-SLP, Associate Professor, SLP Head, Director of Master of Science Program in Communication Sciences and Disorders, DRMoser@uams.edu
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ADJUNCT AUDIOLOGY FACULTY

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ADMINISTRATIVE STAFF

- Beverly Johnson, Executive Assistant, JohnsonBeverlyF@uams.edu
- Natasha Stephens, Clinic Manager, nystephens@uams.edu

CHAPTER 1: OVERVIEW

University of Arkansas for Medical Sciences
College of Health Professions
Department of Audiology and Speech-Language Pathology (ASP)
Communication Sciences & Disorders M.S. (CSDM) Program

MASTER OF SCIENCE PROGRAM IN SPEECH-LANGUAGE PATHOLOGY

The graduate degrees in Audiology (Au.D.) and Speech-Language Pathology (M.S.) are recognized as broad degrees requiring the acquisition of general knowledge and basic skills in all applicable domains. The core curriculum is designed to support student attainment of the academic and clinical competencies needed for graduation, optional certification, and licensure. The education of speech-language pathologists and audiologists requires assimilation of knowledge, acquisition of skills, and development of judgment through client care experiences in preparation for independent and appropriate decisions required in practice. The current practices of speech-language pathology and audiology emphasize collaboration among audiologists, speech-language pathologists, other healthcare and education professionals, the client, and the client's family.

The accredited graduate programs in speech-language pathology and audiology of the University of Arkansas for Medical Sciences (UAMS), Department of Audiology and Speech-Language Pathology (ASP) adhere to the standards set by the American Speech-Language- Hearing Association (ASHA). Within ASHA standards, the Audiology and Speech-Language Pathology programs have the freedom and ultimate responsibility for:

- the selection of students
- the design, implementation, and evaluation of the curriculum
- the evaluation of student progress
- the determination of which students shall receive degrees.

The ASP faculty has a responsibility for the welfare of clients assessed, treated, or other-wise affected by students enrolled in the programs. The department has the responsibility to the public to assure that its graduates can become fully competent audiologists and speech-language pathologists, capable of delivering quality care in a timely manner and preserving the well-being of the clients they serve. Thus, it is important that our students and graduates possess the intelligence, integrity, compassion, humanitarian concern, and the physical and emotional capacity necessary to practice speech-language pathology or audiology.

As part of the College of Health Professions (UAMS), the ASP Department is committed to the principle of equal opportunity. The University, College, and Department do not discriminate on the basis of race, color, religion, creed, sex, gender, gender identity/expression, pregnancy, national or ethnic origin, non-disqualifying disability, age, ancestry, marital status, sexual orientation, veteran status, or political beliefs or affiliations, language or dialect. When requested, the University, College, and Department will provide reasonable accommodations to otherwise qualified students with properly certified disabilities. The ASP faculty has responsibility for the welfare of students in the

department, and therefore has established academic standards and essential requirements that must be met, with or without reasonable accommodations, in order to participate in the program and graduate.

GENERAL DEPARTMENTAL INFORMATION

BUILDING HOURS
The clinic and department are housed in the Education South building (Ed South) is open Monday through Friday 7:00 am – 7:00 pm with badge access.

COPYING EQUIPMENT
Students may NOT use the office copying equipment for personal use. The equipment is to be used for clinic and departmental business only with approval from faculty. Each student is given badge swipe permissions in order to make copies on the 2nd floor. Copying/printing is for client/clinic needs only. Abuse of this will result in the removal of the badge swipe access privileges. Copying/printing equipment for personal student use is available in the UAMS Library.

COMPUTER AVAILABILITY
Computers for student use are available in Ed South. Computers are located on the 3rd floor in the student workroom, on the 2nd floor in the SLP therapy suite, and on the 1st floor in the common area. No personal materials may be accessed or printed. These computers are strictly for clinic use.

Students may also use computers and printers located in the computer labs at UAMS.

STUDENT LOUNGE
The student workroom is housed in the Ed South Building, Room 309. Students are expected to maintain this area including cleaning appliances as they are needed. There is a kitchen in Room 313, right next door to the student workroom. It contains a microwave oven, coffeemaker, refrigerators, and table/chairs that are available for student use. There is an additional kitchen area on the first floor near the south stairwell, which has a sink, refrigerator, microwave, and vending machines for drinks and snacks.

FACULTY MAILBOXES
Faculty members have mailboxes hanging outside their offices. You may submit paperwork and other communications to your instructors using these mailboxes if the information does not contain confidential content. If you need to leave confidential information for a faculty member, you can slide it under a locked door or reach out to the faculty member to determine how to transfer those materials to them.

STUDENT LOCKERS
Student lockers are located in the Ed South Building, Room 313, near the Student Workroom, and are available for use by ASP students enrolled in practicum. Priority for use is given to first-year graduate students. Students are provided a lock and combination at orientation. In May, all lockers must be cleaned out and assigned locks returned. Locker

sharing may be required due to the large number of students enrolled in the program.

STUDENT MAILBOXES
First-year students have mailboxes provided for all speech-language pathology students enrolled in practicum in the student work area and are for distribution of mail, phone messages, notes, notices and returned assignments. **It is important to check your mailbox regularly.**

STUDENT EMAIL
UAMS provides a free email account for each graduate student. The department has designated the UAMS email account as the official method of electronic communication between students and the department and the faculty. If an official departmental email is sent, it will be sent to your UAMS account, and you will be responsible for knowing that information. **Therefore, it is important to check your university email account every day.**

OFFICE SUPPLIES
Students are not to remove supplies or materials from the office staff's desks, the clinic office, or the office supply closet without permission.

CHAPTER 2: GENERAL INFORMATION

DEPARTMENTAL MISSION STATEMENT

The mission of the Audiology and Speech-Language Pathology (ASP) department is to educate and prepare future audiologists and speech-language pathologists to provide evidence-based and culturally responsive services to diverse populations across the lifespan in a variety of settings.

The faculty and staff are dedicated to:
- Promoting clinical autonomy through active learning and interprofessional collaborations.
- Improving quality of life by serving the global community and professions through client and professional education and advocacy.
- Advancing knowledge, theory, and practice through research, mentorship, and a culture of lifelong learning.
- Expanding efforts to support diversity, equity, and inclusion within our students, clients, faculty, staff, and society at large.

GOALS OF THE M.S. PROGRAM

The Department of Audiology and Speech-Language Pathology will continue to expand its influence as a dynamic, collaborative, and innovative program striving to meet the following goals:
- Prepare graduates to assume the roles of the professions.
- Advance knowledge, theory, and practice to improve services and broaden awareness of communication, swallowing, and balance concerns to scientific and clinical communities, and the public.
- Provide services that improve the health and well-being of our community region, and state.
- Ensure the Department proactively fosters a diverse, equitable, and inclusive (DEI) learning and working environment that reflects the principles of social justice and provides equitable opportunities for all students, faculty, and staff.

EDUCATIONAL OBJECTIVES OF THE M.S. PROGRAM

The objectives for the M.S. program in Communication Sciences and Disorders include producing speech-language pathology graduates who will demonstrate:
- Knowledge and skills related to the assessment and diagnosis of individuals with communication and swallowing disorders and/or areas of concern.
- Knowledge and skills in the (re)habilitation of individuals with communication and swallowing disorders and/or areas of concern.
- Knowledge of research methodology in general and within the field of communication disorders.

ASP STATEMENT OF SOLIDARITY

The UAMS Department of Audiology and Speech-Language Pathology stands in solidarity with Black, Indigenous, and People of Color during this time of heightened cultural awakening to years of societal oppression and systemic racism. We support our colleagues, students, clients and patients of color. We join in mourning the unjust deaths of countless Black Americans who have suffered from systemic racism throughout the years. We, as an academic department, commit to examining and re-examining biases within ourselves, our policies and procedures, and metrics aligned with ensuring student access and success. We commit to educating ourselves and our students to ensure increased diversity, equity, and inclusion within our department; and thus, society at large. We commit to learn and change as we actively listen to the lived experiences of persons from oppressed minority groups. We further commit to recognizing, understanding, and educating others about the societal and systemic obstacles facing individual at the intersection of race, ethnicity, sexual orientation, gender identity/expression, ability, culture, religion, and national origin.

THE PROFESSION

Speech-language pathologists are specialists who diagnose and treat individuals with speech, language, voice, literacy and fluency disorders. Because speech and/or hearing problems are both communication disorders, audiologists and speech-language pathologists work together to determine sources of communication problems and to coordinate programs of rehabilitation. Graduates of this program are prepared for positions in a variety of professional settings, including the following: school systems, community clinics and centers, private practice, physicians' offices, hospital clinics, rehabilitation centers, daycare centers, college-training programs, and residential institutions. More information about the scope of practice for speech-language pathologists can be found on the following ASHA webpage link: https://www.asha.org/policy/SP2016-00343/

THE M.S. PROGRAM

The Department of Audiology and Speech-Language Pathology offers a Master of Science (M.S.) degree program through the College of Health Professions at the University of Arkansas for Medical Sciences. The M.S. program utilizes the clinical resources of a major medical sciences campus and the clinical sites located in the central Arkansas area. The curriculum is designed to emphasize the science of hearing, speech, and language; the acquisition of knowledge about human communication disorders; and the study and practice of methods for evaluation and treatment. A variety of practicum experiences are provided in the central Arkansas area. The M.S. program is a full-time five semester program with one cohort of 24 students beginning each fall semester, and it consists of two fall, one summer, and two spring semesters.

ACCREDITATION

The Master of Science (M.S.) residential education program in speech-language pathology at the University of Arkansas for Medical Sciences 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. Telephone: (800) 498-2071 or (301) 296-5700.

The accredited graduate programs in speech-language pathology and audiology of the University of Arkansas for Medical Sciences (UAMS), College of Health Professions, Department of Audiology and Speech-Language Pathology (ASP) adhere to the standards set by the American Speech-Language-Hearing Association (ASHA). Visit their website for more information at www.asha.org.

LICENSURE AND CERTIFICATION

Graduates of the M.S. program will be eligible to apply to the Arkansas Board of Examiners in Speech-Language Pathology and Audiology (ABESPA) for a license to practice speech-language pathology in the state. Graduates will also be eligible to apply for certification through the American Speech-Language-Hearing Association (ASHA). Successful completion of the program does not in itself ensure licensure and/or certification. It is the student's responsibility to be familiar with licensure and certification requirements in their state of employment.

PRE-PROFESSIONAL REQUIREMENTS

Bachelor Degree Requirement
Students applying for admission to the M.S. program must have earned at least a bachelor's degree from an accredited college or university. ASHA's Standard IV-A specifies particular undergraduate coursework required for certification. Please refer to the section below.

ASHA Requirements for Undergraduate/Post-Baccalaureate Coursework
To practice as a speech-language pathologist, undergraduate coursework is required in the following areas: (1) biological science, (2) physics or chemistry, (3) social sciences or behavioral sciences, (4) statistics.

Discipline-Specific Undergraduate/Post-Baccalaureate Course Requirements
If the bachelor's degree is not in Communication Sciences and Disorders, the applicant will be required to take 30 hours of additional undergraduate prerequisite coursework before admission into the graduate program. The post-baccalaureate coursework can be taken at UA-Little Rock or another accredited undergraduate or post- baccalaureate program.

Post-Baccalaureate courses required:
- Phonetics
- Speech Anatomy and Physiology
- Audiology
- Speech/Language Acquisition
- Neural Processing
- Language Disorders
- Speech and Hearing Sciences
- Articulation Disorders
- Clinical Management

- Differential Diagnosis

Note: Course titles may be different at different universities. Contact the M.S. program director if you have questions about courses taken at other universities.

APPLICATION PROCEDURES AND DEADLINES

APPLICATION PROCEDURES

Applications for entry into the program are submitted through the Communication Sciences and Disorders Centralized Application Service (CSDCAS). Before starting the CSDCAS process, carefully read all Frequently Asked Questions (FAQs) and instructions to better understand how the process works. If you are reapplying, please review as this information may have changed. The deadline for application is **February 1**. Late applications may not be reviewed after this date. Early application is strongly recommended. Official transcripts must be received by CSDCAS before **January 11** to ensure verification. The application process for the Master of Science in Communication Sciences and Disorders at the University of Arkansas for Medical Sciences is a two-step process. Applicants should begin the process the previous October. Applicants who wait until January to begin the process often do not meet the **February 1** deadline.

A. By **January 11**, applications in CSDCAS must be completed (e-submitted, payment received, and transcripts received).
B. By **February 1** complete the online application located on the UAMS CHP website.

To access this system, log on at: http://portal.csdcas.org; create your application, and monitor your application status. You will need to submit the following documents via the Communication Sciences and Disorders Centralized Application System (CSDCAS) to complete your application:

1. **Transcripts (By January 11)**
   a. Download the CSDCAS transcript request form and send that to each school's registrar. Send all transcripts for the program application to the following address:
      > CSDCAS
      > P.O. Box 9113
      > Watertown, MA
      > 02471
   b. Submit an official transcript via CSDCAS from each college from which you received course credit even if past course work appears on a later transcript.
   c. Transcripts and CSDCAS fees must be received by January 11 in order to be verified by the February 1 deadline. All other application materials (letters of recommendation, personal essay, resume, GRE scores, and TOEFL scores) must be submitted by February 1.

   Note: If you are admitted to the M.S. Communication Sciences & Disorders program you will also need to provide official transcripts from all colleges where courses were still in-progress at the time of the CSDCAS verification deadline.

Additional Requirements (By February 1)

Submit via CSDCAS:

2. **Three Letters of Recommendation**. At least two of these recommendations should be from academic faculty members who are familiar with your course work in the major.

3. **GRE Scores**: You must give ETS both of the following codes when taking the GRE: **CHP is 6146** and **CSDCAS is 7504**. If you do not do this, you will be charged additional fees from ETS to have your scores sent to either CHP or CSDCAS. We will no longer be requiring the GRE for admissions beginning January 1, 2023.

4. **Personal Essay:** Submit a one-page essay (12 pt. font) to the Speech-Language Pathology Admissions Committee addressing the following items:
    a. Why do you want to be a speech-language pathologist?
    b. Tell us your motivations, inspirations, and challenges you have overcome.
    c. What are your long-term and short-term goals?

5. **Resume**: Submit a one-page resume (12 pt. font). Tell us what you have done outside your classes, such as:
    a. Community Service
    b. Relevant Work Experience
    c. Research and Clinical Interests
    d. Awards and Scholarships

6. **TOEFL scores** as applicable. See International Applicants in the Admissions/Academic Information section of this catalog

Submit via UAMS Online Admissions Application (OAA):

7. UAMS **Online Admissions Application**

By February 1, complete a UAMS Online Admissions Application located on the UAMS website. Be sure to choose the "Communication Sciences and Disorders (Master of Science)" program. You must "submit" this application and pay the $40.00 fee by February 15 to be considered for admission.

Note: This is a separate application and fee in addition to CSDCAS. You will be asked to provide your UAMS Online Admissions Application number in order to complete the CSDCAS application. On the first page of the application, be sure to make the following selections to choose this program:
- Academic Career: **Graduate**
- Campus: **Main UAMS Campus**
- Term: **Fall**
- Academic Program: **College of Health Prof GRAD**
- Admit Type: **Applicant**
- Full-Time or Part-Time: **Full-Time**
- Academic Plan: **Com Sciences and Disorders MS**

- Academic Sub-Plan: **N/A**

Application Process Summary
1. By January 11, submit all transcripts to CSDCAS and pay the fee.
2. By February 1, submit to CSDCAS: (a) letters of recommendation, (b) personal essay, (c) resume, and (d) TOEFL scores (if applicable).
3. By February 1, submit the OAA application and pay the fee.
4. The OAA application must be submitted, and the CSDCAS application must be verified by February 1 in order to be considered for admissions. Applications not completed/verified by this date will not be considered.

GRADUATE STUDENT WORKER OPPORTUNITIES:

In addition to the financial aid opportunities described in the UAMS Student Financial Services section of the CHP Catalog, the department has a limited number of program-specific graduate student worker and scholarship opportunities that typically do not include tuition remission and are awarded on a yearly basis.

If you are interested in being considered for a graduate student worker position, complete an application and the required written essay. Mail to: Speech-Language Pathology Admissions Committee, Department of Audiology and Speech-Language Pathology, 4301 W Markham Street, Little Rock, AR 72205. The graduate student worker application is available at this link at https://healthprofessions.uams.edu/application-for-student-worker/

For more information regarding which opportunities are available for full-time speech-language pathology graduate students, contact the department at (501) 603-1023 or visit the UAMS website. For other forms of financial aid, students should contact the UAMS Student Financial Services Office (501) 686-5451.

PROFESSIONAL CURRICULUM

The program requires a minimum of 54 graduate semester credits (SC):

SEMESTER	UAMS COURSE #	TITLE	CREDITS
First Fall	CSDM 5183	Spoken Sound Disorders	3
	CSDM 5093	Neurogenic Language Disorders	3
	CSDM 5353	Voice Disorders	2
	CSDM 5113	Child Language Disorders	3
	CSDM 5051	Practicum	1
	CSDM 5202	Topics in SLP (Clinic Lab 1)	1
Total			**13**
First Spring	CSDM 5282	Literacy Disorders	2
	CSDM 5193	Social Communication Disorders	3
	CSDM 5192	Neurogenic Speech Disorders	2
	CSDM 5213	Dysphagia	3
	CSDM 5051	Practicum	1
	CSDM 5202	Topics in SLP (Clinic Lab 2)	1
Total			**12**
Summer	CSDM 5013	Research Methods in Communication Dis	3
	CSDM 5363 or 5201	Independent Research or Thesis	1
	CSDM 5051	Practicum	1
	CSDM 5202	Topics in SLP (Clinic Lab 3)	1
Total			**6**
Second Fall	CSDM 5163	Aural Rehabilitation	2
	CSDM 5122	Fluency Disorders	2
	CSDM 5293	Multicultural Issues	3
	CSDM 5114	Cognitive Communication Disorders	3
	CSDM 5363 or	*Independent Research or*	*1 or*
	CSDM 5201	*Thesis*	*1*
	CSDM 5051	Practicum	2
Total			**13**
Second Spring	CSDM 5152	Ethics & Professional Issues	2
	CSDM 5042	Augmentative and Alternative Communication	2
	CSDM 5051	Practicum	3
		Select One:	
	CSDM 5201	Thesis (no elective needed)	4
	CSDM 5363	Independent Research (select one elective)	1
		Electives (for those not enrolled in Thesis):	
	CSDM 5262	Craniofacial Speech Disorders	2
	CSDM 5173	Counseling in Communication Disorders	3
	CSDM 5273	Advanced Differential Diagnosis	2
	CSDM 5304	Independent Study (LEND students only) Sec 01	2
	CSDM 5304	Independent Study Sec 02	2
	CSDM 5202	Topics in Speech-Language Pathology	2
Total			**10-11**

PROFESSIONAL COURSEWORK

CSDM 5013 Research Methods in Communication Disorders
Introduction to research methodologies in audiology and speech pathology. Includes prospectus development, funding sources, data collection, analysis, and professional research writing and editing in communicative disorders and/or speech sciences.

CSDM 5042 Augmentative and Alternative Communication
Theory, design, and organization of nonverbal communication systems. Emphasis on considerations for choosing specific devices for particular clients. Includes manual, graphic, electronic, and mechanical systems.

CSDM 5051 Practicum
Applied, supervised practicum experiences for graduate students that encompass the full current scope of practice with both adults and children from culturally diverse backgrounds.

CSDM 5093 Neurogenic Language Disorders
Assessment procedures and intervention techniques for acquired neurogenic language disorders in adults. Covers language disorders secondary to cerebrovascular accident, traumatic brain injury, and dementia.

CSDM 5113 Child Language Disorders
Acquisition of first language competence in relationship to language behavior. Includes the phonological, morphological, syntactical, and semantic components of language. Language deviations with emphasis on symptomology, etiology, evaluation, and therapy in childhood are covered. Language testing and therapy explored in the second half of the course.

CSDM 5114 Cognitive Communication Disorders
This course will provide an overview of cognitive and linguistic systems that aid in communication. This includes an overview of cognitive functions, as well as principles of cognitive rehabilitation. It will emphasize the relationship between cognition and communicative abilities in healthy aging and neurocognitive disorders: dementia, traumatic brain injury, right hemisphere damage, and left neglect.

CSDM 5122 Fluency Disorders
Procedures, theories, and therapeutic techniques in the treatment of various types and degrees of stuttering and cluttering in adults and children.

CSDM 5142 Sociolinguistics
The linguistic structure of language, nature, and forms of symbolic behavior. Human uses of symbols from various groups and socio-economic levels, particularly in communication. Prerequisite: Courses in phonetics and normal language acquisition.

CSDM 5152 Ethics and Professional Issues
Professional ethics, organization and administration and accreditation of school, university, and community programs. Private practice and billing procedures. Various and alternative career opportunities including corporate speech pathology practice. Issues related to Medicaid, Medicare and other third-party payers, as well as current legislation. Governmental and professional practice issues.

CSDM 5163 Aural Rehabilitation for Speech-Language Pathology
Auditory-based speech and language intervention with individuals across the lifespan who are deaf and/or hard of hearing. The principles of the normal developmental sequence of listening skills, assessment of skills obtained within the hierarchy, and intervention aimed at teaching skills not yet acquired will be discussed.

CSDM 5173 Counseling in Communication Disorders
Principles of counseling for working with persons with communication disorders and their families throughout the lifespan. Students review major theories of counseling and select those most useful for the various settings and practices of audiology and speech pathology. Students demonstrate their understanding of the counseling process through case presentations.

CSDM 5192 Neurogenic Speech Disorders
Assessment procedures and intervention techniques for acquired neurogenic speech disorders in adults, especially dysarthria and verbal apraxia.

CSDM 5193 Social Communication Disorders
This course will be devoted to a discussion of theory, research and intervention in autism spectrum disorder (ASD). This course will engage students in discussion of linguistic variables and socio-pragmatic issues that must be recognized and applied in the fields of speech-language pathology and audiology. Topics covered include early history of ASD, etiology, diagnosis, current classification, and current approaches to intervention.

CSDM 5201 Thesis
Thesis students must register for a total of 6 semester hours; 1 to 6 hours per semester. Prerequisite: CSDM 5013.

CSDM 5202 Topics in Speech-Language Pathology
A seminar offered for special projects or topics related to procedures and instrumentation, theoretical foundations, assessment, clinical, or rehabilitative speech-language pathology. May be repeated for additional credit not to exceed 9 hours.

CSDM 5213 Dysphagia
Examines normal oral, pharyngeal, and esophageal swallowing function in adults and children, including neurology, physiology, and the effects of aging. Swallowing disorders discussed, with an emphasis on oral and pharyngeal function. Various methods of evaluation, as well as current management and treatment options.

CSDM 5262 Craniofacial Speech Disorders
Provides an understanding of the speech disorders often associated with craniofacial differences. Information presented on craniofacial development, relevant anatomy and

physiology, as well as procedures for evaluation (both behavioral and instrumental) and treatment of craniofacial speech disorders. A team approach to care will be emphasized.

CSDM 5282 Literacy Disorders
An introduction to the characteristics, definitions, etiologies, assessment and therapeutic procedures in the treatment of children diagnosed with language-based reading disorders. Emphasis will be placed on the scope of practice for speech-language pathologists and audiologists in the due process procedure for these children.

CSDM 5293 Multicultural Issues
Systematic analysis cultural similarities and differences. Examine cultural differences, verbal and nonverbal, in the clinical setting.

CSDM 5304 Independent Study in Communication Disorders
Prerequisites: Consent of the instructor. Directed readings in audiology and/or speech-language pathology, individual discussion with a faculty member. May be repeated for up to six (6) hours of credit. Offered as needed.

CSDM 5353 Voice Disorders
Assessment procedures and rehabilitative techniques for voice disorders in children and adults. Instrumental and behavioral approaches, as well as medical and/or surgical treatment approaches. A team approach to care will be emphasized.

CSDM 5363 Independent Research
Research or individual investigation for master's level graduate students. Credits earned may be applied toward meeting degree requirements if the program approves and if a letter grade is given. Repeated registration is permitted. Prerequisite: CSDM 5013.

ADDITIONAL DEGREE REQUIREMENTS

CLINICAL HOURS
Upon completion of the M.S. program, students must accrue a minimum of 400 clinical hours (including 25 hours of observation). Details about practicum requirements can be found in *Chapter 3.*

PRETESTS
Prior to the first practicum, students must pass two multiple choice pretests, one in Audiology and one in Speech Science. All students are required to pass the pretests with a score of 80% or better. Students who do not pass on the first administration will be given additional administrations until they pass with a score of 80% or better.

ON-CAMPUS PRACTICA
Students begin their clinical experience in fall and spring terms in the UAMS university clinic. Each student is assigned a caseload ranging from 4.0-6.0 hours per week. The goal of these assignments is for each student to gain as much clinical experience with evaluation and treatment in each of the 9 areas (speech sounds, fluency, voice, language, hearing, dysphagia, cognition, social communication, alternative augmentative communication) of the field of speech-language pathology and in as many age populations to cover the lifespan. The goal, while not always achievable due to

scheduling conflicts or obligations, is for each student to have experience across the lifespan by the end of spring I term.

OFF-CAMPUS PRACTICA

After their first two semesters, student clinicians are expected to complete off-campus practica during their summer term, second fall term, and second spring term. While student preferences are taken into consideration when making practicum assignments, the sites are chosen based on the diverse needs of both students and externship sites. The goal is for each student to complete practicum in at least 3 different types of settings, such as hospitals or rehabilitation centers, community clinics, private practice clinics or public schools.

COMPREHENSIVE EXAMINATION GUIDELINES

Before a degree is awarded, all students must pass a comprehensive written examination that assesses the theory and knowledge of academic and clinical preparation deemed essential for entry into the profession. The nature of the exam questions typically requires an integrated application of multiple course content and practica experience. The student must demonstrate mastery over all foundational disciplines of the profession, sound clinical judgment, and through knowledge of the scientific principles of the field. Any student that does not pass the exam by the third attempt will be dismissed from the program.

M.S. Comprehensive Examination: Policy and Procedures

1. The exam is required of all master's degree candidates prior to graduation.
2. The exam is offered once a year in April of the students' final semester. Two additional testing opportunities will be made available if the student does not pass the first exam.
3. The proctored exam will be held either in a room large enough to accommodate all examinees or a secure online format featuring remote proctoring (e.g., Respondus Lockdown Browser in Blackboard).
4. Due to the nature of comprehensive exams, the answers to individual questions may require synthesis and application of information from multiple knowledge and skill areas.
5. Anonymity of the student taking the exam will be maintained. Each student will select a four-digit number and this number will act as the identifier for the student. Student numbers will be placed in a sealed envelope and will not be known to the faculty until final decisions regarding pass/fail have been made. Within 10 working days after the completion of the exam, there will be a faculty meeting where the faculty will recommend pass or fail for each student.
6. Each student will receive official notification of pass/fail in writing from the department chair. Notification may be placed in the student mailboxes, emailed, or mailed to student's home if requested. Student scores will be kept confidential; however, students who fail may review a summary of their results with their academic advisor or the faculty member(s) who teach in the area(s) where the student appeared to have difficulty. All student scores will be maintained by the M.S. program director. At no time will students be allowed to see their responses to specific questions on previous examinations.
7. If a student fails the examination, they will be required to retake another form of the exam. Two retakes are allowed.

8. Comprehensive examination questions and answers become the property of the Department of Audiology and Speech-Language Pathology and will **not** be given back to the student once determination of pass/fail has been made.

RESEARCH REQUIREMENTS

Each student must complete 3 hours of independent research or 6 hours of thesis. Students will decide which type of research they want to do during their initial advising appointment when completing their degree plan. Students may change their decision during the first two semesters in the program in conjunction with their academic advisors.

A. Independent Research

- The Independent Research options allows more flexibility in the process and product compared to the thesis option.
- Students enrolled in independent research will take one credit hour in the summer, fall 2 and spring 2 semesters.
- If the research project is not completed by the spring 2 term, students will receive an "incomplete" grade until the project is completed. Graduation will be delayed until the summer term.

Independent research requirements can be met by:
- Papers (i.e., research papers, systematic literature reviews, annotated bibliography, etc.)
- The written research project (some may require IRB approval)
  - Product will follow the UAMS Graduate School *Thesis and Dissertation Preparation Guidelines* located at this link: https://gradschool.uams.edu/students/thesis- and-dissertation-preparation/
- Analyzing data and/or working in a lab (requires at least 75 documented) hours
- Completion of a research-based clinical, service, or pedagogical project
- LEND students will use the independent research project as their LEND project

B. Thesis

- The Thesis option requires a more formal process and product.
- Students enrolled in thesis will take one credit hour in summer, 2 credit hours in fall 2 and 3 credit hours in spring 2 semesters.
- Note: If students elect the thesis option, they will take 6 total hours of research and will not take an elective course in spring 2.

Thesis requirements include:
- A committee of 3 or more faculty members
- A formal prospectus presentation to the thesis committee
- IRB approval (if applicable)
- The written thesis will follow the UAMS graduate school thesis guidelines found on this link: https://gradschool.uams.edu/wp-content/uploads/sites/147/2020/05/Thesis-and-Dissertation- Preparation-

[v6-lp.pdf](v6-lp.pdf)
- o A formal defense presentation to the thesis committee that is open to the public with an announcement using the graduate school template located at this link: https://gradschool.uams.edu/wp-content/uploads/sites/147/2015/12/Dissertation-and-Thesis-Announcement-Templates.pptx
- o Submission of original to UAMS Library Administrative Office for checking not later than ten business days before degree is to be granted
- o Submission of an unbound copy to UAMS library
- o Submission of electronic PDF copy with committee signatures to ProQuest within two days of submitting to UAMS library
- o Submission of bound copies to committee members (traditionally)

Research Advisors

Students who elect to complete 3 credit hours of Independent Research will be matched with a research advisor in the Spring 1 term. A faculty-student matching process will be used to assign research advisors. Assignments are made based on students' interests and the work load responsibilities of the Faculty. The student-faculty matches are made by an SLP faculty member charged with this responsibility. There is a minimum requirement of 75 hours which each student must complete using the methods described above. Passing grades for research are A, B and C.

INTERPROFESSIONAL EDUCATIONAL CURRICULUM REQUIREMENTS

The UAMS mission is to improve the health and health care of Arkansans. Central to that mission is the education of future health professionals. All five UAMS Colleges and the Graduate School have incorporated a longitudinal interprofessional education (IPE) curriculum focused on producing health professionals who practice collaboratively with other health care disciplines. Through interprofessional collaborative practice, the "quadruple aim" can be achieved: improvement of the patient care experience, improvement of population health, decreasing the cost of care and improving provider satisfaction/wellness.

The goals of the IPE curriculum are:

1. To improve knowledge, skills, and attitudes necessary for UAMS graduates to contribute toward improving the patient care experience, improving the health of the population, and decreasing the cost of care through a longitudinal interprofessional education and collaborative practice curricular model.

2. To create a patient and family-centered collaborative practice workforce prepared to impact health related outcomes.

3. To create and dynamically adapt the content of the quadruple aim curriculum to focus upon and address the local and regional social determinants of health impacting the State of Arkansas.

4. To participate in a quadruple aim curriculum graduation expectation that contributes directly toward the institutional mission within the realms of education, clinical practice, and research.

5. To meet and exceed compliance with relevant professional and accreditation standards.

Completion of a 3-phase "Quadruple Aim Curriculum" is a graduation requirement for all UAMS current students. The 3 phases are:

1) EXPOSE novice learners to the concepts necessary to improve the patient care experience, improve the health of the population, decrease the cost of care and improve provider satisfaction/wellness.

2) IMMERSE intermediate learners in activities necessary to demonstrate how to improve the patient care experience, improve the health of the population, decrease the cost of care and improve provider satisfaction/wellness.

3) Advanced learners demonstrate COMPETENCE in the concepts necessary to contribute toward improving the patient care experience and improving the health of the population, while practicing cost-effective care and improving provider satisfaction. The website for the UAMS Office of IPE is located at: http://ipe.uams.edu/. The IPE Curriculum Planning Guide is presented below.

 Office of Interprofessional Education

QUADRUPLE AIM IPE CURRICULUM FRAMEWORK
Speech-Language Pathology

<u>**IPE IPEC 1101 (001) —Exposure Workshop**</u>

Format/Event: Onsite workshop in August
Timeline: Fall 1—Orientation
Course Association: CSDM 5051—Practicum. This IPE activity is an assignment for the course.
Notes: Enroll Fall 1. Attendance required—Pass / Fail grade for the course.

IPE IPEC 1201 (001) —Exposure Bridge Transition

Format/Event: Onsite Exposure Bridge Transition
Offsite Shadow Experience, or IPE Movie Night **(Click here for events/dates for seminar)** **Timeline:** Fall 1, Spring 1
Course Association: CSDM 5051—Practicum. This IPE activity is an assignment
for the course.
Notes: Enroll Fall 1. Requirements include submitting a reflection and verification form into Blackboard.
1 Students will be assigned to a mentor clinician during fall clinics to shadow at their offsite to observe SLP team and interdisciplinary team

IPE IPEC 1301 (001) —Immersion Quadruple Aim Project (QAP) Workshop

Format/Event: Onsite Quadruple Aim Project (QAP) Workshop. Any event posted on the IPE website. **(Click here for events/dates available and to register)**
Timeline: Spring 1
Course Association: CSDM 5051—Practicum. This IPE activity is an assignment for the course.
Notes: Enroll Fall 1. Pass / Fail grade for the course

IPE IPEC 1401 (001) —Immersion Simulation

Format/Event: Onsite—Any session posted on the IPE website. **(Click here for session information and to register)** **Timeline:** Fall 1, Spring 1
Course Association: CSDM 5051—Practicum. This IPE activity is an assignment for the course.
Notes: Enroll Fall 1. Pass / Fail grade for the course

IPE IPEC 1501 (001) —Competence Workshop

Format/Event: Onsite Competence Workshop
Prefer: Patient Case/Interview, Functional Anatomy, Professional/Financial Wellness, Discharge Planning, Culinary Medicine.
(Click here for events/dates available and to register**)**
Timeline: Spring 1
Course Association: CSDM 5051—Practicum. This IPE activity is an assignment for the course.
Notes: Enroll Fall 1. Pass / Fail grade for the course.

	IPE IPEC 1601 (001) —Competence Practice Activity **Format/Event:** Onsite Competence Practice Activity—Clerkship or course-based assignment **Timeline:** Fall 2, Spring 2 **Course Association:** CSDM 5051—Practicum. This IPE activity is an assignment for the course. **Notes:** Enroll Fall 1. Requirements include submitting a reflection and verification form into Blackboard. Pass / Fail grade for the course.
	IPE IPEC 1701 (001)—Competence Student Educator Activity **Format/Event:** Onsite Student Educator Activity— Grand Rounds **Timeline:** Fall 2, Spring 2 **Course Association:** CSDM 5051—Practicum. This IPE activity is an assignment for the course. **Notes:** Enroll Fall 1. Requirements include submitting a reflection and verification form into Blackboard. Pass / Fail grade for the course. Scheduled dates coordinated through clinic calendar.

Note: For onsite versus online/distance options as approved events. Please ensure you are registered in the correct GUS course for the delivery method (onsite v. online/ distance). If you need to switch courses, you must process a course swap in GUS.

PERFORMANCE STANDARDS FOR THE MASTER OF SCIENCE PROGRAM IN COMMUNICATION SCIENCES & DISORDERS

TECHNICAL STANDARDS/CORE FUNCTIONS

The technical standards outlined below are the physical, cognitive and behavioral abilities required for students to successfully complete the Doctor of Audiology and Master of Science in Communication Sciences & Disorders (Speech-Language Pathology) Programs. These requirements must be met by all students, with or without reasonable accommodations, entering the program.

Students have the responsibility to self-identify as a person with a disability with a need for accommodation(s). Students who have or believe they may have a disability requiring accommodation(s) should contact the UAMS ADA Coordinator at DisabilityServices@uams.edu or (501) 526-5641.

COMMUNICATION

Audiologists and speech-language pathologists must communicate in a way that is understood by their patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different

modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to patient needs.

A student must possess adequate communication skills to:

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies.

  - Write discipline-specific papers and clinical reports in English. These must be professional and grammatically correct.

- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

  - Listen responsively and empathetically to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences.

  - Express their ideas and feelings clearly and demonstrate a willingness and ability to give and receive feedback.

  - Observe clients accurately and interpret non-verbal communication when performing clinical assessments and treatment activities.

Motor/Physical Health

Clinical practice by audiologists and speech-language pathologists involves a variety of tasks that require manipulation of items and environments. A student must possess adequate motor skills and physical health to:

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, patient equipment, and practice management technology) while retaining the integrity of the process.
- Respond in a manner that ensures the safety of clients and others.

Intellectual/Cognitive

Audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. A student must possess adequate intellectual and cognitive skills to:

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies.

  - Demonstrate the mental capacity to learn and assimilate professional information including the ability to read and comprehend professional publications and reports.

  - Maintain attention and concentration for sufficient time to complete clinical activities.

       o   Manage time and prioritize activities.

       o   Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the patient's needs.

- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills.
- Critically examine and apply evidence-based judgment in keeping with best practices for patient care.

Sensory

Audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and/or adaptive strategies. A student must be able to adequately access sensory information to:

- Differentiate functional and disordered auditory, oral, written, and visual communication.
- Correctly differentiate anatomical structures and diagnostic imaging findings.
- Correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.

Interpersonal

Audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation. A student must possess adequate behavioral, ethical, emotional, and social attributes to:

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies

       o   Exhibit professional appearance and demeanor by adhering to appropriate standards of dress, appearance, language, and public behavior, including social media.

       o   Uphold the Code of Ethics of the American Speech-Language-Hearing Association and/or the American Academy of Audiology, the Health Information Privacy and Accountability Act, as well as the departmental Honor Code.

- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities.

Cultural Responsiveness

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice.

ASP TECHNICAL STANDARDS/CORE FUNCTION ACCOMMODATION POLICY

The accredited graduate programs in Speech-Language Pathology and Audiology of the University of Arkansas for Medical Sciences (UAMS), Department of Audiology and Speech Pathology (ASP) adhere to the standards set by the American Speech-Language-Hearing Association (ASHA). Within ASHA standards, the AuD and SLP programs have the freedom and ultimate responsibility for: the selection of students; the design, implementation, and evaluation of the curriculum; the evaluation of student progress; and the determination of who should be awarded a degree.

The ASP faculty have a responsibility for the welfare of clients tested, treated, or otherwise affected by students enrolled in the program. The department has the responsibility to the public to assure that its graduates can become fully competent audiologists and speech-language pathologists, capable of delivering quality care in a timely manner and preserving the well-being of the clients they serve. Thus, it is important that persons admitted, retained, and graduated possess the intelligence, integrity, compassion, humanitarian concern, and the physical and emotional capacity necessary to practice speech-language pathology or audiology.

The Department of Audiology and Speech-Language Pathology, as part of the College of Health Professions, is committed to the principle of equal opportunity. The University, College, and Department do not discriminate on the basis of race, color, religion or creed, sex, gender, gender identity/expression, pregnancy, national or ethnic origin, non-disqualifying disability, age, ancestry, marital status, sexual orientation, veteran status, or political beliefs or affiliations. When requested, the University, College, and Department will provide reasonable accommodations to otherwise qualified students with properly certified disabilities. The ASP faculty has responsibility for the welfare of students in the department. In order to fulfill this responsibility, the department has established academic standards and minimum performance standards (technical standards/core functions) that must be met, with or without reasonable accommodations, in order to participate in the program and graduate.

Within the fields of Audiology and Speech-Language Pathology, there are core functions that individuals in these programs are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. Core functions refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations to ensure equitable access. These attributes are defined across five areas: Communication, Motor/physical health, Intellectual/Cognitive, Sensory, and Interpersonal, and Cultural Responsiveness.
Admission decisions are made on the assumption that each candidate can meet the core functions and fulfill core functions without consideration of disability. Candidates for the Master of Science in Communication Sciences and Disorders (MS) or the Doctor of Audiology (AuD) who have been accepted for admission will be required to verify that they understand and meet these technical standards with or without reasonable accommodation(s) as approved by the ADA/Disability Services office. The documents to be signed can be found in Appendix B.

Students have the responsibility to self-identify as a person with a disability with a need for accommodation(s). The UAMS ADA/Disability Services office will review a student's request for accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If an applicant states they can meet the technical standards with accommodation, the department, working with the ADA officer and the Associate Dean for Academic Affairs, will determine the most appropriate accommodation(s) so that the student can meet the technical standards. This determination includes a review of whether the accommodation would jeopardize client safety or the educational process of the student or the institution, including all coursework and internships/practicum placements deemed essential to graduation. At any time in the course of a student's enrollment in the department, should their needs change, the student can request accommodation through the UAMS ADA/Disability Services office. The student will also update the Technical Standards document on file with the department.

Reference: Adapted from Council of Academic Programs in Communication Sciences and Disorders (2023). A guide for future practitioners in audiology and speech-language pathology: Core functions. *https://www.capcsd.org/academic-and-clinical-resources/* Rev. 4-25-2023

STUDENT ACADEMIC PROFESSIONAL STANDARDS

The SLP program adheres to the College of Health Professions Student Academic Professional Standards Policy 02.00.02. The Student Academic Professional Standards encompass principles that embody the ethical foundation of health professions practice. Students are expected to maintain unwavering integrity in all professional interactions. To achieve this, students should show a dedication to fulfilling their professional duties and adhering to ethical principles. The policy can be found using the following link: https://healthprofessions.uams.edu/wp-content/uploads/sites/9/2024/01/Academic-Prof-Standards-Policy_FINAL_1-11-24.pdf.

The following are representative of the responsibilities of all students enrolled in the CHP: attentiveness, authority, communication, confidentiality, cooperation, demeanor, ethics, inquisitiveness, judgment, maturity, personal appearance, professional role, professionalism, and responsibility.

SCHOLASTIC DISHONESTY

The SLP program adheres to the College of Health Professions Scholastic Dishonesty Policy 01.000.02. Scholastic dishonesty can undermine the educational process by distorting the true academic performance of individual students and jeopardizing the success of their entire educational program. The policy can be found at the following link: https://healthprofessions.uams.edu/wp-content/uploads/sites/9/2024/01/Scholastic-dishonesty-policy_FINAL_1-11-24.pdf.

Honor Code

All graduate academic work in the department will be conducted under the Honor Code of the UAMS Graduate School. The Honor Code is a system based upon a spirit of trust and intellectual honesty within the university that manifests itself as a code of ethics shared among all members of the university community. The Honor Code is designed to communicate the importance and meaning of intellectual honesty, and to provide a structure that allows the university community to maintain these standards.

A *Student Honor Code* is one of the most important assurances signed by each M.S. student upon entering the graduate program. The signed Honor Code verifies the student's understanding of the highest ethical standards of their discipline, as well as the consequences of failing to uphold those standards. It will be placed in the student's academic file.

ARTIFICIAL INTELLIGENCE GENERATIVE TOOL USE POLICY

The _____ program adheres to the UAMS Artificial Intelligence Generative Tool Use Policy 2.1.6. The policy aids in clarifying the use and misuse of artificial intelligence generative tools at UAMS. The policy can be found at the following link: https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2024/02/2.1.6-UAMS-AI-Policy-2024.02.09.pdf

ADVISING

INITIAL ASSIGNMENT

At the time of admission, the M.S. Program Director appoints a full-time member of the speech-language pathology faculty as the student's academic advisor. The first advising session will occur during the Fall Orientation for New Students. At that time, copies of the program policies and documents will be reviewed. The degree plan will be completed and relevant assurances (i.e., Honor Code, ASP Confidentiality Statement, CHP Photo Release, and Technical Standards/Core Functions Signature Page) will be signed and filed in the students advising file (Appendix E). Please note that some assurances are subject to change depending on current department, college, and university policies. Students are responsible for abiding by current published policies.

ACADEMIC ADVISING

The advising process is a joint venture between student and advisor. The student is responsible for becoming familiar with the program and any options that may be available, as well as thinking about what options they are interested in. The student's advisor is responsible for helping the student plan an academic program and, when necessary, for providing information about the student and the student's progress to other faculty members. The student's academic program may be influenced by the certification requirements established by the Council for Clinical Certification (CFCC), American Speech Language Hearing Association (ASHA), and the academic background of the student. The advisor will keep such information in the student's academic file as is necessary for the direction of the student's program. Examples of information include grade reports, program plans, clinical reports, records of feedback from other faculty members, check lists, etc.

Each student must meet with his/her advisor formally at least once during each semester of the academic year, including the summer semester. This meeting typically occurs around mid-term of each semester. The purpose of this meeting is to complete registration procedures for the upcoming semester, review academic coursework, plan future courses, plan and review clinical experiences, decide upon the research project, and fill out necessary paperwork including the department program of study, application for graduation, KASA form, and ASHA CCC-SLP application for certification. The following forms are

reviewed and updated each semester: Undergraduate Course Review (if applicable), Advising Checklist, M.S. Program Degree Plan, and Speech-Language Pathology KASA Form.

The Advising Checklist will serve as the conference record and will be completed by the faculty member and student following the advising session and retained in the student's record.

The student should work with their advisor and keep the advisor informed as to the student's program of study and clinical and research activities. If the student earns a "C" or lower in any course, the student and advisor will meet to discuss options to improve performance. If the course is a KASA course, the advisor and student will meet with the M.S. program Director to write and implement a remediation plan. Although the advisor is not the sole counselor to the student, the advisor is the primary counselor. Communication between the advisor and the student is necessary to make advising a meaningful and productive process.

If an advisor is unable to perform advising duties for any reason (e.g., sabbatical leave, illness, absence from campus), a temporary or permanent reassignment will be made by the M.S. program Director upon notification by either the student or advisor.

GRADUATION PREPARATION

As graduation approaches, Master of Science degree candidates need to be sure they have done the following:
1. Completed academic coursework, research, and clinical practicum as required by ASHA and the department.
2. Passed the departmental comprehensive examination and have their graduate advisor notify the M.S. program Director and the department chair of such by the deadline.
3. Submit your PRAXIS scores to the department.
4. If doing a thesis, the student must present their thesis in a public forum decided upon by the thesis committee chair.
5. Submit the thesis to the ProQuest by the determined deadlines.
6. Complete an exit interview with the Department Chair or program director.

Post-Graduation Roadmap

To attain ASHA Certification and Arkansas Licensure, M.S. graduates should follow this sequence:
1. Complete the master's degree.
2. Complete the application for ASHA certification and membership.
3. Obtain the signature of either the M.S. Program Director or the clinic director on any required ASHA forms electronically.
4. Submit the ASHA and licensure applications with the required fees.
5. Submit PRAXIS scores to ASHA, the Arkansas Board of Examiners in Speech Pathology and Audiology (ABESPA), or the licensing board of the state of employment, **<u>AND THE DEPARTMENT</u>**.
6. Locate a supervisor for the Clinical Fellowship (CF).
7. Submit an application for provisional licensure to ABESPA or the licensing

board of the state of employment, within 30 days of beginning employment.

8. Submit a CF registration to ASHA within 30 days of initiating the CF.
9. Complete the CF and submit a signed CF report to ASHA within 30 days of the completion of the CF experience.
10. Receive verification of certification from ASHA.
11. Apply for Arkansas Licensure or state of employment.
12. Submit fees annually to ASHA and ABESPA or state of employment.
13. Annually acquire the required clock hours of continuing education units (10 CPEs/year) to maintain licensure and 30 CEUs over the course of three years to maintain ASHA certification.

KNOWLEDGE AND SKILLS ACQUISITION

The Knowledge and Skills Acquisition Form was developed by the Council on Academic Accreditation to assist in tracking for the ASHA Certification process. It provides evidence for tracking a student's:

- Acquisition of knowledge and skills
- Supervised clinical practicum hours
- Progress toward graduation
- Progress toward state and national credentials

The tracking of these skills is accomplished by means of the "Record of Knowledge and Skills Acquisition", or KASA Form in CALIPSO. Outcomes have been established by the program to meet all applicable standards for ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology, which include the KASA Objectives. These standards are incorporated into coursework, clinical practicum, and externships in the form of measurable goals, objectives, or outcomes.

Each KASA course has associated with it a number of specific outcomes you will be asked to meet in order to demonstrate knowledge and skills in that content area. The outcomes may be demonstrated via course grades, exams, laboratory or homework assignments, written papers, projects, through contact with clients in the clinic, or other measurable ways.

Satisfactory completion of the objectives is defined as earning a grade equal to or higher than "B" in any course at the graduate level. If a student does not satisfactorily complete a specific KASA objective during the course, remediation will be planned, directed, evaluated and documented by the course instructor/clinical preceptor. Successful completion of the remediation plan is required for course completion.

Your instructors will provide you with the KASA objectives or course objectives on your syllabus along with the following statement:

> ASHA "charges" M.S. graduate students to acquire diverse knowledge and skills which they are required to utilize whenever they provide clinical services. This course includes specific multicultural information in the areas of prevention, assessment, and treatment for the following aspects of communication:__. The KASA course content will be assessed during _____ , _____, and examinations.

Students who receive a grade of "A" or "B" in this course will receive credit for academic and clinical KASAs in____. Any student who receives a grade of "C" or lower will be required to complete remediation activities under the direction of the course instructor to provide an opportunity to demonstrate competencies for the KASAs provided in this course. These activities may include, but are not limited to:
Additional reassignments
Additional readings
Additional skills demonstrations
Additional examinations
Retaking the course during a subsequent year.

SPEECH-LANGUAGE PATHOLOGY KNOWLEDGE AND SKILLS OUTCOMES:

The standards for the Certificate of Clinical Competence in Speech-Language Pathology can be found on the following ASHA link *https://www.asha.org/Certification/2020-SLP-Certification-Standards/*. Standards IV through V are related to knowledge and skills outcomes. Applicants must demonstrate knowledge and skills in the following areas to be eligible for certification.

Standard IV: Knowledge Outcomes

STANDARD IV-A
The applicant must have demonstrated knowledge of the biological sciences, chemistry or physics, social/behavioral sciences, and statistics.

These courses are typically obtained during undergraduate studies and should be non-communication-sciences-and-disorders (non-CSD) courses.

Implementation: Standalone coursework in (a) biological sciences, (b) chemistry or physics, (c) social/behavioral sciences, and (d) statistics that fulfill non-communication-sciences-and-disorders-specific university requirements. Refer to the list of acceptable coursework for further details and to the following for general guidance.

- Biological sciences coursework must emphasize knowledge related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science).

- Chemistry and physics coursework must provide knowledge in physical science as described as follows: Chemistry—Substances and compounds composed of atoms and molecules, including structure, properties, behaviors, and reactions; Physics—Matter, energy, motion, and force.

- Social/behavior sciences coursework must provide knowledge in the analysis and investigation of human and animal behavior through naturalistic observation and scientific experimentation. Acceptable courses in social/behavioral sciences should

include psychology, sociology, anthropology, or public health.

- ▪ Statistics coursework must emphasize learning from data and measuring, controlling, and communication uncertainty. Coursework in research methodology in the absence of basic statistics cannot be used to fulfill this requirement.

Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge according to the guidance of acceptable coursework provided by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC).

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

S<small>TANDARD</small> IV-C
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- **Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification**
- **Fluency and fluency disorders**
- **Voice and resonance, including respiration and phonation**
- **Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing**
- **Hearing, including the impact on speech and language**
- **Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span**
- **Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning**
- **Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities**
- **Augmentative and alternative communication modalities**

Implementation: It is expected that coursework addressing the professional knowledge specified in this standard will occur primarily at the graduate level.

S<small>TANDARD</small> IV-D
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention,

assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

STANDARD IV-E
The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA *Code of Ethics*.

STANDARD IV-F
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and must have demonstrated the ability to relate research to clinical practice.

STANDARD IV-G
The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues may include but are not limited to trends in professional practice; academic program accreditation standards; ASHA practice policies and guidelines; cultural competency and diversity, equity, and inclusion (DEI); educational legal requirements or policies; and reimbursement procedures.

STANDARD IV-H
The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

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

Implementation: Applicants are eligible to apply for certification once they have completed all graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which,

at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

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

1. **Evaluation**
   a. **Conduct screening and prevention procedures (including prevention activities).**
   b. **Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.**
   c. **Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.**
   d. **Adapt evaluation procedures to meet client/patient needs.**
   e. **Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.**
   f. **Complete administrative and reporting functions necessary to support evaluation.**
   g. **Refer clients/patients for appropriate services.**

2. **Intervention**
   a. **Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.**
   b. **Implement intervention plans (involve clients/patients and relevant others in the intervention process).**
   c. **Select or develop and use appropriate materials and instrumentation for prevention and intervention.**
   d. **Measure and evaluate clients'/patients' performance and progress.**
   e. **Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.**
   f. **Complete administrative and reporting functions necessary to support intervention.**
   g. **Identify and refer clients/patients for services as appropriate.**

3. **Interaction and Personal Qualities**
   a. **Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.**
   b. **Collaborate with other professionals in case management.**
   c. **Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.**
   d. **Adhere to the ASHA Code of Ethics and behave professionally.**

Implementation: The applicant must have acquired the skills listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that the applicant can demonstrate skills across the ASHA *Scope of Practice in Speech-Language Pathology*. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA *Scope of Practice in Speech-Language Pathology*.

These experiences allow students to:
- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice, and should include experiences with related professionals that enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

Clinical simulations (CS) may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations.

Clinical educators of clinical experiences must hold current ASHA certification in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA *Scope of Practice in Speech-Language Pathology* in order to count toward the student's ASHA certification requirements.

STANDARD V-C
The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

For Graduate Students Initiating Their Graduate Program On Or Before December 31, 2022:
See the COVID-19 Guidance From CFCC

For Graduate Students Initiating their Graduate Program On Or After January 1, 2023:
Implementation: The guided observation and direct client/patient contact hours must be within the ASHA *Scope of Practice in Speech-Language Pathology* and must be under the supervision of a clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (a) a minimum of 9 months of post-certification, full-time experience

(or its part-time equivalent) and (b) a minimum of 2 hours of professional development in the area of clinical instruction/supervision.

Applicants should be assigned practicum only after they have acquired a knowledge base sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Guided Clinical Observations
Twenty-five (25) hours of guided clinical observation hours must be completed in the undergraduate or graduate program and precede direct contact with clients/patients. Guided clinical observations may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes. Examples of guided clinical observations with a clinical educator who holds the CCC-SLP may include but are not limited to the following activities:

- debriefing of a video recording
- discussion of therapy or evaluation procedures that had been observed
- debriefings of observations that meet course requirements
- written records of the observations

It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. The student is encouraged to (a) observe live and recorded sessions across settings with individuals receiving services for a variety of disorders and (b) complete debriefing activities as described above. The graduate program will determine how the guided observation experience should be documented. Evidence of guided observations includes signatures from the clinical educator and documentation of hours, dates, and activities observed.

On-Site and In-Person Graduate Supervised Clinical Practicum
A minimum of 250 hours of supervised clinical practicum within the graduate program must be acquired through on-site and in-person direct contact hours. Although several students may be present in a clinical session at one time, each graduate student clinician may count toward the supervised clinical practicum only the time that they spent in direct contact with the client/patient or family during that session. Time spent in preparation for or in documentation of the clinical session may not be counted toward the supervised clinical practicum. The applicant must maintain documentation of their time spent in supervised clinical practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Undergraduate Supervised Clinical Practicum
At the discretion of the graduate program, up to 50 hours of on-site and in-person direct contact hours obtained at the undergraduate level may be counted toward the 400-hour supervised clinical practicum requirement.

Clinical Simulations (CS)
At the discretion of the graduate program, up to 75 direct contact hours may be obtained through CS.

Only the time spent in active engagement with CS may be counted. [CS may include the use of standardized patients and simulation technologies](link) (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

Telepractice Graduate Supervised Clinical Practicum
At the discretion of the graduate program and when permitted by the employer/practicum site and by prevailing regulatory body/bodies—and when deemed appropriate for the client/patient/student and the applicant's skill level—the applicant may provide services via telepractice. The clinical educator/supervisor who is responsible for the client/patient/student and graduate student should be comfortable, familiar, and skilled in providing and supervising services that are delivered through telepractice. Provided that these conditions are met, telepractice may be used to acquire up to 125 contact hours, in addition to those earned through guided clinical observations (25 hours) or on-site and in-person direct contact hours (250 hour minimum).

Supervised Clinical Practicum Options	Required	Minimum Toward the 400 Hours	Maximum Toward the 400 Hours
Guided Clinical Observations	Yes	25	25
On-Site and In-Person Direct Contact Hours	Yes	250	No maximum
Undergraduate Hours	No	0	50
Clinical Simulations	No	0	75
Telepractice	No	0	125

STANDARD V-D
At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in speech-language pathology by the CAA.

Implementation: A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

STANDARD V-E
Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession, and who, after earning the CCC-A or CCC-SLP, has completed: (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.

The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must

be sufficient to ensure the welfare of the individual receiving services.

Implementation: Beginning January 1, 2020, clinical educators and clinicians who are involved in the preparation of student clinicians, and who provide guided observation and supervision of clinical practicum hours, must (a) hold the CCC-A or CCC-SLP and have completed a minimum of 9 months of full-time, post-certification (or its part-time equivalent) clinical experience, and (b) must complete 2 hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

In the case of Clinical Simulation, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.

STANDARD V-F
Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences named in Standard IV-C.

M.S. PROGRAM GENERAL POLICIES

BACKGROUND CHECK AND DRUG SCREENING
The purpose of this policy is to establish guidelines and procedures for conducting criminal background check(s) and drug screens for applicants who have been offered admission or students enrolled in a College of Health Professions program. The policy can be found at the following link: https://healthprofessions.uams.edu/wp-content/uploads/sites/9/2021/10/policy-library-02.12.02-background-check-policy-revised-2021-10-13.pdf

UAMS STUDENT HEALTH INSURANCE REQUIREMENT
Students enrolled at the University of Arkansas for Medical Sciences are required by University of Arkansas Board policy (Policy 1260.1) to have health insurance coverage at all times. The proof of personal health insurance process is required every semester in which a student is enrolled. The responsibility for obtaining health insurance coverage rests with the student. The policy can be found at the following link: https://healthprofessions.uams.edu/wp-content/uploads/sites/9/2018/12/UAMS-Student-Health-Insurance-Requirement.pdf

Student Health Screening/Immunization Requirements

The SLP program adheres to the UAMS Student Health Screening 1.4.2. The purpose of this policy is to help minimize potential exposure to infectious disease for or by UAMS students who are enrolled in classes at UAMS. The policy can be found at the following link: https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2023/09/1.4.2-Student-Health-Screening-2023.09.01.pdf

NON-DISCRIMINATION STATEMENT

The SLP program adheres to the UAMS Policy 2.1.3, Non-discrimination Statement. The policy can be found at the following link: https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2023/06/2.1.3-Non-Discrimination-Statement-2023.06.14.pdf

STUDENT ACCOMMODATIONS POLICY

The SLP program adheres the UAMS Student Accommodations Policy 2.2.5. The University of Arkansas for Medical Sciences is committed to a policy of ensuring that no otherwise qualified individual with a disability is excluded from participation in, denied the benefits of, or subjected to discrimination in University programs or activities due to their disability. The University is fully committed to complying with all requirements of the Americans with Disabilities Act of 1990 (ADA) and the Rehabilitation Act of 1973 (Section 504) and to providing equal educational opportunities to otherwise qualified students with disabilities. The purpose of this policy is to define the process students should follow if accommodations in an academic setting are needed due to a disability. The policy can be found at the following link: https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2022/03/2.2.5-Student-Accommodation-Policy-2022.02.28.pdf

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

The SLP program adheres to the Family Educational Rights and Privacy Act of 1974 (FERPA), UAMS Policy 2.1.2. FERPA affords all students in higher education institutions certain rights with respect to their education records. Some of these rights are only applicable to students over 18 years of age. The policy can be found using the following link: https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2022/09/2.1.2-UAMS-FERPA-Policy-2022.09.12.pdf

HIPAA EDUCATION AND TRAINING POLICY

The SLP program adheres to the UAMS HIPAA Education and Training Policy 2.2.15. The purpose of the policy is to ensure that the University of Arkansas for Medical Sciences ("UAMS") Workforce is properly educated and trained to protect the privacy and security of patients' health care information. The policy can be found using the following link: https://hipaa.uams.edu/wp-content/uploads/sites/136/2020/12/2-1-15-HIPAA-Education-and-Training-Dec-2020.pdf

CALENDAR OF EVENTS

The program follows the UAMS CHP academic calendar. We provide a calendar by semester with important dates, events, and deadlines. Students will also have access to a SLP program calendar, which includes information about course, clinic, and program events and deadlines. Students are responsible for knowing the information provided on these calendars. Emails or bulletins regarding upcoming events may be distributed in the student workroom.

CHANGE OF ADDRESS

In the event of a mid-semester change of contact information, the student is required to complete a new 'Student Information Form' and turn it into the front office personnel.

CLASS AND CLINIC HOURS

The M.S. program provides classroom study, clinical observation, clinical experiences, independent study, and seminars. Individual classes will generally meet one (1) day per week with some classes scheduled two (2) days per week. In addition, there will be clinical assignments, clinical meetings, research activities, and Grand Rounds scheduled during the week days. Students should expect to have clinical rotations both within and outside the UAMS university clinic. Students are expected to provide their own transportation to class and clinical training sites. When necessary, the ASP department reserves the right to adjust class schedules, times and program sequencing, as well as clinical rotations outside of the Little Rock metropolitan area. Full-time students are expected to prioritize graduate school in their schedule.

LEAVE OF ABSENCE

At times it may be necessary for a student to take a leave of absence. A student in good standing who desires a leave of absence should first speak with their academic advisor and the M.S Program Director. A leave of absence requires a program modification approved and signed by the M.S. program director. The student must then make a *formal written request* to the CHP Associate Dean for Academic Affairs using the *Request for Leave of Absence Form* located on the CHP website. Each request will be handled on a case-by- case basis. A leave of absence can occur only after approval. A Leave of Absence may be granted for up to one year to students in good academic standing. The Leave of Absence offers the student the opportunity to leave school temporarily with the assurance that studies can be resumed with minimal administrative difficulty. The student must inform the Program Director or department chairperson in *writing* of their intention to return by the program application deadline to assure clinical space for the returning student.

STUDENT LEAVE OF ABSENCE POLICY

The SLP program adheres to the UAMS Policy 2.2.10. A Leave of Absence (LOA) is an officially approved period of time during which a student is not enrolled in regular coursework, but is not discontinued from a program of study, and has a predetermined date of anticipated return to regular study. An LOA may have significant implications not only for student academic progression, but also for institutional reporting, financial aid and veterans' benefits. This policy defines three categories of LOA and helps to ensure consistent practice, compliance with federal student aid guidelines, and accurate enrollment reporting to state and national agencies. The policy can be found at the following link: https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2022/08/2.2.10-Student-Leave-of-Absence-Policy-2022.07.26.pdf.

OFFICIAL CORRESPONDENCE

The UAMS email account is the **only** officially recognized method of electronic communication with students. Student should use only their UAMS email account to communicate with off-campus clinical supervisors. Students should check their UAMS email accounts daily for program information and/or announcements. Faculty may choose

to implement texting on a limited basis, but it should be done so only for essential or urgent communication needs.

OUTSIDE EMPLOYMENT
Accommodations based on residence, outside employment, and personal situations are not guaranteed. It is the student's responsibility to ensure that they can fulfill all school obligations. Students should be aware that responsibilities increase with each year in the program.

PHYSICAL PRESENCE & ENGAGEMENT
Professionalism is expected and an attitude of life-long learning is highly valued in the M.S. program. As a program, we strive to help our students integrate these values throughout their time with us. Therefore, we think it is important to provide clear expectations regarding your attendance in class, clinic, assistantships and other school-related activities.

The official program policy is:

> Attendance: Timely attendance at all class sessions is expected (i.e., present, on time). Unless arrangements have previously been made for clinical or research externships, illness, etc., absence is defined as not being present during the assigned class time. Course instructors may deduct points for absences at their discretion.

> Engagement: Students are expected to be prepared and free of distractions during class and clinic. Our students are expected to refrain from using devices during class time unless the instructional activities call for device use. Failure to adhere will result in the development of a remediation/action plan.

Students are expected to present proper documentation for any absence they believe may be excused. Individual faculty members have the discretion to determine whether an absence is excused or not.

1. Classes – Perfect attendance is expected for all classes. Students experiencing emergencies should notify the instructor prior to the beginning of class if they must be absent. The instructor will determine if an excusal is warranted and may require further documentation before excusing an absence.

2. Clinic – The UAMS university clinic and off-campus practicum sites are professional healthcare settings. As such, the practicum experience should be regarded as an entry-level position into the professional world. Therefore, student clinicians are expected to:

   a. Attend all therapy sessions. Unexcused absences may result in a failing grade and are considered grounds for a clinician to be removed from practicum.

b. Arrive 30 minutes before the start of the session to prepare for the day. Tardiness or being unprepared for a session will be reflected in the midterm and final evaluation.
c. Fulfill the requirements of the practicum course for the entire semester. Students may not withdraw from a clinical practicum experience without withdrawing from the program. Students must remain enrolled in Practicum.
d. Attend their practicum assignments every scheduled day.
e. In the case of illness, a student clinician should not conduct therapy unless they have been free of fever and symptoms of other communicable illnesses for a minimum of 24 hours.
f. If a student is unable to attend a clinical assignment (therapy or diagnostic) due to medically excused illnesses, school related requirements, family emergencies, or other pre-approved circumstances; the student must immediately contact the clinical educator and the clinical education director. Students should have ready access to the contact information of their supervisors and relevant clinic personnel.
g. If the absence is approved, the student must:
   o Confer with the clinical educator to determine if the cancelled session should be made up. Student clinicians may not cancel therapy or assume it to be cancelled without prior consent from the clinical educator and/or the clinical education director.
   o Communicate the changes to the client as soon as possible.
   o Communicate the changes to the clinic manager as soon as possible, preferably an hour before the start of the session.
   o Log absence in the appointment calendar in ClinicNote, in the Contact Notes in ClinicNote, and in the Note for that day's session in ClinicNote.
   o Provide verification of illness or family emergency to the clinical educator.
e. An attempt must be made to make up all sessions cancelled by the student clinician prior to the end of the semester. Sessions can be made up by adding extra sessions at the end of the semester or extending the time for remaining sessions.
f. With regards to off-campus attendance, students should follow the UAMS academic calendar and/or inclement weather policies for their particular site.
g. Students who receive an off-site traineeship are required to makeup all days missed at the off-site by a contractually specified date.
h. Students are expected to stay following the last client to complete close-out tasks for the day. Students are not excused from clinic until all clinic closing tasks have been completed, or at the discretion of the clinical educator.

3. Student Workers/Graduate Traineeships: When paid to perform particular duties, Students are expected to behave in a responsible manner equivalent to any other paid position. They should:

   a. Schedule regular work days/times with their supervisor;

   b. Arrive 15 minutes before their scheduled work time and work for the full scheduled time;

   c. There is no sick time or leave time for these positions. Any missed work time must be made up.

4. <u>Other Program Events and Conferences</u> - Examples include Grand Rounds. These opportunities are designed to be valuable learning experiences. It is the student's responsibility to sign the attendance sheets. Excused absences with proper documentation will not result in a lowering of the course grade.

5. <u>Other opportunities:</u> The faculty will make students aware of these as they are known. Although attendance at many of these events is not tied to a grade, attendance may be expected. If you are unsure, please reach out to faculty to determine the expectation. Attendance also provides the opportunity to establish relationships with potential preceptors, employers and colleagues.

ACADEMIC PERFORMANCE/ STUDENT PROGRESSION POLICY

In accordance with policies found on the Academic Affairs website [https://academicaffairs.uams.edu/academic-affairs-policies/], the M.S. program is committed to excellence in academic, clinical and research activities. The following *minimum standards* for student performance are designed to reflect that commitment to excellence.

The speech-language pathology faculty conducts periodic reviews of student progress, such as: clinical and professionalism evaluations, transcript review, faculty meetings, one-to-one reviews during semester advising sessions, performance-based evaluations at the end of each semester, and comprehensive examinations. These reviews are intended to be supportive in nature; that is, they are designed to identify academic and/or clinical areas that need remediation for the student to successfully progress through the M.S. program.

EXPECTED PERFORMANCE
Expected academic, clinical, and professional performance includes but is not limited to the items below.

- Students will acquire knowledge and skills needed for the profession as demonstrated by earning grades of B or better and at a minimum maintain an overall grade point average of 3.00 to remain in good academic standing.
- Successfully complete first- and second-year clinical performance-based evaluations (reflected in grade for clinical practicum).
- Pass the comprehensive examination in the fifth semester.
- Complete all didactic coursework (with overall GPA of 3.0 or higher and no more than 2 "C" course grades).
- Complete the required research credits.
- Consistently meets professional standards as rated by peers, faculty, staff, and community partners in the professional practice section of Calipso (minimally 3.0 on a 5.0 scale), meet the four professional attributes listed as Met/Not Met in Calipso, and as in Appendix C.
- Adhere to the academic integrity policy [CHP Scholastic Dishonesty Policy (01.00.02) and follow the Student Code of Conduct Policy (2.2.14)].
- Contribute to an environment that values each individual including patients, classmates, instructors, and staff, following the federal civil rights law, Title IX, the CHP/ASP

Professionalism policies ([CHP Student Academic Professional Standards](#), 02.00.02) as well as the ASP Statement of Solidarity.

Notes:

- Should an "Incomplete" be earned in any academic or clinical course, the work must be completed and submitted by the final week of the following semester. If not, a grade of 'F' will be assigned. It is the student's responsibility to ensure that all work is completed, and the instructor's responsibility to grade and issue a grade change form by the end of the semester given that the student has submitted assignments by the required deadline.
- If at any time an instructor is concerned about student performance, they may refer the student to the UAMS Student Success Center (SSC). The instructor will contact the student's advisor who will note the referral in the student's file. SSC personnel will meet with the student and decide on a course of action, as needed. The SSC will keep the program informed about student participation in the process, which will also be recorded in student's file. Non-participation by the student can result in remediation or probation and will be decided on a case-by-case basis.
- Consult the CHP section of the current UAMS Academic Catalog (https://registrar.uams.edu/academic-catalog/) for information regarding student appeal procedures.

STUDENT CODE OF CONDUCT POLICY

The SLP program adheres to the UAMS Student Code of Conduct Policy 2.2.14. The Student Code of Conduct Policy sets forth behavioral standards for students to follow as they live, study, work, and pursue their educational goals in a safe and secure learning environment at the University of Arkansas for Medical Sciences. The Code reflects expectations based on values essential to a flourishing academic environment, such as honesty, integrity, respect, and fairness. The policy can be found at the following link: https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2023/12/2.2.14-Student-Code-of-Conduct-2023.11.17-1.pdf.

ADMINISTRATIVE WITHDRAWAL AND DISMISSAL POLICY

The SLP program adheres to the UAMS Administrative Withdrawal and Dismissal Policy 2.2.13. The Associate Provost for Academics may administratively dismiss or withdraw a student (excluding College of Medicine (COM) students) and place them on an institutional leave of absence for failure to comply with a UAMS Administrative Guide or Academic Affairs policy excluding behavior addressed by the Academic Affairs 2.2.14 Student Code of Conduct policy. The Administrative Withdrawal and Dismissal Policy 2.2.13 can be found at the following link:https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2024/03/2.2.13-Administrative-withdrawal-and-dismissal-policy-2024.03.14.pdf

PROFESSIONALISM INFRACTIONS

Policies

Students are expected to follow professionalism standards (e.g., Appendix C). Students may receive a professionalism infraction report for the following (this list is not exhaustive):

1) Minor Infractions:
- Unauthorized use or taking of clinical materials
- Inappropriate or lack of needed communication with faculty, preceptors, client(s), client families, and peers
- Consistently late paperwork
- Lack of personal hygiene
- ASP Dress Code violations
- Incautious use of social media
- Unexcused absence(s) at required clinic and program functions and events
- Tardiness at required clinic and program functions and events
  - Note: any amount of tardiness requires the student to notify the relevant faculty member as a professional courtesy, preferably ahead of time or at the time of occurrence

2) Moderate Infractions (i.e., actions that endanger others or compromise client privacy):
- HIPAA Violations
- ASHA Code of Conduct Violations
- Client neglect

3) Serious Infractions
- Egregious behavior
- E.g., posting patient picture and PHI on social media

When a student receives one moderate infraction or three minor infractions of professionalism while in the program (i.e., within one semester, consecutive or non-consecutive semesters), they will be placed on a *Remediation Plan (see below)*. Students will receive a *Remediation Plan* for each individual professionalism infraction thereafter. After 3 remediations, the student will be placed on probation. If there is a need for a 4th remediation, the student may be dismissed from the program. Additionally, if any infraction is deemed serious, the student may be dismissed from the program immediately.

Procedures
If a student commits a professionalism infraction, the faculty member who observed the infraction will set up a meeting between themselves and the student. For minor infractions, a monitoring plan will be established by the faculty member and student to help the student meet appropriate expectations. The *Infraction of Professionalism* and *Monitoring Plan* documents will be prepared and signed by the faculty member and student. A copy will be placed in the student's advising file. The SLP Clinical Education Director and Academic Advisor will be notified. Failure to meet the expectations of a monitoring plan, will result in an additional infraction of professionalism.

REMEDIATION PLANS

Policies
Students will receive a remediation plan for:
- Earning a C in any didactic KASA or clinical (e.g., practicum) course
- Earning a D or F in any didactic or clinical (e.g., practicum) course
- Failing the comprehensive examination (in the 5th semester)

- Earning three minor or one moderate professionalism infractions and any other infractions thereafter (Note: a student will not be issued more than 3 remediation (See Dismissal Policy)
- Failing to participate in services following referral by faculty (e.g. Student Success Center)
- Dismissal by an offsite supervisor (at the discretion of the SLP Directors)
- Violations of Academic Integrity

Note: Serious offenses may be cause for immediate dismissal without the opportunity for remediation (refer to Dismissal section below).

When a remediation plan is issued because a student earned a C in a KASA or clinical course, the student must demonstrate proficiencies of the KASA objectives for the remediation plan by the deadline specified in the plan. Importantly, satisfactory completion of a remediation plan does not affect the previously earned course or clinical practicum grade, but does satisfy demonstration of the required KASA objectives for that course. If the student fails to meet the expectations of the remediation plan by the deadline, it will expire and an additional remediation plan will be issued. The new remediation plan will be to retake the course and earn a B or higher.

Student will have 1 opportunity to fulfill the expectations outlined in a given remediation plan. Failure to satisfy a remediation plan by the deadline will result in a 2nd remediation plan being issued. Only 3 remediation plans are allowed throughout the entire course of the program; any further infraction will result in dismissal from the program.

Note: Remediation Plans may delay graduation depending on the semester they are given. If a student receives a *Remediation Plan* in the 5th semester, they may receive an "incomplete" grade for either clinical practicum or a didactic course and will not graduate until the *Remediation plan* is satisfied in the following semester.

Procedures
When a student's behavior/performance meets the criteria for remediation, the involved faculty member will notify the Director of M.S. Speech-Language Pathology program and/or the SLP Director of Clinical Education, and the student's academic advisor. For didactic and clinical courses, the involved faculty member will likely be the course instructor or clinical educator. For infractions occurring during externships, this will likely be Clinical Education Director. Other violations, such as that of Academic Integrity or Professionalism, may involve any faculty member.

The student's academic advisor will schedule a *Remediation Plan* meeting in which the student will meet with their advisor as well as the M.S. Program or Clinical Education Director, and the instructor (if applicable) to formulate an official *Remediation Plan.* In this meeting, the student will receive an explanation of the consequences of failing to meet the expectations of the remediation plan as well as the consequences of being placed on a second remediation. A *Remediation Plan* will be established by the academic advisor (and/or M.S. program Director or Clinical Education Director) in coordination with the student and instructor (if applicable). Some situations may require consultation with the CHP Associate Dean of Academic Affairs. Decisions about remediation are made on a case-by-case basis. *Remediation Plans* are signed by the CHP Associate Dean of Academic Affairs, the Program Director or Chair, the academic advisor, and the student. Remediation documents

become part of student's permanent file.

PROBATION STATUS

Policies
Students will be placed on probation for the following:

- Academic
    - Earning less than a 2.85 cumulative grade point average on 12 or more semester hours of graded coursework in the program
    - Earning two C's or below in the program during 1 semester
    - Earning three C's or below across all semesters within the program
    - Earning a grade of D or F in any course (Note: Student will be required to repeat that course and must earn a B or better. Students will not have the opportunity to take a course a 3rd time.)
    - Repeated failure to participate in services following referral by faculty (e.g. Student Success Center)

- Non-Academic
    - Unresolved professional misconduct (i.e., 5 minor infractions)
    - Unresolved academic misconduct (e.g., 2nd incidence of minor academic integrity issue)
    - Unexcused absence(s) at required functions/events (i.e., more than 2 unexcused absences)
    - Demonstration of unwarranted and/or disproportionate* professional or academic misconduct
    - Repeated failure to participate in services following referral by faculty (e.g. Student Wellness Center)

    As viewed by the program faculty and based on the CHP Non-Cognitive Standards Policy

Procedures

When a student's behavior/performance meets the criteria for probation, the involved faculty member will notify the Director of M.S. Speech-Language Pathology program and/or the SLP Director of Clinical Education, and the student's academic advisor.

The student's academic advisor will schedule a meeting in which the student will meet with their advisor as well as the M.S. Program or Clinical Education Director for explanation of the process of probation and to develop a plan to be removed from probation. A *Probation Plan* will be established by the academic advisor (and/or M.S. program Director or Clinical Education Director) in coordination with the student and instructor (if applicable). Some situations may require consultation with the Associate Dean of Academic Affairs in the College of Health Professions. Decisions about probation are made on a case-by-case basis. *Probation Plans* are signed by the CHP Associate Dean of Academic Affairs, the Program Director or Chair, the Academic Advisor, and the student. Probation documents become part of student's files.

Consequences of Probation Status

Students on probation will not be allowed to participate in off-campus practicum. A student can only qualify for probationary status once during their course of progressing through the program. If a student's performance/behavior meets the criteria to be placed on probationary status a second time, they will be dismissed for the program.

Return to Good Standing Status (Release from Probation)
Completion of the probation period is determined on a case-by case-basis. Students can return to good standing (i.e., released from probation) by meeting the criteria specific to their probation. Determination of the student's return to good standing will be based on the recommendations of the program faculty.

Some examples of how to return to the status of good standing include the following:
- After retaking coursework, the student improves the earned grade(s) of C to B or better
- The student's earned GPA is better than 2.85 during the next subsequent semester and does not to include a C or below
- Demonstrating significant improvement and resolution of non-academic issues
- Resolution of professional misconduct issue and continued exemplary behavior
- Resolution of academic misconduct issue and continued exemplary behavior

DISMISSAL

Policies
Students can be dismissed from the program for:
- Failing to complete probationary requirements recommended by the faculty on a Probation Plan
- Demonstrating the need to be placed on Probation a 2nd time
- Demonstrating the need for a 4th Remediation Plan
- Failing to satisfactorily complete a repeated course at a level of B or above
- Earning failing grades in more than one course
- Demonstration of grave academic or non-academic misconduct
- Failing to demonstrate sufficient change of probationary behavior within one semester
- Demonstrating lack of professional conduct and/or any behavioral patterns that may jeopardize the safety or well-being of patients or others
- Unethical or illegal activity, including but not limited to the following: academic misconduct or violations of the AAA or ASHA Code of Ethics (https://www.asha.org/Code-of-Ethics/), HIPAA regulations/law, and/or Federal or State law
- If the cumulative GPA is not raised to 2.85 or above on the next 9 hours of graded graduate coursework required by the student's program or 3.0 if it is the final semester.
- Failing to pass the required comprehensive examination on the third attempt
- Failing a random drug screening
  (See CHP Catalog section of the UAMS Academic Handbook)

Procedures

Dismissal from the program is decided on a case-by-case basis and requires a majority vote for dismissal by the speech-language pathology faculty. In all cases the M.S. Program Director, in consultation with the CHP Associate Dean of Academic Affairs, will notify the student of the final decision by certified letter and email with receipt and read confirmation.

DEPARTMENTAL GRIEVANCE PROCEDURES

If a student feels that they have been treated unfairly in an academic or clinical situation, the student should follow these procedures in voicing their grievance:

- Contact the faculty member teaching the course or directing the clinical activity. Let this individual know that you are concerned and precisely why. Document your efforts to resolve the situation. Most problems can be resolved at this level.
- If you feel it is not in your best interest to handle the situation directly and wish to pursue other options, consult with your academic advisor to review this policy together. If your academic advisor is involved in the situation, then you may consult with another faculty member (e.g., the M.S. Program Director or the SLP Director of Clinical Education).
- If your attempts to resolve the issue directly with the faculty member is not successful, you should contact the M.S. Program Director or the Department Chair. The Chair will resolve the matter in question to the student's satisfaction or direct the student to the College of Health Professions Associate Dean of Academic Affairs.
- If the issue cannot be resolved within the department, the student should contact the College of Health Professions Associate Dean of Academic Affairs.

Additional information regarding procedures:

- Grievance procedures should be reserved for legitimate, serious complaints, not for mid-term and final grade concerns.
- Once the instructor is aware of any serious concerns, it is important the student refrain from taking their complaints to other faculty members.

STUDENT ACADEMIC APPEALS POLICY

The purpose of the College Health Professions Student Academic Appeals Policy, 01.15.01, is to provide students with an opportunity to dispute the charges and/or penalties related to an academic issue. The appeal procedures below provide opportunities for students to request a review of decisions made by the program faculty, submit information not previously available or suggest alternative remedies. The policy can be found at the following link: https://healthprofessions.uams.edu/wp-content/uploads/sites/9/2024/01/Student-academic-appeal-policy_FINAL_1-11-24.pdf

COMPLAINT POLICY

If a student has a non-academic complaint that is not covered under one of the other policies, then they would follow the process for non-academic complaints described in Academic Affairs Policy 2.2.9 Formal Complaint Resolution Policy. If the efforts to resolve a complaint informally are not successful, students must file a formal complaint within 30 days following the incident via the online complaint form. This form is only for student complaints. The policy can be found at the following link: https://academicaffairs.uams.edu/wp-content/uploads/sites/12/2022/11/2.2.9-Formal-Complaint-Resolution-Policy-2022.11.10.pdf

If a student has a complaint about the university program and wishes to register this complaint with the American Speech-Language-Hearing Association, they may do so by contacting the ASHA Council on Academic Accreditation (CAA) Program Coordinator at 301-897-5700, or by writing to ASHA, 2200 Research Blvd., Rockville, MD 20850-3289. All complaints must be signed by the person who is filing the complaint.

STUDENT ACCOMMODATION

Students are referred to the CHP section of the UAMS Catalog, "**Section 4.10 CHP DISABILITY POLICY**" about accommodations for schoolwork.

a. Office of Educational Development
University of Arkansas for Medical Sciences
4301 W. Markham St., #595 Little Rock, AR
72205 501-686-5720 (Voice)
http://www.uams.edu/oed/

b. UAMS Student Wellness Program
201 Jack Stephens Drive Little
Rock, AR 72205 686-8408
http://www.uams.edu/student%5Fmentalhealth/

HEALTH RELATED ISSUES

IMMUNIZATIONS AND TUBERCULOSIS TESTING

Proof of immunization for tetanus and diphtheria within the last ten years as well as immunizations against measles, mumps and rubella is required of all entering students prior to registration. All students must provide proof of two immunizations against Hepatitis B before the end of the first semester of the program. All students are required to have a PPD (TB skin) test done within one year prior to initial registration as a student at UAMS. (Refer to current CHP Catalog for more information).

PROFESSIONAL LIABILITY INSURANCE COVERAGE

Professional liability insurance is provided for all students working in the clinic and at off-campus clinical placements.

STUDENT SERVICES

UAMS STUDENT WELLNESS PROGRAM

The UAMS Student Wellness Program (SWP) is a preventative service created to provide short term, confidential assistance for students who are actively enrolled at UAMS. The purpose of this service is to provide the necessary tools for students to achieve their fullest potential. https://studentwellness.uams.edu/

Students can seek help for depression, anxiety, grief, relationship conflicts, academic

difficulties and numerous other issues interfering with their maximal functioning. For short term treatment, there is no financial cost to students seeking care. The service is made possible through the support of the UAMS Chancellor, the Deans of the Colleges at UAMS and a portion of the student health fee.

Seeking care through the service is absolutely confidential. The only exceptions to the strict code of confidentially (as required by law) include homicidality (planning to kill someone else, or being so severely impaired that patients in your care are in jeopardy), suicidality (planning to kill self) and child abuse. Record keeping is also strictly confidential within the student mental health clinic (not entered into the campus wide UAMS electronic medical record).

When utilization reports are generated, the number of students utilizing the service and the types of problems students seek help for may be reported. Specific identifying information about students is NOT released. Note: Should a student's treatment require medication, the cost of filling a prescription is up to the student. Unfortunately, sample medications are not readily available any longer.

Due to the high volume of utilization, students are asked to keep an appointment once it is made or cancel as far as possible in advance to allow other students needing services timely access.

Upon enrolling in the graduate program, students are required to complete *UAMS Drug Policy and Acknowledgment Training* prior to orientation. The training can be accessed through Training Tracker via UAMS.

Referrals for Long Term Difficulties:
Students requiring more than short term treatment will be referred to a mental health center or to appropriate resources in the community depending upon the student's wishes and resources. The cost for care beyond the scope of the SWP service is the responsibility of the student.

Students suffering from major mental illnesses and/or severe substance addiction requiring inpatient hospitalization and/or intensive long-term care will be referred to a community mental health center, the UAMS Psychiatric Clinic, or to appropriate resources in the community. The cost for this level of care is the responsibility of the student (it is important to maintain health insurance coverage without lapse through school).

Hours:
The Student Wellness Clinic can be reached between:
7:15 AM & 4:30 PM Monday through Friday.
Students are seen by appointment only.

To schedule a confidential appointment, call **(501) 686- 8408.**
In the rare event of an **after-hours emergency, telephone the UAMS operator at (501) 686-7000**, identify yourself as a UAMS student with an emergent problem and request the operator to page the UAMS Department of Psychiatry resident on call.

Location:
The UAMS Student Wellness Office Suite is located at 227 Jack Stephen's Drive, on the street level. Parking is available in front of the clinic in spots reserved for the 'Student Wellness Program' **for the duration of the appointment**. **Unauthorized vehicles are ticketed and towed.** Visit https://studentwellness.uams.edu/about-us/location/ for a map to the SWO.

Staff:
- Ms. Meshelle Helms (Administrative Coordinator) is trained to confidentially elicit information to allow for effective triage and scheduling with the most skilled clinician for a student's particular problem.
- Tracy Haselow, M.D. is the Director.

Student Support Specialist
UAMS Student Support Specialist are available to meet with students to discuss a variety of support areas: emotional, financial resources, career advisement, and campus services.

DISABILITY SUPPORT SERVICES
Your success in this program is important to us, and it is the policy and practice of the University of Arkansas for Medical Sciences to create inclusive learning environments in accordance with the Rehabilitation Act of 1973 and Americans with Disabilities Act as Amended (ADAA) of 2008, by providing appropriate accommodations for students with disabilities in order to facilitate equitable access to education. If you have a documented disability (or need to have a disability documented), and need an accommodation, please inform your advisor, program director, and clinic director privately as soon as possible, so that we can discuss how to best meet your specific needs and the requirements for practicum. Students are referred to the CHP Student Handbook, "**Section 4.10 CHP DISABILITY POLICY**" about accommodations for schoolwork.

Contact Information

1. The Student Success Center
   University of Arkansas for Medical Sciences
   4301 W. Markham St., #595
   Little Rock, AR 72205
   501-686-5141 (Voice)
   ssccoaching@uams.edu

2. UAMS Student Wellness Program
   227 Jack Stephens Drive
   Little Rock, AR 72205
   686-8408
   http://www.uams.edu/student%5Fmentalhealth/

POLICY ON DIVERSITY
The Department of Audiology and Speech-Language Pathology complies with applicable Federal civil rights laws and does not discriminate or exclude individuals on the basis of race, color, national

origin, age, disability, or sex. Students must be aware of multi-racial, multi-cultural, and multi-ethical issues in all aspects of clinical training.

It is important that students individualize all clinical services for the clients seen. Clients and other family members may be at various levels of acculturation and may require similar or varying degrees of modification, adaptations, or support, such as language interpretation. It is important that each student do a self-assessment of his/her own cultural background, experiences, values, and biases. It is critical that students reflect on how these factors may impact interactions with people from other cultural groups.

CHAPTER 3: CLINICAL EDUCATION

CLINICAL EDUCATION OVERVIEW

Clinical education is viewed, in conjunction with academic coursework, as an integral part of the graduate program. At UAMS, our goal is to provide the best possible clinical experiences as we shape speech- language pathology professionals of the future by ensuring they are able to meet the Knowledge and Skills Acquisition (KASA) standards required by ASHA (see www.asha.org for more information). Through Clinical Practicum and the Topics in Clinical Lab course, students will increase their knowledge of the discipline and learn to function as a team member within the field.

PRACTICUM OVERVIEW

Clinical Practicum provides supervised opportunities for students to work with culturally diverse client populations of all ages and levels of severity. Through real time, hands-on interactions with patients, students will learn skills necessary to become a competent professional in the field of speech-language pathology. First year graduate students enroll in Section 001 of Clinical Practicum, and second year graduate students enroll in Section 002 of Clinical Practicum. Initially, students are assigned clients at the university clinic for their first two semesters, after which they will transition off-campus to the myriad of educational and medical off-campus placements offered in the community. UAMS maintains a close relationship with local hospitals, schools, and private clinics to maximize student access to a multitude of clinical settings.

TOPICS IN CLINICAL LAB OVERVIEW

Like Clinical Practicum, the goal of Topics in Clinical Lab is to facilitate learning experiences for graduate students through practical interactions with a varied and culturally diverse clientele. With guidance from clinical instructors, students will familiarize themselves with the requisite skills demanded by an ever-expanding field, such as: professional communication skills, diagnostic procedures, scores interpretation, diagnostic report writing, professional documentation- objective writing, SOAP writing, planning a session, behavior modification/reinforcement strategies, data collection, client interview and conference skills, clinical simulation, knowledge about electronic medical record, diversity/cultural awareness, and therapy techniques.

Clinical Lab involves synchronous and asynchronous learning and may occur on campus, in the Clinical Simulation Center at UAMS, at the university clinic, and independently. First year graduate students enroll in Section 001 of Topics in Speech-Language Pathology- Clinical Lab 1 for the fall semester, in the spring, students enroll in Section 001 of Topics in Speech-Language Pathology- Clinical Lab 2, and in the summer, students will enroll in Section 001 of Topics in Speech-Language Pathology- Clinical Lab 3.

CLINICAL ASSIGNMENT PHILOSOPHY

The primary purpose of clinical assignments is to ensure students achieve clinical competency in assessing and treating many types of communication disorders. Therefore, students are required to be continuously enrolled in clinical practicum during their graduate program. All clinicians must obtain clinical hours in the university clinic under the direct supervision of the faculty prior to being

awarded off-campus clinical assignments. Students may also have opportunities to gain clinical exposure through outreach and service-learning experiences.

Although the faculty has a responsibility to assist the students in obtaining adequate experience to be eligible for ASHA certification, students are responsible for keeping track of their clinical needs and informing the clinical education director for speech-language pathology of their needs. Students are expected to continuously self-reflect on their experiences and skills acquired to ensure they are making adequate progress with regard to their clinical skills. Each semester students are required to complete a *Self-Evaluation of Clinical Skills* (in Calipso) and submit the .pdf to Blackboard. These evaluations are used by the clinical educators to help guide instruction in order for students to meet the desired level of proficiency. When making clinical assignments, every effort will be made to accommodate students' particular interests and hours needed to meet ASHA guidelines.

Students are allowed to request practicum hours and placements by completing the *UAMS SLP 2nd Year Placement Interests Form* (Appendix A). However, students may not be assigned to preferred placements for which they have not achieved a B or better in core coursework, and clinical assignments are ultimately left up to the clinical education director's discretion. The Clinic Committee may also be consulted when necessary.

The Clinical Education Director, clinical educators, and other faculty work together to determine the days/times they will be available to supervise students. The Clinical Education Director matches clients and clinicians to each supervisor based on several factors including: (1) the availability of the clients, clinicians, supervisors, and clinic space; (2) the needs/requests of the clients or their family; (3) the needs of the students (i.e., type of clinical skills/hours needed); (4) class schedule; (5) other program requirements, and (6) any remediation plan or probationary action considerations. **Clinical hours and experiences judged by a Clinical Educator to be unsatisfactory (below a 3.0 in the final performance rating in Calipso), will not be counted toward the student's ASHA clock hour requirement.**

OBSERVATION PREREQUISITE
Before enrolling in speech-language pathology clinical practicum, new graduate students must present documentation of 25 guided observation hours of speech-language therapy and/or assessment (KASA Standard V-C). Documentation of the hours must be approved and signed by their undergraduate/postbaccalaureate program director or coordinator. If entering graduate students have not completed these observation hours, they must complete them prior to being assigned clients in the university clinic.

KNOWLEDGE AND SKILLS ACQUISITION
Standard IV and Standard V of the ASHA 2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology are related to knowledge and skills outcomes and can be found in Appendix C. *The Knowledge and Skills Acquisition Form* was developed by the Council on Academic Accreditation to assist in tracking for the ASHA Certification process. It provides evidence for tracking students':

- Acquisition of knowledge and skills
- Supervised clinical practicum hours
- Progress toward graduation

- Progress toward state and national credentials

Satisfactory completion of the objectives is defined as earning a grade equal to or higher than "B" in any course at the graduate level. If a student does not satisfactorily complete a specific clinical KASA objective during the course, **remediation** will be planned, directed, evaluated and documented by the clinical educator/preceptor. Successful completion of the remediation/action plan is required for course completion.

GENERAL EVALUATION PROCEDURES

Graduate students enrolled in Clinical Practicum will be continuously evaluated throughout the semester by their clinical educator(s) on and/or off campus. Clinical educators provide general feedback regarding performance after each therapy session. Graduate students receive a midterm and a final evaluation through Calipso, the web-based program used to document hours and evaluate clinical performance and progress towards KASA objectives. Graduate students earn a letter grade based on the predetermined grading scale specified in Calipso. Not meeting the expected standards in the "Met/Not met" section of the Calipso evaluation will decrease the overall Practicum grade earned for the semester.

When students have multiple clinical educators, the scores are averaged and then weighted based on the percentage of time spent supervised by each clinical educator. The Clinical Education Director may modify grades assigned by clinical educators under special circumstances when deemed necessary as approved by the SLP Program Director. The Clinic Committee may also be consulted when necessary.

MAINTAINING CLINICAL PRIVILEGES
The following information is related to maintaining clinical privileges:
1. Any student enrolled in practicum on **clinical probationary** status (grade C or below in a graduate practicum course) will have an action plan developed and will be assigned to at least two clinical supervisors.
2. Students who unilaterally drop their enrollment in clinical practicum after clinical assignments have been made may be dropped from the program. Exceptions may be made for illness or family emergencies.

Disciplinary action will be as follows:
1. Offenses will be documented by the supervisor on the *Infraction of Professionalism* form (Appendix B) and in Calipso on the midterm and/or the final evaluation.
2. Depending upon the nature of the offense, further problems may be heard and any necessary action plan developed by the clinic education director, program director, and/or the department chair.
3. Conflicts between students should be brought first to the attention of the clinical educator and documented on the *Infraction of Professionalism* form if deemed necessary. If the clinical educator cannot satisfactorily resolve the matter, the clinical education director may be notified.
4. Recommendations for disciplinary action made by the clinical education director and SLP program director may be sent to the faculty for final consideration.

GRAND ROUNDS

As a part of clinical practicum, all second-year M.S. graduate students will be expected to present a diagnostic and/or treatment case at Grand Rounds, and attendance is mandatory all students (including first-years). Student presentations should be a minimum of 20 minutes in length and are rated by faculty in attendance. Scores are averaged for each section of the Grand Rounds rubric and feedback is provided to the presenters. Please refer to the *SLP Grand Rounds Presentation Rating Report* (Appendix C) for specific expectations. The averaged rating is converted into a grade and added in the Spring 2 Practicum 5050V section 002 grade as a percentage of the final grade. Specifications on grading can be found in the syllabus for Practicum 5050V section 002. Any student scoring below a 3.0 in an area may need to complete a second presentation.

Dates for Grand Rounds are identified at the beginning of each semester and students should plan accordingly. Failure to attend and/or present a Grand Rounds case may be reflected in one's final practicum grade and may result in the student being required to present a Grand Rounds case at another time before the entire faculty.

GRADUATION REQUIREMENTS (CLINICAL)

Fifth semester graduate students are required to complete a final clinic checkout in preparation for graduation. Final clinic checkout includes additional action items that should be completed in addition to those listed previously. Those additional actions are as follows:
- Complete exit interview with Director of Clinical Education for SLP. Students will be required to sign up for a time to meet. Students should expect to spend 15-20 minutes with the clinic director for the exit interview and final clinic checkout.
- Obtain signed copy of clinical hours verifying the minimum requirement of 400 clock hours

Additional requirements for licensure and ASHA membership and certification include the following:
- Print and access downloads supporting documentation for ASHA from Calipso. Students will only have access for 3 months after graduation.
- Complete the application for ASHA certification and membership.
- Obtain the signature of either the M.S. Program Director or the clinic director on any required ASHA forms.
- Submit the ASHA and licensure applications with the required fees.
- Submit PRAXIS scores to ASHA, the AR Board of Examiners in Speech Pathology and Audiology (ABESPA), and the department.
- Locate a clinical supervisor for the Clinical Fellowship (CF).
- Apply for provisional licensure to ABESPA within 30 days of beginning employment.
- Submit a CF registration to ASHA within 30 days of initiating the CF.
- Complete the CF and submit a signed CF report to ASHA within 30 days of the completion of the CF experience.
- Receive verification of certification from ASHA.
- Apply for Arkansas Licensure.
- Submit fees annually to ASHA and ABESPA.
- Annually acquire the required clock hours of continuing education units (10 CPE's/year) to maintain licensure and 30 CEU's over the course of three years to maintain ASHA

certification, including specified content areas (i.e., 1 CE hour in Ethics, 2 in Cultural Competence).

PRACTICUM POLICIES

PROFESSIONALISM

Professionalism in health care and education is based upon values that reflect the very special nature of the interaction between a provider and a patient, client, or family and between a teacher and student. Individuals confronting illness, social disruption, or other life-changing challenges are vulnerable. Individuals learning the knowledge, skills, and attitudes of a profession face many new challenges. Patients and students rely upon professionals to address their needs in an expert, professional manner. All who work with patients and their families and those who work with students are expected to act in accordance with the standards of professional conduct outlined below.

There are core values of professionalism that are universal and apply to those in health care professions and in education. These include, but are not limited to, moral values such as honesty, integrity, and trustworthiness; values that are specific to one's profession (*e.g.*, confidentiality), to society (*e.g.*, commitment to excellence), to oneself (*e.g.*, self- reflection), and to humanistic values such as empathy and compassion). Professionalism evaluations are conducted on a semester basis during the M.S. program of study in CALIPSO.

Professionalism is a word that will be heard repeatedly by each speech-language pathologist and audiologist beginning with the first semester of practicum and continuing throughout the individual's career. Professionalism is an attitude—a state which must be developed by each student.

The term professionalism encompasses the ***Code of Ethics of the American Speech-Language and Hearing Association*** (Appendix C). Everyone involved in any aspect of clinical practice must be thoroughly acquainted with the current *Code of Ethics* and meet those standards of conduct and principles of integrity which are vital to the successful professional practice of all speech-language pathologists and audiologists. Any student who in any way violates this code may expect disciplinary action. Examples of disciplinary action may be a warning, loss of the privilege to serve clients, removal from clinical practicum, low grade, and/or expulsion from the program. In addition, any unethical practices will be reflected in formal recommendations made by the faculty. Additional information regarding the ***College of Health Professions Policies and Procedures statement for Professionalism and Code of Conduct*** found here:
https://healthprofessions.uams.edu/faculty-and-staff/policies-and-procedures-guide/02-student-affairs/

The Program Standards for successful completion of a graduate speech-language pathology program mandate that each student demonstrate competence in the following core values: Accountability, Integrity, Effective Communication Skills, Clinical Reasoning, Evidence based Practice, Concern for Individuals Served, Cultural Competence, Professional Duty, and Collaborative Practice.

ACCOUNTABILITY

- Practice in a manner that is consistent with the professional *Code of Ethics* and the scope of practice documents for the profession of speech-language pathology.
- Adhere to federal, state, and institutional regulations and policies that are related to services provided by speech language pathologists.
- Understand the fiduciary responsibility for each individual served.
- Identify the various models of delivery of speech-language pathology services (e.g., hospital, private practice, education, etc.).
- Use self-reflection to understand the effects of his or her actions and make changes accordingly.
- Competently facilitate access to services in both healthcare and educational landscapes.
- Successfully interact with interprofessional team members to maintain a climate of mutual respect and shared values.

Integrity

- Use the highest level of clinical integrity with each individual served, their caregivers and family members, and any other relevant personnel (service providers, students, consumers, payers, etc.).
- Understand and use best professional practices related to maintenance of confidentiality for all individuals in accordance with HIPAA and FERPA requirements.

Effective Communication Skills

- Utilize expressive communication—including written, spoken, and non-verbal communication—with individuals served, family members, caregivers, and relevant personnel to ensure the highest quality of care is delivered in a culturally competent manner.
- Communicate in a sensitive and responsible manner with patients, families, communities, and all other professionals to maximize care outcomes.

Clinical Reasoning

- Use valid scientific and clinical evidence in decision-making regarding assessment and intervention.
- Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served.
- Use clinical judgment and self-reflection to enhance clinical reasoning.

Evidence-Based Practice

- Access sources of information to support clinical decisions regarding assessment and intervention/management.
- Critically evaluate sources before applying that information to appropriate populations.
- Integrate evidence into various areas of clinical practice.

Concern for Individuals Served

- Show evidence of care, compassion, and appropriate empathy during interactions with everyone served, family members, caregivers, and any others involved in care.
- Encourage active involvement of the individual served in his or her own care.

Cultural Competence

- Investigate the impact of his or her set of cultural and linguistic variables on delivery of effective care including (but not limited to) age, ethnicity, linguistic background, dialect, national origin, race, religion, gender, and sexual orientation.
- Identify how the cultural and linguistic variables of clients and their caregivers can impact service delivery.
- Predict how the demographics of individuals served (e.g., age, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, and physical and sensory abilities) may influence clinical service.

Professional Duty
- Engage in self-assessment to improve his or her effectiveness in the delivery of services.
- Identify the roles and importance of professional organizations in advocating for rights to access to speech-language pathology services.
- Recognize the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.
- Coordinate care effectively with other disciplines and community resources, emphasizing the importance of interdisciplinary/interprofessional assessment and intervention.
- Practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.

Collaborative Practice
- Apply the values and principles of interprofessional team dynamics to best address the needs of the individuals and populations served.
- Perform effectively in different interprofessional team roles to plan and deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable.
- Identify the roles and responsibilities of all interdisciplinary team members in providing the highest quality of care.

The following are some examples of unethical practices, with more sound alternatives provided:
1) violating the client's confidence by revealing any information obtained from or about them without their written consent;
2) stating anything not based on through evaluation of work/performance which may discredit professional colleagues, fellow students, clinical instructors, faculty and staff;
3) publicly questioning the diagnosis of a client. Doubts and/or disagreements are to be discussed privately with the appropriate staff and should <u>never</u> be expressed to the client, caregiver, or other non-professionals;
4) consulting another staff member for advice on dismissal of a client or to change the goals of therapy without the consent of the assigned clinical instructor. Additional consultation may be requested and consultative sessions will include the clinical instructor(s), student clinician, and consultant;
5) providing medical treatment to a client without a preliminary examination by a physician;
6) developing romantic or personal relationships with clients not previously established prior to beginning the professional relationship. This can negatively impact the therapy program;

7) guaranteeing the results of any therapeutic procedures, directly or by implication. A reasonable statement of prognosis may be made, but caution must be exercised and not mislead persons to expect results that cannot be predicted from sound evidence;
8) failing to follow clinic rules;
9) falsifying clinical hours or forge signatures of clinical educators;
10) removing any client clinic files from the department;
11) attending classes or seeing clients while under the influence of drugs or alcohol;
12) performing diagnostics or treatment that is not evidenced-based.

In developing your own status as a professional, you will be expected to place the needs of your clients above all other motivations. Once enrolled in practicum, you will be expected to do whatever is necessary to provide complete, competent, appropriate, and evidenced-based clinical services for clients. In addition, you will be expected to "treat all clients with compassion, respect, dignity, and courtesy, model professional conduct and a professional image, and contribute to collaboration projects and/or the general culture of helpfulness and cooperation." (UAMS Circle of Excellence Principles-2008)

Professionalism also requires that you carry out all duties and responsibilities in the clinic accurately and in a timely manner. **Deadlines must be met** in order for the clinic to deliver competent, effective service to its clients. You will always be expected to meet for therapy and diagnostic sessions without failure and to be punctual to all sessions and meetings. **ONE UNEXCUSED ABSENCE FROM THERAPY OR DIAGNOSTICS, ON OR OFF CAMPUS, IS CONSIDERED A BASIS FOR DISMISSAL FROM CLINICAL PRACTICUM.** In addition, all scheduled meetings, such as practicum meetings, scheduled labs, and practicum checkout, **MUST** be attended.

The requirements in a university clinic are the same as those in most professional clinics. Follow these basic rules and you will be well on the way to the deserved title of "Professional." Remember, you have chosen one of the best and most gratifying professions in the world. **Value it and value your part in it.**

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)
All UAMS students enrolled in this department will abide by the federal standards for Privacy of Individually Identifiable Health Information, also known as the HIPAA Privacy Regulations, and will conduct themselves in accordance with the UAMS policies and procedures relating to the HIPAA Privacy Regulations. All graduate students (clinicians or observers) enrolled in clinical practicum or have access to client files must complete UAMS HIPAA training
http://hipaa.uams.edu/RequiredHIPAAPS2013/RequiredHIPAAPS2013.htm.

Any known or suspected violations of the HIPAA Privacy Regulations must be reported to the UAMS HIPAA Compliance Office. Violations of this policy, including failure to report, may be grounds for sanctions ranging from disciplinary action to termination.

CONFIDENTIALITY
Graduate students are required to sign the *CHP Confidentiality Statement* (Appendix E) upon entering the program. Students who obtain certain medical and/or personal information regarding clients they serve in the university clinic or related service programs should recognize that such

information is confidential and must be treated in a professional manner. The *Confidentiality Statement: Speech-Language Pathology* (see academic handbook) will be reviewed at the first practicum meeting of each semester and signed by every student enrolled in practicum to indicate that they understand and will abide by the university's policies regarding confidentiality.

Measures designed to ensure confidentiality include the following:

1. All clinic reports that are mailed are stamped *Confidential*.
2. The clinician assumes responsibility for confidentiality when they accept the assignment of a client. All clinic documents (i.e., session plans, treatment notes, semester treatment plans, and any other written work concerning a client) are maintained in ClinicNote, a secure cloud-based site. All documents must remain in ClinicNote until they are printed by your clinical educator. Absolutely no documents containing PHI may be downloaded to your computer or phone.
3. Accessing ClinicNote should be done in a secure setting and not on an open or unsecured (public) WIFI network.
4. Client files must **never** be accessed by anyone outside of the program. Allowing access to client files is a violation of HIPPA and may result in <u>dismissal from the program</u>.
5. Each semester, the *Client File Disclosure Form* in ClinicNote must be signed by every client and/or caregiver to indicate they are aware of the educational purpose of the clinic and that client files may be made available to students and faculty for training purposes.
6. Each semester, the *Informed Consent-Release of Information Form* in ClinicNote should be signed by the client and/or caregiver in order to release clinical reports or other information to an outside source. if it is necessary to obtain pertinent information that may aid in adequate service delivery from outside agencies regarding clients (i.e., medical records, IEPs, evaluation reports, etc.) the clinician should complete an *Informed Consent-Request for Information Form* and send to the agency. This form should only be completed if it is necessary to request information from outside agencies. If information is requested from outside agencies, students must track the request and receipt of client information by logging actions on the *Accounting of Disclosures of Protected Health Information* form.

POLICIES FOR PROTECTION OF CLIENTS

In compliance with the Federal guidelines for the protection of human subjects, the Department of Audiology and Speech-Language Pathology adopted the following Policy for the Protection of Clients. This statement minimizes the risk to a client, as required by Federal Regulations, and provides a system of constant review of the student clinician.

- Whereas, the Speech-Language and Hearing Clinic of the University of Arkansas for Medical Sciences, College of Health Professions, Department of Audiology and Speech-Language Pathology, and,
- Whereas, the mission of the Department and the Clinic is the training of speech-language pathologists and audiologists, and,
- Whereas, students in the Department conduct diagnostics and therapy in the
- Speech-Language and Hearing Clinic and,
- Whereas, all therapy is supervised by individuals holding the Certificate of Clinical Competence from the American Speech-Language and Hearing Association, and,

- Whereas, the Speech-Language and Hearing Clinic assumes the responsibility for providing appropriate care for all clients and quality training for all clinicians.

Therefore, to protect the rights of all clients and of all student clinicians, the UAMS Speech-Language Pathology and Audiology faculty will:

1. Ensure that students will have completed the necessary academic prerequisites before they are permitted to participate in the treatment and/or evaluation of clients.
2. Observe a minimum of 25% of therapy and diagnostic contacts between the clinician and his/her client. Observed sessions will be used as the basis for clinician-clinical educator conferences. The clinical educator will approve the student clinician's semester treatment plans, therapy charts and progress notes, lesson plans, and semester reports.
3. Evaluate each student clinician's competencies/skills at mid-term and at the end of each semester and review with the student clinical areas in need of further academic or clinical training. If needed, a plan for remediation will be developed.
4. Identify student clinicians who, based on the clinical educator's professional evaluation, are poorly prepared or conducting therapy in an inappropriate manner.
   a. By no later than midterm of the student clinician's practicum semester, if a student is having difficulty in an off-campus practicum site, either a phone conference or a face to face meeting will be held with the off-campus clinical educator and the departmental clinical educator liaison to determine the extent and nature of the student clinician's clinical difficulty and appropriate recommendations will be made for remediation (i.e., action plan).
   b. The same will be true for students providing services to clients of the UAMS CHP Speech-Language and Hearing Education Clinic, though the first meeting will be with the student in question and the faculty clinical educator. If necessary, to ensure that the clients serviced by the clinician in question are receiving quality therapy, a full staffing may be held to include the clinical educator who supervised the clinician, the clinician, and the clinic director. The clinician will be expected to meet objectives developed in this staffing.
   c. A date may be set for a second full staffing to evaluate progress toward the previously agreed upon objectives. The clinic director may request an additional clinical educator observe the clinician in question to ensure the clinician receives maximum assistance from the clinical educator.
   d. At the end of the semester the clinic faculty, clinic director, and student will meet again. A decision will be made to retain the student in clinic or recommend that the student be relieved from practicum in the clinic.

The purpose of the above procedures is to identify students with difficulty early in their training. These procedures may be instituted at any time during the student's training. All procedures for the protection of clients and confidentiality of client records are reviewed with students before beginning practicum in the Speech and Hearing Clinic and/or in off-campus sites.

CHAPTER 4 : UAMS CHP ASP EDUCATION CLINIC

SCOPE OF SERVICES

The UAMS CHP Speech-Language and Hearing Education Clinic provides quality services for persons of all ages with communication disorders. The clinic is staffed by expert audiologists and speech-language pathologists licensed by the state of Arkansas and certified by the American Speech-Language-Hearing Association. Students enrolled in the Doctor of Audiology (Au.D.) and Master of Science (M.S.) degree programs provide services under direct supervision of the UAMS faculty.

Audiology services include auditory processing, hearing, and balance evaluations in addition to intervention products such as hearing aids, personal listening devices, custom-made ear plugs, ear protection for high-risk individuals, etc. In addition, hearing related rehabilitation services, such as auditory training, are available.

Speech-Language Pathology services include evaluations and/or treatment in articulation, language, fluency, social skills, cognitive communication, literacy, voice, swallowing, and augmentative/alternative communication (AAC). The university clinic provides services during the fall and spring semesters each year and sometimes select services in the summer. Various service delivery models are used and include individual, group, and/or summer camps/screening days. Services are rendered at a nominal fee and discounts are available for students and employees.

Clinical services are based on some aspects of the Patient-Centered Care model and are provided by a team that may include the following: a certified speech-language pathologist or audiologist who serves as the clinical educator and a graduate clinician. All team members have roles that are equally important but distinct.

THERAPY SERVICES

Clients seen in the university clinic for therapy services may elect to receive services in individual or group therapy settings. Recommendations are made by the clinical educators, but the decision is ultimately left up to the client/caregiver. The type of services should be indicated on the *Client Registration Form* (in Facility Files in ClinicNote) when clients sign up for services.

INDIVIDUAL THERAPY

Individual therapy sessions are typically scheduled for one-hour sessions, once or twice weekly. The client-clinician ratio may be 1:1 or 1:2, depending on the needs of the clients and/or clinical program. Individual therapy sessions are offered during the fall and spring semesters every year, as well as summer semesters during some academic years.

GROUP THERAPY

Group therapy sessions are offered on an as needed basis to those whose communication deficits are better served in this type of setting, for graduate students to gain experience in different service delivery models, and to provide services to more clients. Times for group therapy sessions vary as well as the semesters in which they are offered. Descriptions of the types of group therapy services that may be offered at the clinic are listed below.

ACCENT MANAGEMENT GROUP

This group is designed to provide education, support, and communicative practice to adults who desire to change or modify their communication. Accents are variations in speech characterized by differences in speech patterns (phonological and prosodic) that are perceived from any regional, standard, native, or dialectal form of speech. These variations may affect intelligibility. Individuals may elect to seek this service to improve oral and written intelligibility, modify an accent, and gain knowledge regarding pragmatic and nonliteral aspects of communication. This group allows individuals to practice their communication skills and share their experiences with others and have individual therapy time to address more individual goals. This group also provides students with an opportunity to increase their own exposure and knowledge of the diverse cultural and linguistic expressions found within the community. The number of groups and group sizes vary. Accent Management group is offered during the fall and spring semesters and meets once a week for 90 minutes.

APHASIA GROUPS

These groups are designed to provide education, support, and communicative practice to adults who have acquired language difficulties (e.g., speaking, understanding speech, reading, and writing) following brain damage (e.g., stroke, traumatic brain injury, etc.) These groups allow individuals to practice their communication skills and share their experiences with others who are living with similar deficits. Depending on the needs of the community, the number of groups and group sizes vary. Clients are assigned to groups based on their level of communication skills. Types of groups offered can be any of the following: communication come-back club, book club, convo club, and teletherapy group. Aphasia group is offered during the fall and spring semesters.

LITERACY GROUPS

The Literacy groups are designed to improve literacy skills in students in grades K-5 who demonstrate difficulty with reading (decoding and word-identification), comprehension, and spelling. These programs are focused on phonemic awareness, phonics, fluency, vocabulary, and comprehension utilizing a multi-sensory approach incorporating elements from Orton-Gillingham-based programs to build literacy skills in a fun and effective learning environment. Services are provided by graduate student clinicians and supervised by licensed and certified speech-language pathologists.

PRESCHOOL LANGUAGE ENRICHMENT PROGRAM

PLEP is a preschool program for children ages birth to 5 years with speech and language delays. PLEP encompasses three groups that each meet two mornings per week during the fall and spring semesters. Daily activities are designed to develop feeding, personal-social, cognitive, and fine and gross motor skills, in addition to communication and pre-literacy skills. The PLEP room is sometimes referred to as the NEST, which stands for Nurturing Expression Through Speech Therapy. The following is a description of the three groups that makes PLEP:

> **Hatchlings:** This early intervention group is for children ages birth to 18 months and focuses on facilitating developmental milestones including: speech, receptive and expressive language, social language, play, and feeding skills. Sessions are held twice a week for one hour. The babies will participate in fun, language enriching activities that will help develop effective communication, language, and swallowing skills. Each baby will receive individual therapy programming that is targeted in an individual session, as well as in a group setting.

Parent coaching (teaching a parent what they can be doing outside of the clinic) is also an aspect of this program to facilitate carryover of new skills to the home setting.

Baby Birds: This early intervention group is for children ages 18 months to 3 years with speech and language delays. This group focuses on the age-appropriate development of communication, receptive and expressive language, social language, play, and feeding skills. Sessions are held twice a week for one and half hours. Children will engage in fun-filled activities that target the age-appropriate development of communication, language, social, play, and feeding skills. Each child will receive an individualized treatment plan that will be targeted in individual sessions, as well as in a group setting. The children participate in circle time, crafts, gross motor activities, music, sensory activities, and centers. Parent coaching (teaching a parent what they can be doing outside of the clinic) is also an aspect of this program to facilitate carryover of new skills to the home setting.

Reddie Birds: This intervention group is for children ages 3 to 5 years old who are at risk for speech or language disorders. Sessions are held twice a week for three hours. The children receive 30 minutes of individual therapy in addition to two and a half hours of group therapy per session. During Reddie Birds, the children participate in circle time, crafts, gross motor activities, music, sensory activities, and centers. They also engaged in pre-literacy activities using the Lively Letters program. At the beginning of each session, parents and caregivers are coached by clinicians on the children's goals to facilitate carryover of new skills to the home setting.

SOCIAL COMMUNICATION GROUPS (SOCIABLES):

Size and composition of the social communication groups may vary depending on the needs of the community.

Child Sociables Group: This group is designed for children ages 5-8 years old and focuses on early social interaction and communication skills for children who have difficulty with social aspects of language (i.e., making friends, engaging in appropriate play, etc.). Children will participate in fun, engaging activities centered around developing appropriate play and social skills in a structured environment. Children will practice social expectations, rituals, and routines to help them succeed in various social settings.

Tween Sociables Group: This group is designed for children ages 9-12 years old and focuses on social interaction and communication skills for children who have difficulty with social aspects of language (i.e., making friends, engaging in appropriate play, etc.). Children will participate in fun, engaging activities centered around developing appropriate play and social skills in a structured environment. Children will practice social expectations, rituals, and routines to help them succeed in various social settings.

Teen Sociables Group: This group is designed to provide a safe yet challenging environment within which a full range of relationship skills and competencies can develop in the context of games and fun activities for teens ages 13-16 years of age. Activities are centered on topics appropriate for teens to help them learn to navigate within their

environment, and the group stresses age-appropriate social interaction and social skills. The Teen Sociables Group is offered during the fall and spring.

Adult Sociables Group: This group focuses on pre-vocational and workplace social skills necessary for young adults ages 17 years old or greater to have success in the work force. Young adults who have difficulty with social interaction such as developing and maintaining relationships (professional and personal) and self-advocating are encouraged to enroll. The Adult Sociables Group is offered during the fall and spring.

TRANSGENDER-GENDER AFFIRMING LANGUAGE AND COMMUNICATION GROUP

The Transgender-Gender Affirming Language and Communication (TLC) Group is an interprofessional clinical experience. This group provides one-on-one, masculine to feminine and feminine to masculine transgender voice and communication therapy followed by group therapy. Speech-language pathology students help the client's transition to a voice and communication style in which they identify with most using evidence-based socio-linguistic communication features, including higher vocal pitch, articulation, proxemics, gestures, pragmatics, semantics, etc. Group therapy allows students to target individual goals during active conversation. The group therapy is also intended to facilitate a feeling of support and community for the clients and provide the graduate students with an immersive cultural education experience. The TLC group types are offered based on the needs of the community.

UAMS CHP DIAGNOSTIC CLINIC

The university clinic has an in-house diagnostic clinic each semester in which students conduct speech/language evaluations under the direct supervision of the clinical faculty within the department. Evaluations are conducted using guidelines and procedures provided to them by their clinical educators.

ASSESSMENT INQUIRIES & SCHEDULING APPOINTMENTS

When inquiries are made regarding a speech and/or language evaluation, the clinical faculty or office staff send a welcome packet that includes Case History, Letter from the clinical education director, Fee Schedule, Clinic Policy Summary, and Informed Consent-Request for Information (if needed) prior to scheduling an appointment. It is preferred that this required documentation has been received (Case History & Informed Consent) prior to an evaluation is scheduled. Once this information is received, the office staff informs the specific clinical educator of the diagnostic evaluation of the receipt of this information and creates the new client file in ClinicNote. The client's name is added to the schedule in ClinicNote.

CLINIC OPERATIONS

CLINIC STAFF

The front office clinic staff and clinic manager is available to assist with clinic needs.
Please be mindful of office processes and procedures.

HOURS OF OPERATION

The university clinic provides clinical services in the fall and spring semesters Monday - Wednesday from 8:30 a.m. until 6:30 p.m. and on Thursdays from 8:30-4:30. *Additionally, no clinic is scheduled during the time when first year students are in academic classes.* Clinic hours are determined by the graduate students' academic schedule each semester, so hours may differ each fall and spring.

CLINICAL OBSERVATION

The clinic observation system is designed for students, clinical educators, and caregivers to observe therapy sessions. Basic supplies for observers can be found in the Materials Room located in Ed South, Room 223 The graduate clinician assigned to each client may set up a station for viewing by the caregiver. An observer must view the session using a clinic iPad with headphones. Each therapy room is password protected. Faculty, students, and staff have access to the passwords that allows viewing for all therapy rooms. Clinicians can check-out the iPad using the BarCloud system and set it up for the caregiver prior to the start of the session. Caregivers are provided with room-specific iPads to protect the privacy of other clients in the clinic at the same time. Passwords are changed annually to protect the privacy of our clients. It is important to observe privacy laws to protect all clients. Clinic iPads may not be used outside of the building to protect client privacy.

1. All graduate students enrolled in the program are required to have HIPAA training and signed confidentiality statement prior to entering Ed South.
2. Upon entering the clinical spaces of Ed South, it is imperative that the rights of others are respected. All patrons should remain quiet or speak with a low voice to not disturb others who are observing.
3. Headphones should be cleaned with wipes prior to being used by any person, and following each use.

CLINIC REGISTRATION FEES

The university clinic strives to provide professional quality care, a service which necessitates nominal registration fees. All fees are determined by the policies created by UAMS CHP administrators. Although the clinic does not currently bill private insurance, we collect insurance information on all clients. Clinicians and clinical educators should have the clients review the *Client Responsibility for Clinic Fees* (in ClinicNote). Registration fees are due on the first day the client attends therapy each semester unless other arrangements are approved by the clinic manager. Diagnostic registration fees are also due on the day the client is seen for the evaluation. The registration fee schedule is indicated on the *Client Responsibility for Clinic Fees*. Each client is given this form to review and sign at the beginning of each semester or at the time of the diagnostic evaluation as a part of the opening clinic paperwork. Fee reductions/waivers may apply, consult the clinical educator, clinic manager, or clinical education director for guidance on fees. For all clients, the clinician and their clinical educator should discuss the fees with the client or caregiver.

Fee Adjustments: A reduction of 20% of the standard clinic registration fee is provided to UAMS students and benefits-eligible UAMS & ACH faculty, staff, and their family members. For this fee reduction, employees must show their University ID and may be asked to present a tax form if they are requesting a reduction for a dependent.

Clients who are eligible for Medicaid and Medicare also qualify for a fee reduction. Medicaid and Medicare recipients are required to pay $60.00 clinic registration fee for the semester. For clients

who receive a fee reduction or waiver, clinicians are required to note this on the *Client Responsibility for Clinic Fees Form* (in ClinicNote) and that must be signed by the client, student clinician, and the clinical educator.

We can accept credit card and checks as forms of payment. Although we do not file insurance claims or Medicaid, we will provide records so clients can file an insurance claim. Therapy fees are not reduced for missed therapy sessions. Once clients are enrolled, they are expected to pay for the entire semester.

FURNITURE
All therapy rooms are equipped with tables and chairs and internet access. Furniture may only be moved from one place to another if it is returned the same day to its original location. If it is necessary to move some items on a permanent basis, obtain permission from the clinic manager.

CLIENT PARKING
Reserved parking is available for client use only. Students are not allowed to park in these spaces and will be subject to ticketing and towing. Repeated violation of this rule can result in loss of a letter grade in clinical practicum. Students are responsible for informing their client about the reserved parking places for clients.

BULLETIN BOARDS
Notices of general and specific interest to students are posted in Ed South's student workroom area or in the university clinic area located in Ed South. Information pertinent to the graduate students (i.e., job announcements, student achievements) will also be found in these areas. Students should check these notice areas regularly.

CLINIC POLICIES

STUDENT WORKROOM AND PHI
The student workroom is designated as a place for students to study, review client files, complete clinic paperwork, etc. All reports that contain protected health information (PHI) must be accessed through ClinicNote. Documents containing PHI should not be downloaded to the computer in the student workroom or personal computers or stored on personal flash drives. This includes all diagnostic reports, end of semester reports, and therapy charts and progress notes.

CLINIC TELEPHONE & COPY MACHINE
Use of the office telephone and copy machine is permitted for clinic business only. Student clinicians should use the clinic phone to verify the client's appointment when contacting clients for the first time each semester. If a message is left for the client, be sure to use your first and last name for messages to be returned. It is helpful to spell your last name to the client to avoid confusion. Once contact has been established and therapy has begun, students may use their personal cell phone, if so desired.

PROFESSIONAL APPEARANCE AND PERSONAL HYGIENE

All members of the UAMS faculty and staff are expected to maintain standards of modesty in dress appropriate and consistent with professional employment expectations. For these reasons, students are expected to adhere to an established dress code (See below). In addition, personal grooming of all student clinicians and observers must be appropriate to the professional atmosphere; clothing should be neat and clean. Questions concerning the dress code should be directed to the clinical education director. The clinical educators will have final authority as to what is inappropriate dress or grooming. Even students not enrolled in clinic who may be in the clinic area are asked to be neat in appearance. ***Student clinicians may be prevented from participating in clinic activities if it is determined dress or grooming is inappropriate. All students are required to wear their university ID badge when they are in the department, on campus, and at a clinical placement off campus.***

While the following information will be enforced for clinicians and student observers at the UAMS CHP Speech-Language and Hearing Education Clinic, clinicians must adhere to the dress code of the facility in which they are visiting. Off-site clinicians should ask their clinical instructor about dress code requirements before the first day of practicum. The clinical education director may make alterations in the dress code for participation in special events. Unless special permission is granted, the university clinic staff and students should adhere to the following dress code when participating in any clinical activities:

A. Personal Hygiene
   a. Must present with a clean, neat, well-groomed appearance that conveys respect for oneself, one's colleagues, and the public.
   b. Must maintain daily hygiene of skin, hair, teeth and fingernails.
   c. Must take steps to eliminate the lingering scent of smoke so as to be unnoticeable.
   d. Must have neatly groomed and clean hair that is free of extreme colors and styles.
   e. May not wear strong scents (perfumes, oils, aftershaves, or other scented products).

B. Clothing
   a. Clinic dress should appear neat, free of wrinkles, tears or frays, or indicative of excessive wear.
   b. Graduate students should wear dark colored scrub bottoms.
       i. An official UAMS t-shirt or a matching scrub top may be worn with scrub bottoms.
       ii. Scrub colors can include dark grey, black, navy, or wine.
       iii. Scrubs must be solid, no patterns.
       iv. Pants and shirts must be styled to avoid skin exposure when sitting, leaning, or bending. Long shirts or t-shirts underneath tops are recommended.
       v. Must wear closed-toe shoes that are clean and in good condition.
       vi. Flip-flops of any type are not allowed.

C. Jewelry
   a. May wear jewelry that is not distracting.
   b. Large bracelets/necklaces that clang on the table/equipment should be removed.

D. Piercings and Tattoos

a. Body piercings (tongue studs, lip rings, eyebrow rings, etc.) may not be worn in any visible body part except ears and nose. The preference is that all tattoos should be covered at all times. If unable to cover, visible tattoos must be discrete and contain no offensive language or images. Student clinicians are not permitted to have neck or facial tattoos.

E. Identification Badges
a. The student badges should be worn at all times.

Students who do not comply with the dress code may be notified with a verbal warning or may be issued an *Infraction of Professionalism Form* (Appendix B). Offenses will be reflected in Calipso. Student observers with more than two reports will lose observation privileges in the university clinic for the semester.

REPORTING INVENTORY AND REPAIR NEEDS

When supplies of materials, handouts, test protocol forms, etc. run low, notify the clinic manager <u>before</u> the supply is exhausted. **Never use the last clinic or diagnostic protocol form.** If two students are assigned to a diagnostic clinic, only one published test protocol should be used. A copy of a test protocol may be made to be used by one of the students for scoring purposes. Any problem with the building operation or equipment operation should be reported as promptly as possible to the clinic manager or clinical education director. For equipment that need to be repaired, please report that to the clinic manager or clinical education director.

CLINIC FILES

Students have access to clinic files shared in ClinicNote that are for the clients assigned to their caseload. Access to these files is only granted to the student clinician, the clinical educator, clinical education director and clinic support staff. No other individuals are allowed to view client files Failing to adhere to this policy is a severe HIPAA violation that constitutes grounds for <u>dismissal from the program</u>. ClinicNote must be accessed on a secure WIFI network and client files may not be viewed by students where others may have access to client information. Clinic files containing Personal Health Information (PHI) should never be downloaded to a student's personal computer or files.

CLINIC FORMS

All clinic forms are located in ClinicNote.

CLINIC MATERIALS

THERAPY ROOM SUPPLIES

Each therapy room is stocked with standard items such as gloves, tongue depressors, a mirror, tissues, hand sanitizer, and cleaning supplies. These items are in the black cabinet of the therapy room. If items are low, run out, or missing, please notify the clinic manager. The Nurturing Expression through Speech Therapy (NEST) Preschool Language Enrichment (PLEP) room is

stocked with supplies specifically for children enrolled in this program. No items should be removed from the NEST PLEP room without prior approval from the Director of the NEST PLEP Program.

THERAPY MATERIALS

Therapy materials are in the Materials Room (Ed South, 223) and must be checked out before being used. All materials are categorized by area. Students can check out therapy materials anytime during the department hours. Materials should be returned the same day they are checked out. The following procedures are used to check materials in and out.

1. Locate the desired item(s) to use for therapy.
2. All materials checked out should be entered on the *Therapy Materials Checkout Sheet* which is on top of the black iPad cart in the Materials Room. The current date, your name, and the name of the item checked out should be completed when materials are checked out.
3. Therapy materials may only be checked out for the time period during which they are being used. Many students may need the same materials so it is unprofessional to "hoard" materials for your own use.
4. When items are checked back in, the date and time are also to be noted on the form.
5. Returned items are to be re-shelved to its correct place and must have all components in place and be in good condition.

DIAGNOSTIC MATERIALS

Diagnostic materials are housed in the Materials room (Ed South, 223) and must be checked out before use. Diagnostic materials are logged in BarCloud, our web-based inventory system. Students, faculty and staff have access to this system and can view and/or reserve available diagnostic materials at any time. Diagnostic assessments are categorized by the Big 9 areas identified by ASHA. Diagnostics should not be checked out using the *Therapy Materials Checkout Sheet* which is on top of the black iPad cart in the Materials Room. Use BarCloud only for Diagnostic materials. For instructions on how to view inventory and how to check out materials, please refer to the **Diagnostic materials may be checked out by user. Any abuse of the system will result in loss of Materials Room privileges and may result in an Infraction of Professionalism.**

Note: No therapy or diagnostic materials may be stored in student lockers or in the cabinets in the therapy rooms. Therapy and diagnostic materials are not to leave campus unless students request in writing take them home to practice their use. This request must be in written form (email) to the clinical education director and the clinic manager prior to materials leaving campus. **All items must be returned within 24 hours. NO EXCEPTIONS.**

Materials are for in-clinic use **ONLY** and not at off-campus practicum or assistantship sites unless permission is granted by the clinical education director in writing. Students who remove materials or diagnostic assessments from the campus assume complete responsibility. Students who do not return items or return items in good working condition will be charged fair market value for the item. Students may not be cleared for graduation or receive necessary signatures for certification until items have been returned or compensation provided to the university clinic.

CHAPTER 5: GRADUATE PRACTICUM EXPERIENCE

GENERAL INFORMATION

Practicum 5050V, Sections 001 & 002, allow students to practice under direct supervision the different skill sets needed to become a certified speech-language pathologist. Clinical practicum experiences take place in the UAMS CHP university clinic as well as numerous off-campus settings. Students enroll in practicum every semester they are enrolled in the Master of Science degree program. First year graduate students enroll in Section 001 of Clinical Practicum, and Second year graduate students enroll in Section 002 of Clinical Practicum. This allows student experiences in a variety of clinical sites, as well as with clients featuring diverse disorders, severity levels, and backgrounds. Students will increase their knowledge of the profession and learn to function as part of an interdisciplinary team.

The master's degree requires that an SLP student complete a minimum of 375 clock hours of supervised clinical practicum (plus 25 observation hours). Of those hours, a minimum of 325 hours must be at the graduate level. A maximum of 75 clock hours can be obtained through clinical simulations. Our program utilizes Simucase as a platform to obtain these hours. Only time spent by the graduate clinician providing direct therapy services or evaluations can be counted as clinical clock hours. Hours spent in conferences in which evaluation, treatment, and/or recommendations are discussed or formulated may **NOT** be counted towards clinical clock hours. It also includes observations, report writing, planning, and supervisory conferences. Exceptions may be made during pandemics, and these exceptions are made by ASHA/Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC). Time spent with the client or caretaker engaging in information-giving, counseling, or training for a home program may be counted as direct contact time if the activities are directly related to an evaluation and/or treatment. Although ASHA no longer requires the speech-language pathology graduate student to obtain a specific number of clinical clock hours in certain categories, the ASHA 2020 Standards (effective 01/01/2020) require "broad clinical experiences including across the life span, diverse backgrounds, and many types of disorders and differences."

It is noted that while ASHA specifies a minimum number of clock hours required for successful completion of a graduate program, *this* program strives to provide students with clinical experiences that allow them to not only meet the standard but exceed them; therefore, students are expected to exceed the minimum hours required by ASHA.

Under the 2020 Standards (effective 01/01/2020), all students must show evidence of skill mastery in ASHA's "Big 9" areas: Articulation, Fluency, Hearing, Voice/Resonance, Swallowing, Social Aspects, Communication Modalities (AAC), Language (receptive, expressive, written), and Cognition. These standards will now be met through experiences in the students' academic courses, as well as through practicum assignments. The department has determined that competency/mastery of a skill is reached when the student achieves a rating of 3.0 or better in evaluation and intervention in each of the Big 9 areas in Calipso. If skill mastery cannot be met by traditional means, special instruction will be provided to the student(s) to ensure skill mastery.

Each student in speech-language pathology must show at least 50 practicum hours earned in each of three different types of clinical sites. The clinical settings may be within the organizational structure

of the training institution or its affiliates. Such settings may include the university clinic, community clinics, public schools, rehabilitation centers, hospitals, and private practice settings.

RECORD KEEPING

The Department of Audiology and Speech-Language Pathology uses the Calipso software to manage documentation for student clinicians and clinical supervisors. All users have private, password-protected access to view their personal information at any time. Students are required to log clinical hours weekly and submit them to their supervisor for approval. Students are responsible for correctly logging hours (number and type of hours obtained) and logging hours in a timely fashion. Students are also responsible for monitoring the type of hours earned over the course of the graduate program.

STUDENT EVALUATION PROCEDURES (CALIPSO)

Students enrolled in clinical practicum will be formally evaluated on their clinical performance at least twice each semester through Calipso. Clinical Practicum grades will be derived from a combination of demonstrated clinical growth and skill development in the areas of preparation, clinical behavior during therapy/assessment sessions, evaluation skills, interpersonal relationships, and personal qualities. The evaluation will also consider attendance, responsibility, interest, initiative, communication, promptness in submitting paperwork, continual growth in writing lesson plans, objectives, progress notes, semester treatment plans, diagnostic and semester reports, and professional ethics. Students will receive both midterm and final evaluations.

The Calipso performance evaluation allows the student to be rated in the following areas:

- Evaluation
- Intervention
- Preparedness, Interaction, and Personal Qualities
- Student Professionalism
- Student Professionalism and Preparedness (met not met section)

GRADING RUBRIC

Clinical educators will use the following rubric to assess the expected clinical skills the student should demonstrate to show competence:

1-**Not evident**: Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Preceptor must model behavior and implement the skill required for client to receive optimal care. Preceptor provides numerous instructions and frequent modeling (skill is present <25% of the time). Assignment/task is not completed.

2-**Emerging:** Skill is emerging but is inconsistent or inadequate. Student shows awareness of need to change behavior with preceptor input. Preceptor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time). Student submits assignment(s)/completes task(s) on time but is incomplete and/or inadequate. The submission lacks sufficient details/pertinent information and/or performance is poor.

3-**Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Preceptor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75% of the time). Student completes assignment(s)/task(s) on time but submission/performance is below what is expected. The student demonstrates basic skills but is not able to complete task(s) independently.

4-**Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Preceptor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time). The student usually completes and submits assignment(s)/task(s) on time. Submissions are adequate and require a reasonable amount of revisions. Student appears to be making adequate progress in developing in this area.

5- **Consistently:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Preceptor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time). Student consistently completes and submits tasks/assignments on time. Submissions need very little revisions and contain sufficient details/pertinent information. The student is able to complete this task independently.

CUMULATIVE PERFORMANCE RATING

A graduated grading scale based on expected skill level is used to determine the overall rating and grade for clinical performance:

Level I (1st Semester- Fall 1)	Level II (2nd Semester-Spring 1)	Level III (3rd Semester-Summer)	Level IV (4th and 5th Semesters- Fall 2 and Spring 2)
5.0 - 3.7 = A	5.0 - 3.9 = A	5.0 - 4.0 = A	5.0 - 4.15 = A
3.69 - 3.15 = B	3.89 - 3.15 = B	3.9 - 3.25 = B	4.14 - 3.70 = B
3.14 - 2.5 = C (action plan required)	3.14- 2.7 = C (action plan required)	3.24 - 2.8 = C (action plan required)	3.69 - 3.45 = C (action plan required)
2.49 - below = in need of remediation	2.69 - below = in need of remediation	2.79 - below = in need of remediation	3.44 - below = in need of remediation

Note: Scores indicating that a student is in need of remediation may result in an additional semester of clinical practicum.

STUDENT PROFESSIONALISM & PREPAREDNESS RATING CRITERIA

The final section in Calipso, which requires a "met" or "not met" selection, is not calculated in the grading outlined above. Rather, the student is expected to meet all of the stated criteria in this section. Two or more items below scored as "not met" will result in a drop in letter grade and/or remediation, indicating that a student needs remediation may result in an additional semester of on-campus clinical practicum. Although clinical instructors are responsible for rating student performance and grades are derived based on clinical instructor ratings, the clinical education

director, as instructor of record, has the final determination of all practicum grades. Items assessed in this section include:

1. Demonstrates openness and responsiveness to clinical supervision and suggestions
2. Personal appearance is professional and appropriate for the clinical setting
3. Practices the principles of universal precautions to prevent the spread of infectious and contagious diseases (CAA 3.8B)
4. Differentiates service delivery models based on practice sites (e.g., hospital, school, private practice) (CAA 3.1.1B - Accountability)
5. Explains healthcare landscape and how to facilitate access to services in the healthcare sector (CAA 3.1.1B - Accountability)
6. Explains educational landscape and how to facilitate access to services in the educational sector (CAA 3.1.1B - Accountability)
7. Identifies and acknowledges the impact of both implicit and explicit bias in clinical service delivery and actively explores individual biases and how they relate to clinical services (CAA 3.4B)
8. Identifies and acknowledges the impact of how their own set of cultural and linguistic variables affects clients/patients/students' care (CAA 3.4B)
9. Identifies and acknowledges the impact cultural and linguistic variables of the individual served may have on delivery of effective care (CAA 3.4B)
10. Identifies and acknowledges the interaction of cultural and linguistic variables between caregivers and the individual served (CAA 3.4B)
11. Identifies and acknowledges the social determinants of health and environmental factors for individuals served and how these determinants relate to clinical services (CAA 3.4B)
12. Identifies and acknowledges the impact of multiple languages. Explores approaches to address bilingual/multilingual individuals requiring services, including understanding the difference in cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities. (CAA 3.4B)
13. Recognizes that cultural and linguistic diversity exists among various groups (including d/Deaf and hard of hearing individuals) and fosters the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs (CAA 3.4B)
14. Engages in self-assessment to improve effectiveness in the delivery of clinical services (CAA 3.1.6B)

PRACTICUM ASSIGNMENTS

Practicum assignments are generally made prior to the start of the semester. There are many factors that influence individual practicum assignments; therefore, if a problem with the clinical assignment arises, the clinical education director should be notified immediately. As mentioned above, all first-year graduate students are assigned to the UAMS CHP university clinic and supervised by speech-language pathology faculty. First year practicum students receive their clinical assignments using a private notification by email. All second-year graduate students in good academic standing are assigned to offsite facilities to obtain clinical hours. Practicum assignments vary among students and depend on specific facilities, volunteer clinical instructors, and program requirements. Second year graduate students receive their clinical assignments via email. Once practicum assignments have been received, all students are responsible for contacting their clinical instructors and offsite coordinators to obtain additional information necessary to begin their offsite clinical practicum experience each semester. Onboarding requirements differ for each offsite facility and update each year.

OFF-CAMPUS PRACTICUM

The UAMS Department of Audiology and Speech-Language Pathology utilizes over 60 clinical affiliates in which students have an opportunity to train. The purpose of the off-campus assignment is to provide a valid learning experience which exposes the student to a variety of clinical procedures and viewpoints in real-life situations. After the relevant coursework and clinical practicum in the UAMS CHP university clinic have been completed, a student may request a site of their preference by completing pertinent information on the *Request For Practicum Assignment and the UAMS SLP 2nd Year Placement Interests* forms (Appendix A). In addition, an *Off-Campus Practicum Student Information Sheet* (Appendix A) and a *Self-Evaluation of Clinical Skills* (Appendix A) will be completed by the student. These forms are provided to the clinical educator at the off-campus site. Please refer to the Appendix C for a list of possible off-campus sites.

Off-Campus Guidelines: The following guidelines apply to all off-campus assignments:

1. Students participating in all off-campus practicum assignments shall have the appropriate coursework.
2. Prior to receiving the initial off-campus assignment, the student must sign the *UAMS CHP SLP Offsite Student Agreement* form (Appendix A) to confirm their understanding of the program's offsite placement expectations.
3. The off-campus facility will provide the student with a coordinated program of clinical orientation, observation, and practicum that is as consistent as possible with the student's clinical interests, needs and capabilities and with the facility's caseload, space, equipment, staff, and client management policies and procedures.
4. Students will abide by the assignment schedule as agreed upon by the off-campus facility and the clinical education director. Tardiness and absences (except in the case of illness or other family emergencies) are unacceptable. Attendance at an offsite is expected. Graduate student clinicians have the responsibility of reporting to their offsites each scheduled day. No unexcused absences are allowed. In the event of an excused absence occurs, the student should reach out to their immediate SLP clinical instructor/supervisor at their offsite **and** the clinical education director **prior to the absence**. Both are required. This can be done via email or text depending on the urgency and the offsite's protocol. Allowing excused absences when students are ill helps protect our clients/patients. Our program attendance policy is that students be excused when they are able to provide proof of an illness/family emergency (i.e., physician's note). If more than one excused absence occurs in a month, then offsites may require students to make up these hours. Additionally, students may volunteer to make up these hours. This can occur on a Friday afternoon, during a school holiday/break, or in some instances with an extension of the placement end date. The student will **not** receive credit for the practicum until all days have been made up.
This is handled on a case-by-case basis. For questions regarding attendance, please reach out to the clinical education director.

5. **Typical Items needed for Off-site placement:** BLS Certification, Vaccines records-including proof of negative TB skin test, flu shot proof, and COVID-19 card, cleared background checks.
6. Both the clinical education director and the facility supervisor to whom the student is assigned will hold a current ASHA Certificate of Clinical Competence in the appropriate area.

7. The clinical supervisor at the facility will supervise a minimum of 25% of the work being done by the student clinician. Supervision should be appropriately scheduled throughout the duration of the off-campus assignment.
8. The clinical education director and the facility supervisor will arrange a mutually agreeable schedule of periodic site visitations or, if more appropriate, telephone or email contacts to ensure an ongoing joint review of the student's performance and progress.
9. The department will provide proof of students having malpractice insurance coverage and HIPAA Training.
10. The student, while not being considered an employee of the facility, will be subject to all of the facility's policies and procedures and will be directly responsible to the off-campus supervisor and/or the director of the off-campus program.
11. The student will submit hours via Calipso obtained on a weekly basis for supervisor approval.
12. The off-campus supervisor is required to complete evaluations on all student clinicians and review those evaluations with the students prior to the final submission.
13. At the conclusion of each of the student's off-campus practicum experiences, the student will complete an *Off-Campus Site Evaluation* (Appendix A). This information will be reviewed carefully by the clinical education director and shared with students assigned to the site in later semesters.

ON-CAMPUS PRACTICUM

STATEMENT OF ACCESS
Only individuals meeting the descriptions below have access to client files:
1. Faculty of the Department of Audiology and Speech-Language Pathology or professionals hired part-time to teach courses or supervise practicum.
2. Office staff of the department.
3. Graduate students enrolled in clinical practicum and other students enrolled in departmental courses with consent of the instructor.

Confidentiality is a very serious matter. Information about clients seen in this clinic should not be shared with those outside of the department.

CLIENT FILES (PERMANENT FILES)
Every client who receives any type of clinical service must have a **file within ClinicNote** containing all information regarding the individual. All permanent client files are classified as either "active" or "inactive." Active clients are those clients currently seen for therapy or diagnostics. Inactive clients are those clients who have not been seen within a year. Files are redistributed according to these guidelines at the end of each semester. Inactive files are maintained for 10 years after which they are shredded or deleted from ClinicNote.

The Clinical education director will create a file in ClinicNote for a new client or for a diagnostic evaluation. Information contained within client files is privileged and confidential; therefore, only authorized persons may view the material.

Each file in ClinicNote should contain the following:

1. The **Client Disclosure Form.** It is signed each semester
2. **Semester Reports** (typed with first page and cover letter on letterhead) are filed and signed by the student and the supervisor. <u>If diagnostic testing has been done as part of the therapy sessions, the results must be reported in the Semester Report</u>.
3. The university clinic Diagnostic Report includes significant history, test results, impressions, and recommendations. It must be on letterhead stationary and signed by the student diagnostician and the supervisor. Clients should be re-assessed annually and the results should be documented in the semester report or the diagnostic report. It should be labeled as Diagnostic Report. <u>All of the test protocols must be scanned into a file in the semester in which the assessment was administered.</u>
4. **Any reports from any outside agencies** should be filed (scanned and uploaded). Such reports may include speech/language evaluation reports, psychoeducational evaluation reports, occupational therapy reports, psychological reports, etc. Reports from outside agencies should be filed in the semester in which they were received.
5. The **Audiological Evaluation Report** is filed and signed by the student and the supervisor if one has been completed. The **Audiogram,** the **Tympanogram,** and the **Word Recognition Information** should be scanned and stored with the Audiological Information.
6. **Hearing Aid Evaluation Report** should be signed by the supervisor and filed, if completed.
7. The **Hearing Screening Form**. The hearing screening should be completed once a year.
8. **Initial Notes/SOAP Notes** should be completed within 24 hours following the session and submitted to your supervisor in ClinicNote.
9. The **Acknowledgement of Receipt of Privacy Notice** is signed each semester (all therapy and diagnostic clients). **This form is resigned each semester.**
10. The **Informed Consent-Release of Information** is signed each semester in ClinicNote.
11. The **Accounting of Disclosures of Protected Health Information** is completed in ClinicNote, as needed.
12. The **Informed Consent-Request for Information** should be signed if reports/information have been requested from other agencies in ClinicNote.
13. The **Authorization for Disclosure of Patient Photographs or Video/Audio Recordings (Photo Release)** should be signed each semester in ClinicNote.
14. The **Clinic Policy Summary** is signed by the client or parent (therapy clients only) in ClinicNote.
15. The **Client Responsibility-Clinic Fees/Reduction/Waiver Form** is signed each semester in ClinicNote.
16. The **Permission for Pick-up** is signed by the parent/guardian for clients under the age of 18 years or adults that have caretakers and is filed in ClinicNote.
17. All **test protocols** should be scanned into the semester in which the evaluation was conducted in ClinicNote.
18. All **correspondence/information** should be documented in **Contact Notes** in ClinicNote.
19. The **Food/Material Allergies Notification Form** is completed by the client/caregiver and stored in ClinicNote. If no food/materials allergies are noted, write none.
20. The **Speech Intake Form** is complete by the clinician each semester and stored in ClinicNote.
21. The **Case History** for <u>speech/language clients</u> is complete and filed (all SLP therapy and diagnostic files). The Case History should be updated each semester and filed in ClinicNote.

22. The **Literacy Case History** form for literacy clients. Complete, as needed and it is stored in ClinicNote.
23. The **Audiology Case History** is completed and filed in ClinicNote if the SLP client had a complete hearing evaluation.
24. The **Audiology Intake** form is completed and filed in ClinicNote if the SLP client had a complete hearing evaluation.

OPENING CLINIC PROCEDURES

First client assignments are made by the first practicum meeting of each semester. After receiving assignments, the procedures identified below and on the *Opening Clinic Checklist (located in Facility Files in ClinicNote*) should be followed:

1. Access ClinicNote to be sure that it is working properly.
2. Complete the Chart review form in ClinicNote by the specified due date on the clinic calendar.
3. If not already determined, contact your clinical educator to set up an initial meeting to discuss clients and outline preliminary procedures.
4. If necessary, find a therapy room and write your name (in pencil) and client initials on the *Schedule Page* (Appendix A) in the time blocks of the schedule form located the door of each therapy room. **Note:** Two blocks = one hour.
5. Email your clinical educator to let them know the room you selected.
6. During the meeting with your clinical educator, discuss the case and outline preliminary procedures.
7. If the client decides they cannot attend therapy for the semester indicate that on the *Client Registration Request* (*located in Facility Files in ClinicNote*) and complete the *Unable to Schedule Form* (in ClinicNote). Staple these together and place them in the director of client service's box. Include any pertinent information (i.e. would like to be contacted next semester, receiving services elsewhere, etc.). Be sure to let your clinical educator know immediately.

On the first day of therapy, clinicians should:

1. Formally introduce themselves to their clients and welcome them back to the clinic (if they are returning).
2. Escort their clients and their caregivers back to the therapy room to update information in the folder.
3. Explain all forms before having the clients sign them. In order to do this, clinicians will have to know what each form is and the purpose of each form. Clinicians are expected to familiarize themselves with the forms.
4. Make copies of ***all* <u>completed</u>** forms and give them to the client/parents. The original forms are to be filed in the client's ClinicNote file.
5. If the client has been offered a fee adjustment, be sure to note this *Client Responsibility-Clinic Fees/Reduction/Waiver* Form (in Forms in ClinicNote) and make adjustment on the *Client Responsibility for Clinic Fees Form* (in Forms in ClinicNote).
6. The following forms should be completed on the first day and caregivers/clients should be given a copy of forms except the *Speech Therapy Intake Form* (in Forms in ClinicNote) and the *Client Responsibility- Clinic Fees/Reduction/Waiver* Form in Forms in ClinicNote).

    1) Privacy Notice and Notice of Privacy

2) Client File Disclosure Form
3) Speech Therapy Intake Form (do not give to client)
4) Acknowledgement of Receipt of Privacy Practices
5) Clinic Policy Summary
6) Informed Consent-Release of Information
7) Informed Consent-Request for Information (if necessary)
8) Permission for Pick-up (if necessary)
9) Client Responsibility for Fees Form
10) Quick Reference of Clinic Policies (clients keep this page)
11) Photo Release
12) Unable to schedule form (if necessary)

CLINIC ROOM ASSIGNMENTS

Each clinic room has a schedule page posted on the outside of each clinic room door. If the clinical educator has not already determined the room to use for therapy, students must sign up for clinic rooms on schedule pages. The sheets should indicate the clinician's name and the initials of the client to be seen at the specified time. Some clinical educators will assign rooms for their supervisees and their clients. Therapy rooms are to be reserved for therapy. Studying may be done in the UAMS library. Food and drink are not to be consumed in therapy rooms; the student workroom is the appropriate place for food and drink.

PRIMARY THERAPY SCHEDULE

The primary clinic schedule is maintained by the clinical education director, the director of clinical services and/or appointed clinical faculty. It is kept in a secure BOX folder. All clinic schedule changes must be cleared through the clinical educator and then the director of clinical services. The clinician is not to change appointment times without the clinical educator's approval. Inform the clinical education director in writing (email) of any schedule changes. **Oral communication will not be sufficient.** No new clients are to be scheduled without prior approval from the Clinical Education Director.

CLIENT ABSENCE

If the client cancels therapy, the clinician must:
1. Notify clinical instructor of the cancellation.
2. Make note of the cancellation on the *Contact Notes* and that day's appointment on the calendar in ClinicNote.

Three consecutive unexcused absences, wherein the client fails to contact the clinic prior to the appointment, constitute grounds for dismissal from therapy. No dismissals should be made unless you have approval by the clinical instructor and the clinical education director. The client should be notified of the dismissal by mail using the *Notice of Dismissal from Speech Therapy* Form (found in Forms in ClinicNote). Sessions cancelled by clients do not have to be made up.

CLINICIAN ABSENCE

In the event an absence is unavoidable, the clinician should do the following:

1. First, notify the clinical instructor prior to the start time of the session.
2. Notify the client/caregiver prior to the start time of the session.
3. Notify the clinic manger that a session is being cancelled.
4. Arrange a time for the session to be rescheduled. All sessions cancelled by clinicians should be made up.

CLIENT TARDINESS

Clinicians should wait 15 minutes for a client scheduled for a 30-minute therapy session, and 30 minutes for a client scheduled for a one-hour session. For a speech/language diagnostic session, there is a 30-minute waiting period. After the designated time has passed, call the client to determine the reason for the absence or to see if they may be on their way and just running late. Clients may be dismissed after three no call/no shows once approved by the supervising clinical instructor and the clinical education director.

INITIATION OF THERAPY

Following the initial conference with your clinical educator, the student should begin developing the first *UAMS CHP Session Plan* located in ClinicNote for each client. The plan is usually due the Thursday/Friday prior to the next session. A *Semester Treatment Plan* should be generated in ClinicNote and submitted to the clinical educator by the third-fourth week of therapy.The exact due dates will be indicated on the Clinic Calendar distributed at the first practicum meeting. After approval by the clinical educator, the *Semester Treatment Plan* is discussed with the client or family of the client.

CLINIC FORMS

All clinic forms are maintained and can be found in ClinicNote. Forms are reviewed and updated annually if necessary.

DIAGNOSTIC CLINIC

The UAMS university clinic conducts speech-language evaluations during certain times of the year. Each semester, all first-year graduate students are assigned to the diagnostic clinic for two weeks in the fall semester. Diagnostic Clinic is held Monday-Thursday at designated times. Graduate students assigned to diagnostic clinic should report to the assigned clinical educator on duty in the designated room at the predetermined time each day. Please refer to ClinicNote's Facility Files for specific standard operating procedures for UAMS CHP Diagnostic Clinic for Speech-Language Pathology. Below are basic, general guidelines for the Diagnostic Clinic.

Diagnostic Schedule: Clients are scheduled on a weekly basis for a two or three-hour block. The schedule is maintained by the clinical faculty.

Location: Room locations should be based on the client's needs. Students should select a room and reserve the space at the designated evaluation time using a pencil on the schedule on the door of the desired room.

Protocols: Only one original protocol should be used per test during the evaluation. Copies of protocols should be made for use by the clinical educator and the clinician not administering the test.

Diagnostic Reports: Rough drafts of the diagnostic reports should be completed within the specified timeframe in ClinicNote for the clinical educator to review. Clinicians will meet with their clinical educator the following week to review and make additional edits to the report. The final diagnostic report should follow the Evaluation Report template provided in ClinicNote and should be mailed out within 10 days of the evaluation.

PRACTICUM TIMELINES

MID-TERM

Mid-term marks the halfway point of the semester and should be used as a time to review progress to date for clients and self-reflect for clinicians and supervisors. Students and supervising clinical instructors should meet face-to-face and discuss progress and determine if changes should be made. During this time, students should also check client files to ensure signatures have been obtained and paperwork is complete. If performance is below expectation at mid-term a *Monitoring Plan* may be developed to support the student's clinical skills development. This is based on the recommendations of the student's clinical instructors, the needs of the student, and the clinical education director's approval.

CLINIC CHECKOUT

Dates for clinic checkout indicated on the Clinic Calendar. Students are required to schedule a time to meet with their supervisor to complete all necessary close-out procedures. Students and their clinical educator should refer to the *SLP Closing Clinic Checklist* (Appendix A) for actions items that should be completed prior to clinic checkout. This checklist is designed to guide the student through all of the necessary procedures and should be read carefully and thoroughly. Below are the following actions items that should be completed by graduate students enrolled in clinical practicum in preparation for clinic checkout.

1st Year Graduate Clinicians
1. ***Client Registration Request Forms*** have been completed for all clients
2. ***Patient Satisfaction Survey*** has been given to all clients
3. ***Evaluation of Practicum Clinical Educator Forms*** have been completed and submitted as a Google form
4. ***Self-evaluation of Clinical Skills Form*** has been completed and turned in to clinic director
5. ***Client File Review Form*** has been used to organize client file
6. All hours have been submitted to clinical instructors in Calipso
7. ***Schedule*** page for the next semester has been turned in to clinic director
8. Schedule a time to check out with all clinical instructors to discuss the final Performance Evaluation
9. Return all therapy and diagnostic materials to the materials room or designated location.

2nd Year Graduate Clinicians
1. All hours have been submitted to off-site clinical educators in Calipso
2. Clinical educators have reviewed the final Performance Evaluation in Calipso
3. Student is aware of the areas in which they need more practicum hours
4. ***Practicum Assignment Request Form*** has been submitted to clinic director
5. ***Schedule*** page for the next semester has been submitted to clinic director
6. ***Evaluation of Practicum Clinical educator*** has been submitted as a Google form

7. ***Off-Campus Site Evaluation*** has been completed and submitted to clinic director
8. Return any borrowed therapy and/or diagnostic materials to the materials room or designated location

All students must be cleared through clinic checkout before practicum grades are assigned. Students who do not complete the clinic checkout process/do not receive clearance may receive a grade of "I" for practicum until all clinic close-out procedures have been carried out to the clinical educator's and clinic director's expectation.   This includes completion of clinic forms and client files.

PROPER STORAGE/DISPOSAL OF ITEMS

Students should be sure to clean out their mailbox and remove personal belongings from the student study area at the end of the semester. All items belonging to faculty or the clinic should be returned prior to being cleared for checkout. Students may receive a grade of "I" if items are not returned.

INSTITUTIONAL POLICIES

POLICY ON STUDENTS KNOWN TO BE HIV-POSITIVE

The Department of Audiology and Speech-Language Pathology "Policy of Non-Discrimination in Admission and Retention of Students Who Are Known to be HIV-Positive" (with or without symptoms) is consistent with, and follows the policies as outlined in the UAMS General Policy on Aids and Students, and the "Guidelines for HIV Infected Individuals" as outlined in The UAMS Hospital Policy and Procedures Manual.

SUSPECTED CHILD ABUSE/NEGLECT

Act 703 of 2007 (Arkansas Code Annotated § 6-61-133) states that for each degree program at an institution of higher learning in this state that is a prerequisite for licensure or certification in a profession in which the professional is a child maltreatment mandated reporter under the Child Maltreatment Act, the Arkansas Department of Higher Education shall coordinate with all institutions to ensure that before receiving a degree, each graduate receives training in 1) recognizing the signs and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act; and 3) methods for managing disclosures regarding child victims. Upon enrolling in the graduate program, students are required to complete ***Mandated Child Abuse Reporter Training*** prior to orientation. The training can be accessed through Workday via UAMS.

When you suspect child abuse, inform your clinical educator immediately. If you are a working professional, all suspected child abuse and/or neglect should be reported to:

The Children and Family Services Unit of the Department of Human Services at (501) 682-9641.

Signs of Possible Child Abuse/Neglect:
1. Burns, broken bones, bruises, bites, and cigarette burns- These are indicators of physical abuse.

2. Scratches or bruises on areas of the body other than elbows, knees, or shins- These may be indicators of child abuse, rather than those of an active child.
3. Bilateral injuries
4. Inadequate or inappropriate clothing- Examples may include the child who wears sandals in the winter or a warm jacket during the warm summer months. Be aware of different cultural influences in evaluating this category. In some cultures, certain items of clothing such as sandals without socks are worn throughout the year regardless of the outside temperature.
5. Unexplained injuries
6. Frequent school absences where there is no record of a serious illness
7. Behavioral difficulties- These may include lack of trust, depression, hostility, compulsive behavior, lethargy, or withdrawal.
8. Overly sophisticated sexual knowledge
9. Seductive behaviors with peers and adults
10. Dirty or malnourishment- These are indicators of neglect and may be accompanied by unmet dental medical needs (Burke, 1990).

INFECTION CONTROL
(SEE COVID-19 POLICY, PRECAUTIONS, AND CLINIC POLICY AND PROCEDURES IN APPENDIX D)
Upon enrolling in the graduate program, students are required to complete ***Infection Control Training*** prior to orientation. The training can be accessed through Workday via UAMS. Adhering to the following procedures will lower risk of cross contamination to you and the clients:

1. All clinicians must wash their hands thoroughly with soap prior to and after contact with each client.
2. Clinicians are encouraged to wear gloves whenever contact with client body fluid/substances is anticipated.
3. A disinfectant spray solution and/or wipes are kept in the cabinet of each therapy room and in the audiology areas. Tables and door knobs are to be wiped off using this solution before and after each therapy or diagnostic session. Always wash hands after this procedure.
4. Cleaning/Disinfecting Toys: Toys in contact with saliva are to be washed at the conclusion of each session in hot soapy water (or disinfecting wipes) and air dried.
5. See the Clinical Education Director or your clinical educator for additional references regarding infection control.

TITLE IX
Title IX states "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance." In accordance with Title IX, the University of Arkansas for Medical Sciences (UAMS) does not discriminate on the basis of sex, gender, or sexual orientation in its education programs or activities. Title IX of the Education Amendments of 1972, and certain other federal and state laws, prohibit discrimination on the basis of sex in all education programs and activities operated by UAMS (both on and off campus). Title IX protects all people regardless of their gender or gender identity from sex discrimination, which includes sexual harassment and sexual violence. Upon enrolling in the graduate program, students

are required to complete *Title IX Training* prior to orientation. The training can be accessed through Training Tracker via UAMS.

POLICY ON EMERGENCY PROCEDURES

Upon enrolling in the graduate program, students are required to complete *UAMS Emergency Quick Reference Guide, Active Shooter, and Shots Fired Trainings* prior to orientation. The trainings can be accessed through Workday via UAMS. Students are also required to obtain **Basic Life Support (BLS) Certification** prior to beginning any on campus clinical placements. Students are required to provide proof of BLS certification to the clinical education director/faculty advisor in the beginning of their first semester. The procedures listed below should be followed if any clinician or client is injured or becomes ill on University property at the UAMS CHP Speech-Language and Hearing Education Clinic:

When a **MINOR ACCIDENT OR ILLNESS** occurs:
1. If deemed necessary, call public safety to report the accident or illness.
2. Have someone accompany the person to Student Employee Health Services on the UAMS main campus. If a trip to Student Employee Health Services is necessary, be sure to complete an *Accident/Injury Reporting form* (in ClinicNote).
3. For minor cuts or burns that occur, accompany the person to the sink or restroom. Have the person wash his/her own cuts and cover with a Band-Aid.

In the case of a **MAJOR ACCIDENT OR ILLNESS** follow these steps:
1. If a patient shows signs of difficulty breathing or sudden loss of consciousness, begin basic life support including following appropriate CPR and AED procedures.
2. Render first aid yourself if you know how; send someone to **CALL 911 for help.**
3. Provide 911 with the following information: what happened, what is being done, location, and name of the injured person.
4. Station someone outside to direct emergency personnel to the scene.
5. At an appropriate time, be sure to document the incident on the *Accident/Injury Form* (in ClinicNote).

If a person has a **SEIZURE**, take the following steps:
1. Don't panic—seizures are usually short and not life threatening.
2. Protect the victim—remove chairs or desks; don't let a crowd form; pad head with a flat towel or coat.
3. Do not try to force anything into the person's mouth. If the person appears to be having trouble breathing or vomits, turn him on his/her side. Other methods to open the airway are to push the lower jaw up and out or tilt the neck back.
4. Call 911 if the person does not immediately regain consciousness.
5. Following a seizure, the person may be sleepy or confused. Do not let them leave by themselves. Contact a family member and arrange transportation for the client and encourage follow up with a health care provider.

INVESTIGATE ALL FIRE ALARMS: Should a power loss, fire, or any condition arise which warrants evacuation of the building, please do abide by the following:

1. Assist persons with disabilities to a safe area outside the building. Get them out into the parking lot where they will be safe until emergency personnel.
2. If it is not safe to leave the department (i.e. tornado), all persons in Ed South should take shelter on the first floor, as directed by faculty. All persons should be directed to stay clear of all windows and doors.

CHAPTER 6: CLINICAL EDUCATORS

GENERAL INFORMATION

Supervision of students in practicum shall be sufficiently frequent to ensure quality training and provision of quality services to the client. The client's welfare must be protected as specified in the *ASHA Code of Ethics* (Appendix C). The client's privacy must be protected in accordance with HIPAA. Clinical educators must be accessible to students who are in the process of providing clinical services in order to assure that services are consistently delivered in a manner that best serves the needs of the client and ensures that client safety is maintained. Clinical educators must hold the ASHA CCC, be licensed by the AR Board of Examiners in Speech Pathology and Audiology, and must observe a minimum of 25% of treatment and evaluations.

Persons holding the CCC in Speech-Language Pathology may supervise all speech language pathology evaluation and treatment sessions, non-diagnostic audiological screenings for the purpose of performing a speech-language evaluation and for initial identification of individuals with other communication disorders, and audiologic habilitative/rehabilitative services.

Persons holding the CCC in Audiology may supervise audiological evaluations and special tests, amplification (hearing aid selection and management), speech and/or language screenings for the purpose of initial identification, and audiologic habilitative/rehabilitative services.

GUIDELINES FOR SUPERVISION

SUPERVISION LEVELS

The following are guidelines that consider the experience level of the clinician and the amount of supervision suggested for clinical behaviors to develop and expand. Different levels of supervision are appropriate depending on the experience of the clinician. Variation of supervision styles will directly affect the supervision level provided as some clinical educators have a more direct style, while others tend to be more indirect, allowing students to engage more actively in clinical problem solving. These levels are based upon the total number of clinical clock hours which have been completed and are as follows:

Level I	0-60 hours	maximum supervision suggested
Level II	40-120 hours	supervision with emphasis on self-evaluation; strengths and needs identified jointly
Level III	100-200 hours	reduced supervision with emphasis on the student identifying his/her own strengths and needs
Level IV	200 + hours	student functions independently with minimum supervision; student assumes major responsibility for all aspects of client treatment after consultation and approval by the clinical educator.

CALIPSO

Students track clinical hours through Calipso. Clinical educators should provide their ASHA number to the clinical education director in order to generate the PIN to be used for registration. Once clinical s receive a PIN, he/she will be able to register for Calipso. Instructions for registering as a user of Calipso can be found in Appendix C. All clinical educators must register as a user for the specific program in which he/she is supervising. Having access to Calipso via one graduate program does not grant access to other programs.

Approving Clinical Hours: Clinical educators are expected to approve clinical hours submitted by students on a weekly basis. Clinical educators should closely monitor the hours submitted for accuracy.

INFRACTION OF PROFESSIONALISM

Students are expected to know abide by the standards outlined in the Handbook of Clinical Education for Speech-Language Pathology as well as the ASHA Standards and Code of Ethics. Students who are non-compliant may receive written notice of any violations while in clinical practicum via the *Infraction of Professionalism* (Appendix B). The clinical educator should complete the form by selecting and describing the nature of the violation. A copy of this form should be given to the student, the student's academic advisor, and the clinic director. Any infraction given to a student should be reflected in Calipso on the final evaluation. If a student receives an infraction from an indirect clinical educator (one who does not currently supervise the student in question), the clinic director will note the infraction on the final evaluation. Please refer to Chapter 2 for more information regarding Infractions of Professionalism.

EVALUATION OF STUDENT CLINICIAN PRACTICUM

Clinical educators are required to evaluate the clinical skills of all students in which they supervise in clinical practicum. Evaluation of clinical performance is rated through Calipso for graduate students. Mid-term final evaluations are required; however, clinical educators are not limited to two evaluations per semester. Supervisors should provide feedback to clinicians frequently and consistently.

See the "**Student Evaluation Procedures (Calipso**)" in Chapter 5 above for the specific measures to be used in CALIPSO to evaluate student performance.

EXPECTATIONS OF CLINICAL EDUCATORS

ON-CAMPUS CLINICAL EDUCATORS

Clinic Committee Meetings: Clinic committee meetings are held periodically throughout the semester to discuss clinic related issues. All clinical educators are invited and encouraged to attend and participate in discussions and planning for future clinic endeavors.

Grand Rounds: Clinical educators are expected to attend Grand Rounds as well as be active participants in facilitating discussion regarding cases presented. Clinical educators are also expected

to rate and provide feedback to presenters regarding their presentation via the Grand Rounds rubric. After students are rated, rubrics should be turned in to the clinic director to summarize scores and provide written feedback for students.

Badges: All on-campus clinical educators are required to obtain badges from UAMS. Badges should be worn at all times in the clinic. Externship clinical educators should wear their badges when visiting off-campus practicum sites.

UAMS email: The UAMS email is the official correspondence for the graduate program. Additionally, it is the official correspondence for the UAMS university clinic. All correspondence regarding clients should be done using the secure UAMS email. Clinical educators and students should not include PHI when using non-secure email accounts.

ClinicNote: ClinicNote is used in order to track and maintain electronic clinical documents. Clinical educators should utilize ClinicNote to review and approve weekly documents and reports submitted by students. Edits to documents may be made using track changes. Documents should not be downloaded to personal computers. Instructions on the use and commonly asked questions can be found on ClinicNote in ClinicNote Help. If clinical educators have trouble accessing or utilizing ClinicNote, they are encouraged to seek help from other clinical faculty.

Office Space: Faculty consists of full-time, part-time, and adjunct faculty. There is no dedicated office space for adjunct faculty. There are computers in the SLP therapy suite available for use, specifically for printing documents containing PHI. Part-time clinical educators may be asked to share office space in the department. A maximum of two part-time clinical educators will be asked to share office space. Offices are typically equipped with a phone and computer; however, clinical educators may use clinic iPads for clinical supervision.

Building Access: Clinical faculty, part-time or adjunct, may request keys to the main doors and their clinic offices for access after normal business hours. These requests should be made to the Program Director.

Internet Access: In order to utilize ClinicNote and provide clinical supervision as discussed in this handbook, use of a Chrome browser is recommended and use of secure internet access is required.

Practicum Meetings: Practicum meeting are held weekly. Clinical educators should expect to facilitate practicum meetings. When not facilitating practicum meetings, clinical educators are encouraged to attend practicum meetings, when possible.

Weekly Clinical Educator Meetings: Clinical educators should arrange weekly meeting times for supervisees. During these meetings clinical educators and supervisees have the opportunity to discuss clients and services as well as mentor students as they train to become speech-language pathologists. Undergraduates are encouraged to attend but scheduling conflicts may prohibit their attendance to all meetings.

Approving Session Plans and Notes: Clinical educators are expected to approve session plans and notes weekly via ClinicNote. Approval of plans and notes are indicated in ClinicNote with submissions between clinical educators and students until desired edits have been made.

Clinic Calendar: The clinic calendar is published prior to the start of each semester. Clinical educators should check the clinic calendar for specific dates and deadlines.

Clinic Checkout: Clinical educators should meet with each supervisee to ensure clinic closeout procedures have been followed. Clinical educators print all reports. Clinical educators may also refer to the list below or the *SLP Closing Clinic Checklist* (Facility File in ClinicNote) for action items required by the clinical supervisor during clinic checkout.

Semester Reports: Semester reports and cover letters should be printed by the clinical educator during or after clinic checkout from ClinicNote.

OTHER DUTIES FOR CLINICAL FACULTY

Achieving and maintaining clinical excellence requires a team effort. Therefore, clinical educators may be asked to assist with other department needs related to clinical education and services throughout the semester. Clinical faculty are expected to contribute to the success of the program and the clinic by assisting in various ways and performing other duties as assigned whenever possible.

OFF-CAMPUS CLINICAL EDUCATORS

The following guidelines apply to all off-campus clinical educators:

1. The off-campus clinical educators are expected provide the student with clinical orientation, observation, and practicum that is as consistent as possible with the student's clinical interests, needs and capabilities and with the facility's caseload, space, equipment, staff, and client management policies and procedures.
2. The off-campus clinical educator to whom the student is assigned is expected to hold current ASHA Certificate of Clinical Competence in speech-language pathology, a current state license by the Arkansas Board of Examiner's in Speech-Language Pathology and Audiology, completed the 2 hours of continuing education in clinical supervision, and meet the minimum guidelines of clinical supervision as specified by ASHA.
3. The clinical educator at the facility is expected to supervise a minimum of 25% of the work being done by the student clinician. Supervision should be appropriately scheduled throughout the duration of the off-campus assignment.
4. The off-campus clinical educator is expected to work with the clinical education director to arrange mutually agreeable schedule of periodic site visitations or, if more appropriate, telephone or email contacts to ensure an ongoing joint review of the student's performance and progress.
5. The off-campus clinical educator should expect to receive proof of students having malpractice insurance coverage and HIPAA training as well as the clinic calendar with important dates for the semester.
6. The off-campus clinical educator understands that the student, while not being considered an employee of the facility, will be subject to all of the facility's policies and procedures and will be directly responsible to the off-campus clinical educator and/or the department externship clinical educator.
7. The off-campus clinical educator is expected to monitor and approve hours submitted via Calipso.

8. The off-campus clinical educator is expected to provide frequent and consistent feedback to students regarding their clinical performance. Clinical educators will also provide formal evaluations at midterm and the end of the semester.
9. Off-campus clinical educators agree to follow the UAMS CHP schedule/clinic schedule for start and stop dates as well as breaks.

EVALUATION OF SUPERVISION

Clinical educators are evaluated at the end of the semester by graduate student clinicians. These evaluations are submitted to the clinical education director and ratings are averaged for an overall score. A copy of the summary of evaluations are also submitted to the program director. Clinical educators are expected to monitor and adjust teaching styles to meet the needs of the students. Clinical educators who receive consistently poor ratings or ratings below 3.0 may be asked to complete professional development geared toward effective teaching/clinical supervision and submit proof of training to the clinic director. Continuously, consistent poor ratings will be reported to the program director and may result in non-renewal of contracts.

PROFESSIONAL MEMBERSHIP, DEVELOPMENT, AND SERVICE

One key attribute of a professional is participation in associations and societies which influence the direction, education and practice of the members of a profession. In order to develop this aspect of professionalism, students are encouraged to maintain active student membership in at least one appropriate professional association or society during their tenure in the M.S. program. The department will pay for student membership in the Arkansas Speech-Language-Hearing Association. Membership in the National Speech- Language-Hearing Student Association or student membership in the American Speech- Language-Hearing Association is strongly encouraged. A list of professional organizations and governmental information is provided below.

STUDENT ORGANIZATIONS (UAMS CHAPTERS)

- The UAMS CHP Student Speech-Language-Hearing Association (NSSLHA)
  Caitlin Price, Ph.D., CCC-A, Faculty Advisor
  Ed South, 4021 West 8th Street Little Rock, AR 72204
  Email: uamsnsslha@gmail.com

- The UAMS Student Academy of Audiology (SAA)
  Samuel Atcherson, Ph.D., CCC-A, Faculty Advisor
  Ed South, 4021 West 8th Street Little Rock, AR 72204

NATIONAL STUDENT ORGANIZATIONS

- National Student Speech Language Hearing Association (NSSLHA)
  2200 Research Boulevard #450
  Rockville, MD 20850

PH: 800-498-2071 (ASHA Action Center)
Email: actioncenter@asha.org www.nsslha.org

- Student Academy of Audiology
  11730 Plaza America Drive, Suite 300
  Reston, VA 20190
  PH: 800-AAA-2336
  FX 703-790-8631
  https://saa.audiology.org/

STATE PROFESSIONAL ORGANIZATIONS WITH STUDENT MEMBERSHIPS

- Arkansas Academy of Audiology (ARAA)
  PO Box 17447
  Little Rock, AR 72222
  Email: www.ARAudiology.org

- Arkansas Speech-Language-Hearing Association (ArkSHA)
  P.O. Box 250261
  Little Rock, AR 72225
  PH: 877-427-5742
  FX: 501-244-2333
  email: arksha@arksha.org www.arksha.org

- Arkansas National Black Association Speech-Language (AR-NBASLH)
  P.O. Box 56074
  Little Rock, AR 72215
  Email: infor@ar-nbaslh.org

NATIONAL PROFESSIONAL ORGANIZATIONS WITH STUDENT MEMBERSHIPS

- American Speech Language Hearing Association
  2200 Research Boulevard
  Rockville, MD 20850-3289
  PH: 301-296-5700
  Members: 800-498-2071
  Non-member: 800-638-8255
  FX: 301-296-8580
  TTY 301-296-5650
  Email: actioncenter@asha.org www.asha.org

- American Academy of Audiology
  11730 Plaza America Drive, Suite 300
  Reston, VA 20190

PH: 800-AAA-2336
FX 703-790-8631
www.audiology.org

- National Black Association Speech-Language Hearing
  701 Exposition Place, Suite 206
  Raleigh, NC 27615
  PH: (919) 661-0820
  Email: nbaslh@nbaslh.org

LICENSURE AND GOVERNMENTAL INFORMATION

State Licensing Agency
Board of Examiners for Speech Pathology & Audiology
101 E. Capitol, Suite 211
Little Rock, AR 72201
Voice: 501-682-9180
Fax: 501-682-9181

Arkansas and U.S. Legislative Information

Arkansas State Home Page	http://www.state.ar.us/
Arkansas House of Representatives Home Page:	http://www.arkansas.gov/house/
Arkansas House of Representatives Home Page:	http://www.arkansas.gov/senate/

Arkansas U.S. Representatives:

District 1:	Rick Crawford	http://crawford.house.gov/
District 2:	French Hill	http://hill.house.gov/
District 3:	Steve Womack	http://womack.house.gov/
District 4:	Bruce Westerman	http://westerman.house.gov/

Arkansas U.S. Senators:

John Boozman	http://www.boozman.senate.gov/public/
Tom Cotton	http://www.cotton.senate.gov

APPENDICES

APPENDIX A: STUDENT FORMS

The student should use this list to see that all of the necessary steps for the beginning of therapy have been completed. Check off as completed and *return to your clinical educator* no later than one week after your client's first visit. **Complete one for each client you are assigned.**

CLINICIAN: CLIENT:
CLINICAL   DAYS/TIMES:
EDUCATOR: ROOM:
BEGINNING DATE:

1. _____ Access ClinicNote to be sure that it is working properly.
2. _____ Complete the Chart review form after you get your assignment in Clinic Note by the specified due date.
3. _____ If not already determined, contact your clinical educators to set up an initial meeting to discuss clients and outline preliminary procedures.
4. _____ If not already specified by the clinical educator, find a therapy room and write, in pencil, your name and client initials in the time blocks of the schedule form located the door of each therapy room.
5. _____ Email your clinical educator to let them know the room you selected.
6. _____ During the meeting with your clinical educator, discuss the case and outline preliminary procedures.
7. _____ If the client decides they cannot attend therapy for the semester complete the **Unable to Schedule Form** and place it in the clinic director's mailbox. Include any pertinent information (i.e. would like to be contacted next semester, receiving services elsewhere, etc.). Be sure to let your clinical educator know immediately.

On your first day of therapy:
Formally introduce yourself to your clients and welcome them back to the clinic (if they are returning). Escort your clients and their caregivers back to the therapy room to update their Case History information in ClinicNote. Next, explain all forms before having the clients sign them. In order to do this, you will have to know what each form is and the purpose of each form. Please familiarize yourself with the forms. Print copies of **all** <u>completed</u> forms and give them to the client/caregiver. You will need to complete the following forms on the first day and give the client/caregiver a copy of all forms except the **Speech Therapy Intake Form (this serves as a basic ice breaker/ getting to know the client activity).**

1. Speech Therapy Intake Form (in ClinicNote)
2. *Permission for Pick-up (if minor)*
3. Client File Disclosure Form
4. Clinic Policy Summary
5. Acknowledgement of Receipt of Privacy Notice and
6. Notice of Privacy Practices *(you keep signature page)*
7. Photo Release
8. Client Responsibility for Fee Form
9. Informed Consent-Request for Info
10. Quick Reference of Clinic Policies
11. Unable to Schedule Form *(if necessary)*

UAMS CHP Speech-Language and Hearing Education Clinic
Department of Audiology and Speech-Language Pathology
4021 West 8th Street
Little Rock, AR 72204
Office: (501) 320-7300
Fax: (501) 214-2161

DESCRIPTON OF FORMS

Speech Therapy Intake Form- This form is filled out at the beginning of the semester and can serve as an ice-breaker because you are asking for updated information. You'll also ask about the client's favorite activities, foods, etc., so this can help you plan therapy sessions with your client's likes and dislikes in mind. The Speech Therapy Intake form is *not* a formal file form. It can be used to help gain valuable information regarding your client. Keep this form in the fil you keep for your client. Make sure the form does not have the client's name – only initials.

Client File Disclosure Form- This form explains that the UAMS CHP Speech and Hearing Clinic is part of a training program and the client files may be made available to faculty and students enrolled in the program for educational purposes. All the information is kept confidential. Please ask the client/caregiver to sign and date this form and you will sign it as well.

Acknowledge of Receipt of Privacy Notice (HIPAA information) – This form is documentation that you have given the client/caregiver a copy of the **Privacy Notice.** The Privacy Notice explains the client's   right to privacy, and indicates all protected health information will be safeguarded. The UAMS CHP Speech and Hearing Clinic follows HIPAA guidelines. Please ask the client/caregiver to review this form and sign it. **Give the Privacy Notice document to the client/caregiver**

Informed Consent-Release of Information- This form allows the UAMS CHP Speech and Hearing Clinic to release information (semester reports, diagnostic reports, etc.) at the end of each semester to specified agencies or physicians. If the family wants a copy mailed to other individuals or agencies, please ask them to indicate this on this form. If the family only wants a copy for themselves, be sure they check "self" and provide an updated mailing address. Please ask the client/caregiver to sign this form at the bottom.

Informed Consent-Request for Information- This form allows the UAMS-CHP Speech and Hearing Clinic to request information from <u>outside</u> agencies. If the client has had any testing or previous services and would like for us to have that information to help provide the most appropriate services, ask the client/parent/guardian to sign this form so we can obtain a copy of those records. There is no obligation for the family to do this, but pertinent medical records, educational records, and evaluation reports can be used to direct therapy services throughout the semester. Please ask the client/caregiver to review and sign this form if they wish to give their consent to have records released to us. **Note: If the client/caregiver signs this form, please contact the agency and fax the consent form to them.**

Permission for Pick-up- This form lets us know who is able to pick up the client. Ask the client's caregiver to list the names of people who have permission to pick him/her up from therapy. Also ask that the caregiver provide their contact information during the therapy time. Ask that the caregiver sign the form at the bottom.

Client Policy Summary- This form summarizes the UAMS CHP clinic policies. The form summarizes the services we provide, explains that therapy is provided by students, and our clinical educators are licensed and certified. The form also explains how to contact us, explains the attendance policy, talks about family participation and our observation room, payment for services, and that we may audiotape or videotape the sessions for training purposes. Ask the client/caregiver to take some time to review this form and sign it at the bottom.

Photo Release- This form gives UAMS permission to videotape, audiotape or photograph the client and use these for educational, commercial, or any type of teaching/publications. These may include the website or in classrooms, TV, newspaper, magazine, etc. If the client/caregiver consents, ask them to sign this form.

Client Responsibility for Fee Form with Fee Adjustment/Waiver- This form outlines the fees associated with services received from the UAMS CHP Speech and Hearing Clinic and explains who is responsible for making that payment. Check with your clinical educator or Mrs. Stephens in the front office to find out if the client qualifies for a reduced fee or a fee waiver prior to the session. The student clinician can say, "You are enrolled for (fall, spring or summer) services and the fee is $$. Please sign at the bottom of this form". –Or-- "This is the usual cost for services. Please initial by the service to acknowledge the fee. However, you qualify for a fee adjustment/waiver. This shows the discount that will be applied and how much you will actually be charged for therapy this semester. So, your charge is $$". Ask the client/caregiver to sign the form. **Give this form to the client/caregiver**

 Allergy Form- This form documents any allergies the client may have. Please list all allergies. If none, indicate NA.
Quick Reference of Clinic Policies- This form describes clinic parking and what the client should do in case he/she is unable to come to the therapy. The student clinician will include their telephone number, the clinical educator's contact information, and the clinic coordinator's contact information. **Give this form to the client/caregiver**

CLOSING CLINIC CHECKLIST (SLP)

Please be sure to complete the following steps to ensure all clinic closing procedures are followed accordingly.

Place a checkmark beside the items as you complete them. Items in bold are actual documents that should be submitted. This form is to be used as a guide for persons involved in clinical education. You are not required to submit this form to anyone.

1st year Graduate Clinicians

1. _____ *Client Registration Request Forms* have been completed for all clients
2. _____ *Evaluation of Clinical Services Form* has been given to all clients
3. _____ *Evaluation of Practicum Supervisor Forms* have been completed and submitted
4. _____ *Self-evaluation of Clinical Skills Form* has been completed and submitted
5. _____ *Client File Review Form* has been used for ClinicNote client file
6. _____ All hours have been submitted to clinical instructors
7. _____ *Schedule Page* has been turned in to the clinical education director
8. _____ Schedule a time to check out with all clinical instructors
9. _____ Return all therapy and diagnostic materials to the materials room or designated location
10. _____ *2nd Year Placement Interest Form* - if eligible for off campus site

2nd year Graduate Clinicians

1. _____ All hours have been submitted to off-site clinical educators in Calipso
2. _____ My Clinical educators have reviewed my Calipso final with me
3. _____ I am aware of the areas in which I need more practicum hours
4. _____ *2nd Year Placement Interest Form* has been submitted the clinical education director
6. _____ *Evaluation of Practicum Supervisor* (if applicable) has been submitted
7. _____ *Off-Campus Site Evaluation* has been completed
8. _____ *Self-evaluation of Clinical Skills Form* has been completed and submitted
9. _____ Return all borrowed materials to the faculty member

Clinical Educators
1. _____ Schedule a time to check out with all 1st year graduate clinicians
2. _____ Client Files have been reviewed using the **Client File Review Form** (are in order and signed by SPV and student)   3. _____ The **Client File Review Form** has been submitted to the clinical instructor
4. _____ Semester Reports are adequately prepared for mailing (**Report Voucher** signed and placed at clinic manager's desk with report)
5. _____ Final grades for clinicians have been reviewed with each student and submitted in Calipso
7. _____ **Schedule Page** for my availability next semester is completed and submitted to the clinical education director

UAMS CHP SLP Program Offsite Agreement
Student Clinician/Clinical Education Director
Important information concerning our program's offsite policy. Please read it in its entirety.

1) I will wait until contact information is sent to me and my offsite supervisor/offsite contact person before attempting to contact my site.

2) I will reply promptly to all communications with my offsite, cc Mrs. Williamson in my communications, and quickly complete any necessary onboarding paperwork.

3) I am aware, and I will adhere to the current UAMS COVID-19/PPE policy unless the offsite's policy is more protective (and I will follow my offsite's policy, if so) to me and the clients I serve.

4) I will complete the online UAMS COVID-19 screener when I experience symptoms of illness. I will immediately communicate any illness or possible exposure to Mrs. Williamson and my offsite supervisor.

5) I will communicate with my offsite supervisor AND Mrs. Williamson about any missed, late, or early departures from my offsite prior to my absence and must be approved by both parties.

6) I understand if I miss more than 1 day (excused absence) that I will be required to make it up on a Friday that I am not in class or following my last scheduled day of my placement.

6) I will refrain from cell phone use while at my offsite. If there is an unforeseen emergency, I will communicate this with my offsite supervisor and ask that I check it between sessions.

7) I understand that I represent myself, UAMS, and our SLP program and will act professionally regarding communication, punctuality, and professional appearance. I will always wear my UAMS ID badge or my offsite ID badge.

8) I understand that unsatisfactory performance in my clinical practicum experience may require me to complete an individualized monitoring plan with my offsite supervisor and/or with the Director of Clinical Education. I understand failure to comply may result in my removal from my assigned offsite.

_____   _____
Student Clinician's Name   Date

EVALUATION OF PRACTICUM SUPERVISOR
(WILL SUBMIT IN GOOGLE FORM)
(Developed from ASHA's Position Paper: Clinical Supervision in Speech-Language Pathology and Audiology)

Name of Supervisor: _____ **Practicum Site:** _____

Semester/Year: _____ / _____ **Date of Evaluation:** _____

A 5-point scale is to be used to rate the items listed below:

5 = Outstanding; 4 = Excellent; 3 = Good; 2 = Fair; 1 = Poor; NA = Non-applicable

The clinical educator:

1. establishes and maintains an effective working relationship with the supervisee. _____

2. assists the supervisee in developing clinical goals and objectives. _____

3. assists the supervisee in developing and refining assessment skills. _____

4. demonstrates for and participates with the supervisee in the clinical process. _____

5. assists the supervisee in analyzing assessment and treatment sessions. _____

6. guides the supervisee in maintaining clinical records. _____

7. interacts with the supervisee in supervisory conferences. _____

8. assists the supervisee in evaluating his/her clinical performance. _____

9. assists the supervisee in developing skills of report writing and editing. _____

10. models professional conduct. _____

11. treats the supervisee/clients with compassion, respect, dignity, and courtesy. _____

12. contributes to a culture of helpfulness and cooperation. _____

Additional Comments:

OFF CAMPUS SITE EVALUATION
SPEECH-LANGUAGE PATHOLOGY *(will submit in Google Form)*

DATE:_____   CLINICIAN:_____

SITE:_____   CLINICAL EDUCATOR:_____

What general experiences did you have? (ie swallowing studies, autistic intervention programs, laryngectomy, report writing, home health, etc)

_____

_____

_____

How many hours in each area did you obtain?

Child Dx		Tx	Adult Dx		Tx
_____	Articulation/Phonology	_____	_____	Articulation/Phonology	_____
_____	Voice & Resonance	_____	_____	Voice & Resonance	_____
_____	Fluency	_____	_____	Fluency	_____
_____	Cognition	_____	_____	Cognition	_____
_____	Social Aspects	_____	_____	Social Aspects	_____
_____	Language (oral, written)	_____	_____	Language (oral, written)	_____
_____	AAC	_____	_____	AAC	_____
_____	Hearing	_____	_____	Hearing	_____
_____	Feeding & Swallowing	_____	_____	Feeding & Swallowing	_____

What do you think were the overall strengths of this site?_____

_____

_____

What do you think were the overall weaknesses of this site?_____

_____

_____

What type of tests or materials would you recommend for the next student at this site to review?_____

_____

_____

Other comments:_____

_____

Rate the site on the following scale:

1	2	3	4	5	6	7
Worst Experience						Best Experience

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4021 West 8th Street
Little Rock, AR 72204
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OFF CAMPUS STUDENT INFORMATION SHEET

Insert student white coat photo here

Name: _____ **Semester:** _____

Hometown: _____ **Place UG degree obtained:** _____

Number of hours obtained to date (to be completed by student)**:**

	Evaluation			Intervention
_____	Child		_____	Child
_____	Adult		_____	Adult

Previous off-campus sites (to be completed by student):

_____   _____

_____   _____

_____   _____

What I hope to gain from this site (to be completed by student)**:**

UAMS SLP 2ND YEAR PLACEMENT INTERESTS FORM

Purpose: This form is to assist in your placements, you will need you to provide the following information about where you would like to be assigned. This will be completed each semester moving forward, this is not your only chance to make your interests known. Your viewpoint may change each semester.

Please keep in mind that you need experiences across the lifespan and you need experiences across settings so be sure to name an early intervention setting, a school setting and an adult setting. If you don't have a specific setting, be very general by putting the population. Listed below are some settings and the populations they serve at the bottom of this page. Please keep in mind the length of the semesters. Summer is 8 weeks and fall/spring are 15 weeks. If you are not wanting to stay as long somewhere or vice versa, consider this.

Long term in your career, please remember that 15% of SLPs end up in a medical setting and 55% end up in a school setting at some point after obtaining their CCCs. The sites that you will be assigned to are to meet your ASHA requirements and *DO NOT* determine the remainder of your career, so please be open minded. Also, if you list a location and are not placed at that location it could be due to limited site availability or that site is not accepting students that semester. We complete this form each semester moving forward, so we can try and get as close to the wish list as possible.

Examples of Pediatric Settings:
- Public Schools – LR, NLR, Cabot, Benton, Bryant, Lonoke, Malvern, Glen Rose, Lake Hamilton, eStem
- Arkansas School for the Deaf – EI and school age
- Arkansas Children's Hospital
- Easterseals (outpatient therapy, Academy) – EI, special populations
- ACCESS – EI, school age, special populations
- PedsPlus (various locations)– EI, school age
- KidsFirst/UAMS – EI, special populations
- KidSource (various locations)– outpatient, in-home, daycares- EI, school age, special populations; hippotherapy
- The Allen School – EI, school age, special populations
- Two Rivers Co-op (Pine Bluff) – EI
- UAMS- Psychiatric Research Institute – school age
- New Hope Therapy (Hot Springs) – EI, school age
- Beyond Speech Learning Center- EI, school age
- Let's Talk- outpatient clinic, EI, school age
- Hippos and Fish- outpatient clinic, EI, school age
- Play Rx- outpatient clinic, EI, school age

Examples of Adult Settings:
- Timber Ridge Ranch /Neurorestorative Care – TBI adult (and sometimes children)
- UAMS – NICU, Inpatient, outpatient, special populations
- Baptist Health (Baptist- acute, rehab, outpatient-LR, Springhill NLR, acute, outpatient- Adult TBI, CVA, ALS, special populations
- St Vincent North – Inpatient rehab for Adult TBI, CVA etc
- Jefferson Regional Medical Center- acute care, rehab, outpatient- adult CVA, TBI, cancer
- Saline Memorial- acute care, outpatient- adult CVA, TBI, cancer
- Skilled Nursing Facilities in Central Arkansas
- Easter Seals Center for Wellness – Adult cognitive/speech impairment, special populations
- ACCESS LIFE – for cognitively impaired adults

UAMS SLP 2ND YEAR PLACEMENT INTERESTS (CONT'D)

Please complete the info below as thoroughly as possible and upload this page.

Name:	
Current city in which you live:	
Can you travel 30 miles or more for offsite?	
Did you apply for 2nd yr student traineeship?	
Are you fluent in multiple languages? If so, please list	
Please list any special interests with therapy/populations- i.e. psych unit, foster care system, hippotherapy, bilingual services, feeding, head/neck cancer, autism	
Any allergies or medical concerns/issues with certain settings? i.e., Allergies with animals, issues with medical setting, certain religious affiliations	
Are you interested in a school placement?	
Are you interested in a medical placement?	
What is your summer placement?	

Current Number of **Total** Hours (include not approved):	
List Areas Needed for Evaluation:	
List Areas Needed for Treatment:	
Are you able to provide proof of the following *(mark answer with "x")*: **COVID-19**? **COVID-19 *booster*?** **Medical waiver for COVID-19?**	___ YES ___ NO ___ YES ___ NO ___ YES ___ NO

Preferred Setting Rankings- school, clinic, hospital, SNF, Rehab, developmental center	**Preferred Population Rankings –** Early Intervention, School age, Adult
Fall-	**Fall-**

Fall Offsite Preference Rankings:	**Spring Offsite Site/Setting/ Population Preference *(Prediction only)*:**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

SCHEDULE PAGE

Name:_____   Date:_____

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					

University of Arkansas for Medical Sciences (SLP)
CALIPSO
Self-evaluation
Printed for
Williamson, Shana

Self-evaluation

*Patient population (check all that apply):

- ☑ Young Child (0-5)
- ☑ Child (6-17)
- ☑ Adult (18-64)
- ☑ Older adult (65+)

* Severity of Disorders (check all that apply):

- ☑ Within Normal Limits
- ☑ Mild
- ☑ Moderate
- ☑ Severe

*Site: UAMS CHP Speech-Language and Hearing (

*Evaluation Type: Midterm

*Semester: 2024 Summer

*Course number: CSDM 5051-Su1 Summer 1 Practicum

Interprofessional (or collaborative) practice (IPP) includes (check all that apply): [?]

- ☐ Audiologist
- ☐ Dentist
- ☐ Dietitian
- ☐ Family Member
- ☐ Interpreter
- ☐ Music/Creative Arts Therapist
- ☐ Nurse/Nurse Practitioner
- ☐ Occupational Therapist
- ☐ Pharmacist
- ☐ Physical Therapist
- ☐ Physician
- ☐ Physician Assistant
- ☐ Psychologist/School Psychologist
- ☐ Recreational Therapist
- ☐ Respiratory Therapist
- ☐ Social Worker
- ☐ Special Educator
- ☐ Teacher (classroom, ESL, resource, etc.)
- ☐ Vocational Rehabilitation Counselor
- ☐ Other

Cultural and Linguistic Variables (check all that apply when the variables for the client/patient differ from that of the student): [?]

- ☑ Age
- ☑ Bilingual/Multilingual
- ☐ d/Deaf and Hard of Hearing
- ☐ Disability
- ☑ Ethnicity
- ☐ Gender Expression
- ☐ Gender Identity
- ☑ National Origin
- ☐ Non-Verbal Language
- ☑ Race
- ☐ Religion
- ☑ Sex
- ☐ Sexual orientation
- ☐ Verbal Language
- ☐ Veteran Status
- ☐ Other

Save

PERFORMANCE RATING SCALE

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Click to see Rating Scale

Please refer to the Performance Rating Scale for grading criteria.
Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

* If n/a, please leave space blank. Disorder area columns highlighted in light gray show where the student has logged clock hours for this experience.

1 - Not evident	4 - Adequate
2 - Emerging	5 - Consistent
3 - Present	

Evaluation	Speech Sound Production [?]	Fluency [?]	Voice [?]	Language [?]	Hearing [?]	Swallowing [?]	Cognition [?]	Social Aspects [?]	AAC [?]
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures, including prevention activities (CFCC V-B, 1a)	4.00	3.75	3.75	4.00	3.75	3.50	4.00	4.00	3.00
2. Demonstrates current knowledge of the principles and methods of prevention and assessment, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates (CFCC IV-D)	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	3.75
3. Collects case history information and integrates information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals (CFCC V-B, 1b)	4.25	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
4. Selects appropriate evaluation procedures (CFCC V-B, 1c) [?]	4.00	4.00	4.00	4.00	4.00	4.00	3.75	4.00	3.75
5. Administers non-standardized and standardized tests correctly (CFCC V-B, 1c) [?]	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.50
6. Adapts evaluation procedures to meet the needs of individuals receiving services (CFCC V-B, 1d)	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25
7. Demonstrates knowledge of communication and swallowing disorders and differences (CFCC IV-C) [?]	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	3.75
8. Interprets, integrates, and synthesizes all information to develop diagnoses (CFCC V-B, 1e)	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.50
9. Interprets, integrates, and synthesizes all information to make appropriate recommendations for intervention (CFCC V-B, 1e)	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50
10. Completes administrative and reporting functions necessary to support evaluation (CFCC V-B, 1f)	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	3.50
11. Refers clients/patients for appropriate services (CFCC V-B, 1g) [?]	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50
Score totals:	43	42.5	42.5	42.75	42.5	42.25	42.5	42.75	40
Total number of items scored: 99 Total number of points: 380.75 Section Average: 3.85									
Comments:									

Save

Intervention	Speech Sound Production [?]	Fluency [?]	Voice [?]	Language [?]	Hearing [?]	Swallowing [?]	Cognition [?]	Social Aspects [?]	AAC [?]
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Develops setting-appropriate intervention plans with measurable and achievable goals that meets client/patient needs, demonstrating knowledge of the principles of intervention and including consideration of anatomical/physiological, developmental, and linguistic cultural correlates. Collaborates with clients/patients and relevant others in the planning process (CFCC IV-D, V-B, 2a)	3.75	3.75	3.75	4.00	3.50	3.00	3.75	4.00	3.00
2. Implements intervention plans that involve clients/patients and relevant others in the intervention process (CFCC V-B, 2b)	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.50
3. Selects or develops and uses appropriate materials and instrumentation (CFCC V-B, 2c)	4.00	3.75	3.75	4.00	3.50	3.00	3.75	4.00	3.50
4. Measures and evaluates clients'/patients' performance and progress (CFCC V-B, 2d)	3.75	3.50	3.75	4.00	3.50	3.00	3.75	4.00	3.00
5. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (CFCC V-B, 2e)	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
6. Completes administrative and reporting functions necessary to support intervention (CFCC V-B, 2f)	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75
7. Identifies and refers patients for services as appropriate (CFCC V-B, 2g) [?]	3.75	3.75	3.75	3.75	3.75	3.50	3.75	3.75	3.75
Score totals:	26.75	26.25	26.5	27.25	25.75	24	26.5	27.25	24.5
Total number of items scored: 63 Total number of points: 234.75 Section Average: 3.73									
Comments:									

Save

Additional Clinical Skills	Score

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	Score
1. Sequences tasks to meet objectives	4.00
2. Provides appropriate introduction/explanation of tasks	4.00
3. Uses appropriate models, prompts or cues. Allows time for patient response.	3.75
4. Demonstrates effective positive behavior supports	4.25
5. Practices diversity, equity and inclusion (CAA 3.4B)	4.25
6. Addresses culture and language in service delivery that includes cultural humility, cultural responsiveness, and cultural competence (CAA 3.4B)	4.00
7. Demonstrates clinical education and supervision skills. Demonstrates a basic understanding of and receives exposure to the supervision process. (CAA 3.1.6B) [2]	4.25
8. Displays organization and preparedness for all clinical sessions	4.00

Total number of items scored: __8__ Total number of points: __32.5__ Section Average: __4.06__

Comments:

Save

Professional Practice, Interaction and Personal Qualities	Score
1. Demonstrates knowledge of basic human communication and swallowing processes. Demonstrates the ability to integrate information pertaining to normal and abnormal human development across the life span (CFCC IV-B; CAA 3.1.6B) [2]	3.75
2. Demonstrates knowledge of processes used in research and integrates research principles into evidence-based clinical practice (CFCC IV-F; CAA 3.1.1B Evidenced-Based Practice) [2]	3.50
3. Demonstrates knowledge of contemporary professional issues that affect Speech-Language Pathology (CFCC IV-G; CAA 3.1.1B) [2]	3.75
4. Demonstrates knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice (CFCC IV-H)	4.00
5. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others (CFCC V-B, 3a; CAA 3.1.1B Effective Communication Skills, CAA 3.1.6B) [2]	4.00
6. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (CFCC V-B, 3c; CAA 3.1.6B) [2]	3.50
7. Manages the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice (CFCC V-B, 3b; CAA 3.1.1B) [2]	3.00
8. Demonstrates skills in oral and other forms of communication sufficient for entry into professional practice (CFCC V-A) [2]	4.25
9. Demonstrates skills in written communication sufficient for entry into professional practice (CFCC V-A) [2]	4.25
10. Demonstrates knowledge of standards of ethical conduct, behaves professionally and protects client welfare (CFCC IV-E, V-B, 3d; CAA 3.1.1B-Accountability; 3.8B) [2]	4.25
11. Demonstrates an understanding of the effects of own actions and makes appropriate changes as needed (CAA 3.1.1B - Accountability) [2]	4.25
12. Demonstrates professionalism (CAA 3.1.1B - Professional Duty, 3.1.6B) [2]	4.25

Total number of items scored: __12__ Total number of points: __46.75__ Section Average: __3.9__

Comments:

Save

Met All	Not Met All	(N/A) All	Met/Not Met - 2 or more items below scored as "not met" may result in a drop in letter grade and/or remediation
○	○	◉	1. Demonstrates openness and responsiveness to clinical supervision and suggestions
○	○	◉	2. Personal appearance is professional and appropriate for the clinical setting
○	○	◉	3. Practices the principles of universal precautions to prevent the spread of infectious and contagious diseases (CAA 3.8B)
○	○	◉	4. Differentiates service delivery models based on practice sites (e.g., hospital, school, private practice) (CAA 3.1.1B - Accountability)
○	○	◉	5. Explains healthcare landscape and how to facilitate access to services in the healthcare sector (CAA 3.1.1B - Accountability)
○	○	◉	6. Explains educational landscape and how to facilitate access to services in the educational sector (CAA 3.1.1B - Accountability)
○	○	◉	7. Identifies and acknowledges the impact of both implicit and explicit bias in clinical service delivery and actively explores individual biases and how they relate to clinical services (CAA 3.4B)
○	○	◉	8. Identifies and acknowledges the impact of how their own set of cultural and linguistic variables affects clients/patients/students' care (CAA 3.4B) [2]
○	○	◉	9. Identifies and acknowledges the impact cultural and linguistic variables of the individual served may have on delivery of effective care (CAA 3.4B) [2]
○	○	◉	10. Identifies and acknowledges the interaction of cultural and linguistic variables between caregivers and the individual served (CAA 3.4B) [2]
○	○	◉	11. Identifies and acknowledges the social determinants of health and environmental factors for individuals served and how these determinants relate to clinical services (CAA 3.4B) [2]
○	○	◉	12. Identifies and acknowledges the impact of multiple languages. Explores approaches to address bilingual/multilingual individuals requiring services, including understanding the difference in cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities. (CAA 3.4B)
○	○	◉	13. Recognizes that cultural and linguistic diversity exists among various groups (including d/Deaf and hard of hearing individuals) and fosters the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs (CAA 3.4B)

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○	○	◉	14. Engages in self-assessment to improve effectiveness in the delivery of clinical services (CAA 3.1.6B)

Save

Strengths:

Improvements since last evaluation if applicable:

Opportunities for growth:

Recommendations for continued growth:

Considering the student's knowledge and experience obtained thus far in the program, is the student meeting your expectations? Is the student performing above expectations, meeting expectations or performing below expectations?:

Do you recommend an intervention or action plan for this student? If yes, what skills should be supported and what specific recommendations do you have for the intervention or action plan?:

Total points (all sections included):   694.75   Adjustment: 0.0
divided by total number of items   182
Evaluation score: 3.82
Letter grade   B

☑ Final submission (if this box is checked, no more changes will be allowed!)

Save

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the ASHA Web site to access the standards in their entirety: CFCC Standards | CAA Standards

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Department of Audiology and Speech-Language Pathology
4021 West 8ᵗʰ Street
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HEARING SCREENING FORM

Name:_____   Date:_____

PURETONE SCREENING:

Performed at (circle one):   **20dB HL**   **25dB HL**

LEFT EAR	PASS	REFER	RIGHT EAR	PASS	REFER
1000Hz			1000Hz		
2000Hz			2000Hz		
4000HZ			4000Hz		

RESULTS AND RECOMMENDATIONS:

☐Passed screening in both ears; Rescreen hearing as needed

☐Did not pass hearing screening today – rescreen hearing in 4-6 weeks

_____   _____
         Student Clinician   Student Clinician

_____
         Supervising Clinician

Appendix B: Clinical Educator Forms

UAMS CHP Speech-Language and Hearing Education Clinic
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Little Rock, AR 72204
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INFRACTION OF PROFESSIONALISM

You are receiving this notification because you have violated one or more of the professional standards/expectations specified in the Clinical Education Handbook. All infractions will be noted in Calipso on your final exam. A copy of this infraction will also be placed in your advising binder. Three or more of these infractions may result in dismissal from practicum as well as dismissal from program. This infraction is due to a violation in one or more of the following area(s):

	HIPPA:
	ASHA Code of Conduct:
	Use of Clinic Materials:
	Communication with Faculty/Clinical educator:
	Communication with Client/Client's Family:
	Peer Relations:
	Personal Appearance/Dress Code (i.e., Clothing, jewelry, piercing & tattoos, ID badge):
	Personal Hygiene (cleanliness):
	Social Media (inappropriate use of social media):
	Other:

Student Signature   *Date*

Clinical educator   **Date**

COPIES GIVEN TO: STUDENT, STUDENT'S ACADEMIC ADVISOR, CLINICAL EDUCATION DIRECTOR

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Department of Audiology and Speech-Language Pathology
4021 West 8ᵗʰ Street
Little Rock, AR 72204
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OFF-CAMPUS PRACTICUM SUPERVISOR/STUDENT CHECKLIST OF EXPECTATIONS

Important Dates Schedule overview:

Rotation start date- XXXXXX
Mid-term evaluations due- XXXXXX
Rotation end date- XXXXXX

Clinical Instructor Checklist for UAMS Graduate Clinicians:

1. _____ Complete 2 clock hours of continuing education course in supervision. If completed previously; it counts towards this requirement.
2. _____ Provide a minimum of 25% direct supervision for therapy services and for evaluation services, per ASHA guidelines.
3. _____ Orient students the facility and provide necessary training that pertains to the facility.
4. _____ Provide written and/or verbal feedback to the students on a weekly basis.
5. _____ Update licensure, certification, and certificate of 2 hours of CE of supervision in Calipso.
6. _____ Utilize Calipso for all evaluations and clinical hours reporting.
7. _____ Monitor and approve clinical hours Calipso hours weekly.
8. _____ Rate (evaluate) graduate clinicians in all areas in which hours are approved.
9. _____ Complete *and* review Mid-term and Final Evaluations in Calipso with your clinician during specified times. Note: The mid-term evaluation does not get calculated into the final grade. Evaluations are not complete until all signatures and dates are entered and the "final submission" box has been checked.

Graduate Clinician Checklist for Off-campus placements:

1. _____ Adhere to UAMS COVID-19 policy regarding symptom online screener, appropriate universal precautions and exposure/illness procedures.
2. _____ Submit all hours obtained at off-site to supervisor in Calipso weekly.
3. _____ Ask questions and seek feedback from the supervisor.
4. _____ Keep up with hours in which experience is needed and seek out opportunities at the current site.
5. _____ Discuss performance via mid-term and final with supervisor.
6. _____ Keep supervisor informed of academic/clinical requirements that may require an absence from site prior to absence.
7. _____ Report to practicum site on time daily.
8. _____ Follow rules and guidelines for the facility.
9. _____ Communicate openly with off-campus supervisors.

Speech-Language Pathology Grand Rounds Evaluation and Feedback Form

Student: _____   **Date:** _____   **Case Type:** __Treatment __Diagnostic __Combined

Title: _____

Performance Item	Exceptional 5	Exceeds Expectations 4	Meets Expectations 3	Emerging Ability 2	Poor 1
Content/Depth of Knowledge ____	Complete understanding of case; extensively researched; proper and effective use of scientific terminology; variety of literature or resources were used and cited; demonstrates an exceptional ability to answer a variety of questions clearly and concisely	Good understanding of case; topic well researched; good use of scientific terminology; variety of literature or resources were used and cited; demonstrates an above average ability to answer a variety of questions clearly	Expected understanding of case; adequate research evident; adequate use of terminology; some additional literature or resources were used and cited; demonstrates an acceptable ability to answer most questions; occasionally needs to refer to notes to address questions	Emerging understanding of the case; inadequate research; little use of appropriate terminology; no additional literature or resources were used or cited; demonstrates an emerging ability to answer questions; needs to refer to notes or to others to answer questions	Poor understanding of case; very little research, if any; incorrect use of terminology; no additional literature or resources were used or cited; unable to answer questions without help from others
Organization ____	Layout and presentation format are logical, concise, easy to follow and promotes learning; stays within allotted time; successfully incorporates a multisensory approach	Layout and presentation format are logical, concise and can be followed easily; stays within allotted time	Layout and presentation format are acceptable; stays within allotted time	Layout and presentation format could be improved; does not stay within allotted time	Layout lacks organization and is difficult to follow/understand; does not stay within allotted time
Presenter Qualities ____	The presenter is engaging, concise, polished and well-practiced; demonstrates clear understanding of topic professionalism and confidence are demonstrated throughout presentation	The presenter is engaging and concise; demonstrates clear understanding of topic; professionalism and confidence are demonstrated	The presenter is slightly repetitive or unclear and/or uses "filler" words; displays professionalism; confidence falters at times	The presenter's topic is never clearly stated; some verbal and/or grammatical errors are present; misuse of scientific terms; lack of professionalism or confidence while presenting	Presenter's case topic is unclear; verbal and/or grammatical errors present throughout; misuse of scientific terms; use of multiple "filler" words; lack of professionalism or confidence while presenting
Ethical Considerations ____	Demonstrates in-depth and nuanced understanding of the Code of Ethics Principles and relates them to the case.	Demonstrates basic understanding of the Code of Ethics Principles as it relates to the case	Brief discussion of ethical considerations	Inadequate discussion of ethical concerns	Does not demonstrate ethical considerations of the case throughout the presentation.
Cultural & Linguistic Parameters ____	Researches and implements techniques that address the client's unique cultural and linguistic needs	Implements appropriate cultural techniques during assessment and treatment procedures	Briefly mentions cultural and linguistic parameters of the client	Inadequately addresses cultural or linguistic differences and/or considerations	Does not acknowledge cultural/linguistic parameters or application of harmful practices
Audio/Visual Materials ____	Creative and effective use of materials; multiple types utilized	Materials used are appropriate and effective	Materials are used appropriately	Somewhat ineffective use of materials	Poor or ineffective use of materials
Total Average ____	Comments/Feedback:				

CLINICAL EDUCATOR'S SESSION OBSERVATION REPORT

Clinician: _____

Date of Session: _____

Time: _____

Supervisor: _____

Preparation of Materials: 1   2   3   4   5   NA

Appropriateness of Lesson Plan: 1   2   3   4   5   NA

Initiative Shown in Therapy: 1   2   3   4   5   NA

Proficiency in Using Materials: 1   2   3   4   5   NA

Promptness in Turning in Lesson Plan: 1   2   3   4   5   NA

COMMENTS:

Utilizes time effectively: 1   2   3   4   5   NA

Keeps accurate data: 1   2   3   4   5   NA

Sets and maintains behavioral limits: 1   2   3   4   5   NA

Conveys important information to family: 1   2   3   4   5   NA

Shows concern for client as an individual: 1   2   3   4   5   NA

Modifies level of language according to
client needs.   1   2   3   4   5   NA

STUDENT'S COMMENTS:

RETURN TO CLINICAL INSTRUCTOR

_____
 Clinician's Signature
SCALE: 5= Superior   4= Good   3= Average   2= Below Average   1= Poor

UAMS | College of
Health Professions

For Offsites

SLP Graduate Clinician-- Weekly Feedback Form

Date *

Student Clinician *

Supervisor Name *

1. Punctuality, professionalism, **rapport with client** Mark only one oval.

	1	2	3	4	5	
Unsatisfactory Performance	◯	◯	◯	◯	◯	Exceeds Expectations

2. Describe one time when the clinician did an excellent job with a client a 'wow' moment!

3. Describe a time where more guidance was needed

4. For therapy this week, the student clinician did the following: |

5. Is the student clinician consistent in their use of Evidence Based Practice?
Check all that apply

☐ The clinician is consistent with using EBP

☐ The clinician needs to use more EBP in therapy

6. Check all that apply.

☐ planned in advance and shows supervisor lesson plans

☐ thought of or found their own activities

☐ tied the lesson to classroom, academic or functional goals

☐ took data or notes

☐ wrote up an appropriate therapy note

☐ revised future lessons based on student's performance

☐ collaborated with teachers or other professional either prior to the lesson or during

☐ used appropriate behavior management techniques

☐ asked for guidance, if needed

☐ used appropriate treatment methods

☐ was positive and upbeat with the client

☐ modeled skill for the client, slightly above their skill levels

☐ was flexible during the session

Other:

7. Technology used in therapy. Check all that apply.

☐ Boardmaker icons/ Communication boards/ PECS

☐ Communication Device

☐ Digital photography-- used in developing materials

☐ Smartboard

☐ iPad

☐ Website

☐ Computer program

☐ Video Camera

☐ Other: _____

8. What goal is set for next week?

9. What additional feedback is needed?

Appendix C: Additional Essential Information & Operating Procedures

ASHA CODE OF ETHICS (UPDATED)

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 to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-today decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional's role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

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 ASHA holding the Certificate of Clinical Competence
• a member of ASHA not holding the Certificate of Clinical Competence
• a nonmember of ASHA holding the Certificate of Clinical Competence
• an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are subject to the jurisdiction of the ASHA Board of Ethics for ethics complaint adjudication.

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

ASHA Code of Ethics

research participants; (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 of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Because the Code of Ethics is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow its written provisions and to uphold its spirit and purpose. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for those 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.

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 age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, 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, or any other persons only if those persons are adequately prepared and are appropriately supervised. The

ASHA Code of Ethics

responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.

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, 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 audiologist or speech-language pathologist.

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 legally authorized/appointed representative.

I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations 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, including humane treatment of animals involved in 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 who hold the Certificate of Clinical Competence shall use independent and

evidence-based clinical judgment, keeping paramount the best interests of those being served.

M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

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N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.

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 legally authorized or required by law.

P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.

Q. Individuals shall maintain timely records; shall 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 shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.

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 such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.

T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

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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. ASHA 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 provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C. Individuals shall enhance and refine their professional competence and expertise through

engagement in lifelong learning applicable to their professional activities and skills.

D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.

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 use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should 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.

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PRINCIPLE OF ETHICS III

In their professional role, individuals shall act with honesty and integrity when engaging with 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, or scholarly contributions.

B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.

C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.

D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.

E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.

F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.

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 with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.

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B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.

C. Individuals' statements to colleagues about professional services, products, or research results 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, deceit, or misrepresentation.

F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.

G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.

H. Individuals shall not engage in any form of harassment or power abuse.

I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.

J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

K. 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.

L. 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.

M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.

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N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

O. 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.

P. 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.

Q. 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.

R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.

T. Individuals who have been convicted of, been found guilty of, 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 the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.

U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

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TERMINOLOGY

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

advertising

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

diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

individuals

Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

informed consent

An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

may vs. shall

May denotes an allowance for discretion; shall denotes something that is required.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

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negligence
Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

nolo contendere
A plea made by a defendant stating that they will not contest a criminal charge.

plagiarism
Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

publicly disciplined
A formal disciplinary action of public record.

reasonable or reasonably
Being 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 the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of "written" below).

shall vs. may
Shall denotes something that is required; may denotes an allowance for discretion.

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

written
Encompasses both electronic and hard-copy writings or communications.

Reference: American Speech-Language-Hearing Association. (updated 2023). *Code of ethics* [Ethics]. Available from www.asha.org/policy/.

BarCloud User's Guide

How to Check Out Assessments:

1. Log into www.barcloud.com
2. Select the Check Out option
3. In the 'Person ID' field, click the barcloud icon to the right
4. Scan your personal barcode (the user in the PersonID should change to your last name)
5. In the 'Asset #' field, click the barcloud icon to the right
6. Scan the barcode of the assessment you are wanting to check out (the asset # should fill in the field)
7. The transaction will save and the item will check out. You do **not** need to click the process button.

How to Check In Assessments:

1. Log into www.barcloud.com
2. Select the Check In option
3. In the 'Person ID' field, click the barcloud icon to the right
4. Scan your personal barcode (the user in the Person ID should change to your last name)
5. In the 'Asset #' field, click the barcloud icon to the right
6. Scan the barcode of the assessment you are wanting to check in (the asset # should fill in the field)
7. The transaction will save and the item will check out. You do **not** need to click the process button.

To View Inventory On Computer:

1. Visit https://barcloudweb.asapsystems.com/Login.aspx
2. Login using your UAMS email and password
3. Click the 'inventory' icon at the top middle of the screen. The entire diagnostic inventory will display.
4. Click the icon on the top right 'Edit Columns'
5. Click to unselect all selected categories
6. Reselect the following categories:
   a. Asset #
   b. Location
   c. Acronym
   d. Age Range
   e. Area
   f. Color
   g. Medicaid Approved
   h. Test Name
7. Drag the area column header all the way to the left to be the first column viewed.
8. To display a certain category of diagnostic assessment, click the down arrow to the left of the 'Area' option in the top left column of the screen.
9. Select the 'filter' option. In the first 'contains' box, enter in the name of the category you want to search for diagnostic evaluations. Enter one of the following categories to sort by area. All of the assessments in that category will appear sorted first in the inventory list.
   a. Language (Aphasia)
   b. Language (School Age +)
   c. Language (Birth to 5)
   d. Speech

e. Voice
f. Fluency
g. Oral Motor
h. Social Aspects
i. Literacy
j. Cognition
k. Hearing
l. Technology
m. Other

CALIPSO INSTRUCTIONS FOR STUDENTS
https://www.calipsoclient.com/uams

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
- Go to https://www.calipsoclient.com/uams
- Click on the "Student" registration link located below the login button.
- Complete the requested information, being sure to enter your "school" e-mail address, and record your password in a secure location. Click "Register Account."
- Please note: **PIN numbers are valid for 40 days.** Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to https://www.calipsoclient.com/uams and login to CALIPSO using your school e-mail and **password that you created for yourself during the registration process (step one.)**
- Upon logging in for the first time, you will be prompted to pay the student fee and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

- Click on "Student Information"
- Click on "Contact Info" and then "Edit" for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter "rotation" contact info when on externships. Return to this link to update as necessary.
- Click "Home" located within the blue stripe to return to the home page.

Step 4: View Immunization and Compliance Records

- Before each semester, click on "Student Information" and then "Compliance/Immunizations" to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- To create a document to save and/or print, click "PDF" located within the blue stripe.

- An electronic file of the original documents can be accessed, if uploaded by the Clinical Coordinator, by clicking "Files" located within the blue stripe.
- Click "Home" located within the blue stripe to return to the home page.

Step 5: View/Upload Clinical Placement Files

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
- Click on "Student Information" and then "Clinical Placement" to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the "Browse" button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing "public" for supervisor and clinical administrator access or "private" for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Rename folders** by clicking the "rename" link to the right of the folder name.
- **Delete <u>files</u>** by clicking the "delete" button next to the file name. **Delete <u>folders</u>** by deleting all files from the folder. Once all the files within the folder have been deleted, a "delete" link will appear to the right of the folder name.

Step 6a: Enter Daily Clock Hours

- Click on the "Clockhours" link located on the lobby page or the "Student Information" link then "Clockhours."
- Click on the "Daily clockhours" link located within the blue stripe.
- Click on the "Add new daily clockhour" link.
- Complete the requested information and click "save."
- Record clock hours and click "save" located at the bottom of the screen. You will receive a "Clockhour saved" message.

To add clock hours for a ***different*** supervisor, clinical setting, or semester:
- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

To add additional clock hours to the ***same*** record:
- Click on the "Daily clockhours" link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click "Show."
- Click the "Copy" button located next to the date of a previous entry.
- Record the new clock hours (changing the date if necessary) and click "save" located at the bottom of the screen. You will receive a "Clockhour saved" message.

- To **view/edit** daily clock hours, click on the "Daily clockhours" link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click "Show."

- Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
- Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Step 6b: Submit Clock Hours for Supervisor Approval

- Click on the "Daily clockhours" link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click "Show."
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click "Submit selected clockhours for supervisor approval." Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the "Clockhour list" link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking "Clockhours list" located within the blue stripe.

Step 7: View Clinical Performance Evaluations

- Click on "Student Information" and then "Evaluations."
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
- View a desired evaluation by clicking on the "current evaluation" link highlighted in blue.

Step 8: View Cumulative Evaluation

- Click on "Student Information" and then "Cumulative evaluation" to view a summary of your clinical competency across the 9 disorder areas.
- Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
- Please make note of any areas of deficiency which are highlighted in orange.

Step 9: View Performance Summary

- Click on "Student Information" and then "Performance summary" to view a summary of your clinical performance across all clinical courses to date.

Step 10: View My Checklist

- Click on "Student Information" and then "My Checklist" to view your progress in meeting the clinical requirements for graduation.
- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 11: Complete Self-Evaluation

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
- From the lobby page, click on the "Self-evaluations" link.
- Click on "New self-evaluation."
- Complete required fields designated with an asterisk and press "save."
- Continue completing self-evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, check the "final submission" box and click "save."
- Receive message stating "evaluation recorded."
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from "in progress" to "final".
- To view the evaluation, click "Evaluations list" located within the blue stripe.

Step 12: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click "Supervisor feedback forms."
- Click "New supervisor feedback."
- Complete form and click "Submit feedback."
- Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on "View/edit."

Step 13: View Site Information Forms

- The "Site Information Forms" link located on the lobby page displays pertinent information on the sites/facilities that your school affiliates with for clinical placements.
- To view available information, identify the desired site and click "View" located in the fifth column under submitted.
- Please note: "In progress" forms are not accessible to students; only "submitted" forms are accessible to students.

**CALIPSO
INSTRUCTIONS FOR
CLINICAL SUPERVISORS**

https://www.calipsoclient.com/uams

Step 1: Register as a Supervisor on CALIPSO
(**C**linical **A**ssessment of **L**earning, **I**nventory of **P**erformance, and **S**treamlined **O**ffice-Operations)

- Before registering, have available your 1) PIN provided by the Clinical Coordinator, 2) ASHA card, 3) state licensure card, and 4) teacher certification information if applicable. If possible, have available scanned copies of your certification and licensure cards for upload during the registration process.
- Go to https://www.calipsoclient.com/uams
- Click on the "Supervisor" registration link located below the login button.
- Complete the requested information and click "Register."
- On the following screen, again complete the requested information and click "Save" at the bottom of the page. A "Registration Complete" message will be displayed and you will automatically be logged into CALIPSO.

Step 2: Login to CALIPSO

- For subsequent logins, go to https://www.calipsoclient.com/uams and login to CALIPSO using your 8-digit ASHA number and **password that you created for yourself during the registration process (step one.)**

Step 3: Select Supervisee / Student

- Locate "Change class to:" and select from the drop-down menu the appropriate class
- Click "Change."
- Click on "Student Information"
- Locate "Add Student of Interest" and select your student from the drop-down menu.
Click "Add."

Step 4: View Student Clock Hour Records

- Click on "Clockhours" then "Experience Record" to view a summary of clock hours obtained and clock hours needed.
- Students <u>may</u> be required to gain a minimum of (20) hours in the evaluation and treatment of children and adults for both speech and language disorders which is summarized in the table at the bottom of the page.
- Please note the student's Clinical Competency Level (I, II, or III) on the page header if applicable.
- Print/save clock hour record by clicking "Print Experience Record."
- Click "Student Information" located within the blue stripe to return to the student list.

Step 5: View Student Cumulative Evaluation

- Click on "Cumulative evaluation" to view a summary of your student's clinical competency across the 9 disorder areas.
- Upon completion of the clinical program, students must obtain a competency score set by the program for all clinical skills listed on the form.
- Please make note of any areas of deficiency (highlighted in orange.)
- Click "Student Information" located within the blue stripe to return to the student list.

Step 6: View Student   and Compliance Records

- Click "Compliance/Immunizations" to view a record of compliance and immunization documents.
- To create a document to save and/or print, click "PDF."
- An electronic file of the original documents can be accessed, if necessary and if uploaded by the Clinical Coordinator, by clicking "Files" located within the blue stripe.
- Click "Home" located within the blue stripe to return to the home page.

Step 7: Complete Site Information Form

This form will take approximately 20 minutes to complete. The bulk of the information requested is used by the graduate program to **maintain their ASHA accreditation**. This form only needs to be completed once unless the requested information changes.
- From the home page, click on the "Site Information Forms" link under the Management header.
- Click "Add new form."
- Complete the requested information. Click "Save."

- The new site form will post to a table. To finish completing, click on the "Edit" link in the Basic Info column. Check to see that all of the information is complete, and check the box that states "Check here to mark this section as complete."
- Continue to complete the remaining 5 sections of the form by clicking on each remaining tab (Facility/Department/Patient/Student/Miscellaneous) and completing the requested information. After completing the information in each section, check the box that states "Check here to mark this section as complete". Click "Save."
- After all tabs have been completed, click on the "Site Form List" link located near the top of the page or on the "Site Forms" link located within the blue strip.
- If any sections are incomplete, they will be flagged with a red explanation point. To complete those fields, just click on "edit" and make the necessary changes.
- Once each section is assigned a green checkmark, a "Submit" link will display within a column of the table. Click "Submit" and verify that the status changes to "Submitted."

To Edit/Update a Submitted Form:
- To edit a previously submitted form, simply click the "Copy" link located in the next to the last column. Edit each section as necessary by clicking on the "Edit" link for the corresponding section, making changes, and clicking "Save." Once editing is complete, click "Submit" and verify that the status changes to "Submitted." Delete the older version by clicking on the red "X".

Step 8: Upload Files for Student or Clinical Administrator (optional)

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) pertinent to the clinical experience for a specific student.
- Select the desired student and then click on the "Clinical Placement" link to upload your own file and/or view a file uploaded by your student.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the "Browse" button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing "public" for student and clinical administrator access or "private" for clinical administrator access only.

Move files by dragging and dropping from one folder to another
- **Delete files** by clicking the "delete" button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a "delete" link will appear to the right of the folder name.

Step 9: Complete Midterm Evaluation

- Login to CALIPSO (step two)
- Select the desired "Class" and click "change."
- Click "New evaluation".
- Complete required fields designated with an asterisk and press save.

- Continue completing evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the "final submission" box located just below the signatures.
- Click "save."
- Receive message stating "evaluation recorded."
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from "in progress" to "final". Students will then have access to view the submitted evaluation when logged into the system.
- To view the evaluation, click "Student Information" located within the blue stripe then "evaluations" located to the right of the student's name.

Step 10: Complete Final Evaluation

- Login to CALIPSO (step two)
- Select the desired "Class" and click "change."
- Click "Student Information" then "evaluations" located to the right of the student's name.
- Identify the evaluation completed at midterm and click on "Make a duplicate of this evaluation."
- The duplicated evaluation will appear in the evaluations list.
- Identify the duplicate (noted as "in progress") and click on the "current evaluation" link highlighted in blue.
- Change "Evaluation type" from midterm to final.
- Complete evaluation by changing and/or adding scores for applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the "final submission" box located just below the signatures.
- Click "save."
- Receive message stating "evaluation recorded."

Step 11: Approve Clock Hours

- At the completion of the rotation or as often as directed, your student will log their clock hours into CALIPSO.
- An automatically generated e-mail will be sent notifying you that clock hours have been submitted and are awaiting approval.
- Login to CALIPSO (step two.)
- Click "clockhour forms pending approval."
- Identify your current student's record.
- Click "View/Edit" in the far right column.
- Review hours, making changes if necessary.
- Complete the % of time the student was observed while conducting evaluations and providing treatment.

- Approve clock hours by selecting "yes" beside "Supervisor approval" located at the bottom of the page.
- Click "Save."

Step 12: View Your Supervisory Summary

- For an official record of this supervisory experience (past or present), click on the "Supervision summary" link located under the Management header on the home page.
- Select "Printable view (PDF)" to create a document to save and/or print.

Step 13: View Your Supervisory Feedback

- At the completion of the rotation, your student will complete a supervisory feedback form in CALIPSO.
- An automatically generated e-mail will be sent stating that you have feedback available to view.
- Login to CALIPSO (step two)
- Select the desired "Class" and click "change."
- Click "Supervisor feedback forms."
- Click "View/Edit" in the far right column.

Step 14: Update Your Information

- Update e-mail address changes, name changes, certification expiration dates with corresponding scanned copies of your card by logging into CALIPSO (step two.)
- Click "Update your information."
- Make changes and click "save" and/or click "Edit licenses and certification."
- Update information and upload supporting files and click "save" located at the bottom of the screen.

CALIPSO GRADING CRITERIA

Calipso ratings are based on a 5-point scale using the following ratings:

1-**Not evident**: Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Preceptor must model behavior and implement the skill required for client to receive optimal care. Preceptor provides numerous instructions and frequent modeling (skill is present <25% of the time). Assignment/task is not completed.

2-**Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with preceptor input. Preceptor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time). Student submits assignment(s)/completes task(s) on time but is incomplete and/or inadequate. The submission lacks sufficient details/pertinent information and/or performance is poor.

3-**Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Preceptor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75% of the time). Student completes assignment(s)/task(s) on time but submission/performance is below what is expected. The student demonstrates basic skills but is not able to complete task(s) independently.

4-**Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Preceptor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time). The student usually completes and submits assignment(s)/task(s) on time. Submissions are adequate and require a reasonable amount of revisions. Student appears to be making adequate progress in developing in this area.

5- **Consistently:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Preceptor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time). Student consistently completes and submits tasks/assignments on time. Submissions need very little revisions and contain sufficient details/pertinent information. The student is able to complete this task independently.

Student Professionalism and Preparedness is either met or not met based on the following criteria:

The Student Professionalism and Preparedness section of Calipso is not calculated in the overall rating. These items are scored as "met" or "not met". All items in this section must be met in order to receive a grade of A or B. Any item indicated as "not met" will result in points being taken of the overall score. Below are the items listed in the Student Professionalism and Preparedness section.

1. Demonstrates openness and responsiveness to clinical supervision and suggestions
2. Personal appearance is professional and appropriate for the clinical setting
3. Practices the principles of universal precautions to prevent the spread of infectious and contagious diseases (CAA 3.8B)
4. Differentiates service delivery models based on practice sites (e.g., hospital, school, private practice) (CAA 3.1.1B - Accountability)

5. Explains healthcare landscape and how to facilitate access to services in the healthcare sector (CAA 3.1.1B - Accountability)

6. Explains educational landscape and how to facilitate access to services in the educational sector (CAA 3.1.1B - Accountability)

7. Identifies and acknowledges the impact of both implicit and explicit bias in clinical service delivery and actively explores individual biases and how they relate to clinical services (CAA 3.4B)

8. Identifies and acknowledges the impact of how their own set of cultural and linguistic variables affects clients/patients/students' care (CAA 3.4B)

9. Identifies and acknowledges the impact cultural and linguistic variables of the individual served may have on delivery of effective care (CAA 3.4B)

10. Identifies and acknowledges the interaction of cultural and linguistic variables between caregivers and the individual served (CAA 3.4B)

11. Identifies and acknowledges the social determinants of health and environmental factors for individuals served and how these determinants relate to clinical services (CAA 3.4B)

12. Identifies and acknowledges the impact of multiple languages. Explores approaches to address bilingual/multilingual individuals requiring services, including understanding the difference in cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities. (CAA 3.4B)

13. Recognizes that cultural and linguistic diversity exists among various groups (including d/Deaf and hard of hearing individuals) and fosters the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs (CAA 3.4B)

14. Engages in self-assessment to improve effectiveness in the delivery of clinical services (CAA 3.1.6B)

OFF-CAMPUS PRACTICUM SITES (VARIES EACH SEMESTER DEPENDING ON SITE AVAILABILITY)

Skilled Nursing Facilities/ Nursing Homes

- **Incite Rehab. Facilities**

Practicum Site	various

- **Other Available Nursing Homes**

Practicum Site	various

Hospitals/ Health Centers/Rehabs

Practicum Site	City
UAMS Inpatient	Little Rock
UAMS Outpatient	Little Rock
Baptist Health- Acute Care	Little Rock
Baptist Health Rehabilitation Institute	Little Rock
Jefferson Regional Medical Center	Pine Bluff
Central Arkansas Veterans Healthcare System (VA)	N. Little Rock
St. Vincent Infirmary Medical Center-Sherwood	Sherwood
Conway Regional Medical Center	Conway
Arkansas Children's Hospital Outpatient	Little Rock
ACH Inpatient	Little Rock
ACH-NICU	Little Rock
ACH Specialty Care Clinic	Little Rock
ACH-AIM-HI (summer only)	Little Rock
UAMS-NICU	Little Rock
UAMS-PRI	Little Rock

Adult Centers

Practicum Site	City
UCP Adult Center	Little Rock
ACCESS Life	Little Rock
Easter Seals Residential (6-21)	Little Rock
Timber Ridge Ranch	Benton
Easter Seals Center for Wellness and Training	Little Rock

Public Schools

- **Little Rock School District**

Practicum Site	City
Central High School	Little Rock
Chicot Elementary	Little Rock
Don Roberts Elementary School	Little Rock

Mabelvale Elementary School	Little Rock
Terry Elementary School	Little Rock
Otter Creek Elementary School	Little Rock
Horace Mann Magnet Middle School	Little Rock
Franklin Elementary School	Little Rock
Pinnacle View Middle School	Little Rock
Romine Elementary School	Little Rock
McDermott Elementary School	Little Rock
Forest Park Elementary School	Little Rock
Early Childhood Center	Little Rock
Watson Elementary School	Little Rock
Henderson Middle School	Little Rock

- **Pulaski County School District**

Practicum Site	**City**
Dupree Elementary	Jacksonville
Joe T. Robinson High School	Little Rock
Maumelle High School	Little Rock
Crystal Hill Elementary	Maumelle

- **North Little Rock School District**

Practicum Site	**City**
Sylvan Hills Elementary School	N. Little Rock
Boone Elementary	N. Little Rock
Pikeview Pre-School	N. Little Rock

- **Bryant School District**

Practicum Site	**City**
Early Childhood Program	Bryant
Collegeville Elementary School	Bryant
Bethel Middle School	Bryant

- **Benton School District**

Practicum Site	**City**
Benton Middle School	Benton
Elementary School	

- **Lake Hamilton School District**

Practicum Site	**City**
Lake Hamilton Middle School	Hot Springs
Lake Hamilton High School	Hot Springs
Lake Hamilton Elementary School	Hot Springs

- **Lakeside School District**

Practicum Site	**City**
Lakeside Primary School	Hot Springs

Developmental Centers/Facilities

Practicum Site	City
Access Schools (2 Campuses)	Little Rock
UCP Butterfly	Little Rock
Frances Allen School	Little Rock
Grow Learning Centre	Little Rock
Helping Hand	Maumelle
Easterseals Academy at Riverdale	Little Rock

Outpatient Clinics

Practicum Site	City
KidSource	Multiple locations
Easterseals Outpatient Center	Little Rock
Pediatrics Plus	Multiple locations
Milestones Pediatric Clinic	Conway
Beyond Speech	Little Rock
Allied Therapy	North Little Rock
Hippos & Fish	North Little Rock
Let's Talk	Little Rock
UAMS Kids First	Little Rock
Play RX	Sherwood
Amigos Pediatric Therapy	North Little Rock

Appendix D: COVID-19 Guidelines, Precautions, & Clinic Procedures

UAMS COVID-19 Guidelines, Precautions, and Policy

Up-to-date policies, reports, and announcements can be found at the following website:

https://academicaffairs.uams.edu/covid-19-guidelines-for-students/

This information is subject to change as processes and policies are updated. (Last updated August 11, 2023)

Health and Safety

COVID-19 is contagious. If you have fever, cough or shortness of breath, do not come to UAMS or any other doctor's office, urgent care clinic or emergency room without first calling and getting instructions. UAMS has set up a drive-thru triage screening area designed to screen quickly and safely people with cough, fever, shortness of breath, flu or COVID-19. Additional information can be found here.

The best way to prevent the spread of the flu, COVID-19 and similar viruses is to:

- Avoid close contact with sick people
- Avoid touching your eyes, nose and mouth with unclean hands
- Stay home when you are sick
- Cover all coughs and sneezes with a tissue, then throw the tissue in the trash and wash your hands
- Cough and sneeze into your elbow instead of on your hand
- Clean and disinfect frequently touched objects and surfaces with a household cleaning spray or wipe.

If you have specific questions about COVID-19 in Arkansas, contact the Arkansas Department of Health at 1-800-803-7847

Hand sanitizing stations are located throughout UAMS for frequent hand cleaning. Extra sanitizing procedures will be in place for classroom spaces.

Please make sure that you have a thermometer at home to self-monitor your temperature.

Symptom Screening Process

Employees and students are required to do the online screening only if they have symptoms such as, headache, runny nose, fever, vomiting, nausea, diarrhea, chills, sore throat, shortness of breath or have had close contact with an individual who has an active COVID-19 infection. The UAMS COVID Entrance Screening Survey can be accessed online. You will use your network credentials to access the survey.

If you are *cleared* to enter campus based on your survey responses, an email will be sent to your UAMS email account with that message, and you may come to campus.

If you are *not cleared* to enter campus based on your survey responses, you will receive an email to your UAMS email account with a link to a Student and Employee Health Monitoring Survey and will be instructed to call the Student Employee Health Clinic (SEHS) at 501-686-6565. You will also need to notify the Associate/Assistant Dean in your college. You may not return to campus until cleared by SEHS, and you will have to complete the monitoring survey daily until cleared.

If you are *cleared with conditions*, you may come to campus. You will also receive an email to your UAMS email account with a link to a Student and Employee Health Monitoring Survey that you must complete as soon as possible.

If you are going to a location other than a UAMS site, you will follow those same entry screen processes.

Regardless of site, at any time that a screening evaluation, contact tracing process, or awareness of COVID exposure occurs and a UAMS student needs to be evaluated and/or referred for COVID-19 testing, the student and/or Associate/Assistant Dean* must contact Student Employee Health Services (SEHS) to assist in determination of need and location for testing. SEHS is reached at 501-686-6565 from 8:00 am – 4:30 pm Monday – Friday or contact the on-call nurse at 501-398-8636 outside of clinic hours. If SEHS is the source for notification of failed entry screening or contact tracing identification of exposure, they will assist with this information at the time of notification.

Update to UAMS Mask Policy

Employees and Students:

- Those who are not vaccinated for flu and/or COVID must wear a mask at all times.

- Employees with fever, cough, or cold symptoms should continue to fill out the online screening form to report to Student and Employee Health Services.

Management of employees and students exposed to COVID-19, with confirmed COVID-19 or with Symptoms of COVID-19

Following new guidance issued by the CDC, UAMS has updated guidance for employees and students:

- If you test positive for COVID infection, regardless of vaccine status, you will be required to:
  -Quarantine for 5 days, return to work Day 6 if asymptomatic or mildly symptomatic with improving symptoms.
  -Daily symptom survey completion and conditional in the SEHS system for 10 days.

- If you are exposed to someone with a COVID infection and do not have symptoms, requirements are based on your role and vaccination status:

  - Boosted or fully vaccinated:
    -No work restrictions.
    -Daily symptom survey completion and conditional in the SEHS system for 10 days.

  - Unvaccinated or incompletely vaccinated **Healthcare Providers**
    -No work restrictions with testing (PCR) on Days 0, 3, and 6 post-exposure. Daily symptom survey completion and conditional in the SEHS system for 10 days.
    OR
    -Quarantine for 5 days with PCR testing on Day 5. Return to work with negative PCR. Daily symptom survey for 10 days. Not Cleared in SEHS system until negative PCR result, then conditional through Day 10.

  - All other unvaccinated or incompletely vaccinated employees
    -Quarantine for 5 days with PCR testing on Day 5. Return to work with negative PCR. Daily symptom survey for 10 days. Not Cleared in SEHS system until negative PCR result, then conditional through Day 10. Click here for the complete updated guidelines, and additional information can also be found on this document. Employees and students should report symptoms and exposure on the Entrance Screening Survey and wait to be contacted by Student and Employee Health Services for more information. You can also call SEHS at 501-686-6565.

COVID-19 Vaccinations

If you would like information about the vaccine or where to get vaccinated, visit
— https://www.healthy.arkansas.gov/programs-services/topics/covid-19-vaccination-plan. UAMS provides vaccines at several locations around the state. More information is provided here: https://uamshealth.com/location/?_location_type=covid-19-vaccine-clinic.

Uploading Vaccination Documentation to GUS

Please be sure that you have uploaded ALL of your vaccine information into GUS. This includes all vaccines that UAMS requires as well as any other additional vaccines you have received. Instructions for where to locate and upload this information are found here: https://uamshealth.com/university-healthcare/wp-content/uploads/sites/9/2020/06/Student-Upload-Instructions-2.pdf.

COVID-19 Vaccinations and Clinical Sites

With the resurgence of COVID-19 virus cases in the State of Arkansas, a number of clinical training sites that host students from various UAMS programs are now REQUIRING proof of COVID-19 vaccination for employees and student trainees. If you have not been *fully* vaccinated, you may not be able to attend training at these sites. If you fail to meet the vaccine requirements of the external clinical site, we will work to find an alternate site for you to

complete your requirement. The process of locating an alternate site placement may take some time and delay your progress toward completing your clinical requirement and/or graduation.

CARES Act, CRRSAA, and ARP

Information regarding the UAMS Higher Education Emergency Relief Funds (CARES Act, CRRSAA, and ARP) can be found by clicking on the link below.

[CARES Act/CRRSAA/ARP Disclosure Reports](#)

Additional Resources

[UAMS Health COVID-19 site](#)

[COVID-19 FAQs](#)

[COVID-19 Wellness Resources](#)

[UAMS Residence Hall COVID-19 Requirements and Guidelines](#)

[Arkansas Department of Health COVID-19 site](#)

[Centers for Disease Control and Prevention COVID-19 site](#)

[Teaching Resources to Engage UAMS Learners](#)

[UAMS Resources for Working and Studying Remotely](#)

Associate/Assistant Dean Contact

College of Health Professions — Tina Maddox Ph.D., R.D., L.D., (501) 686-6854
or tmaddox@uams.edu

UAMS CHP Speech-Language and Hearing Education Clinic
Infection Control Safety Procedures

Staff/Student Information
- All UAMS employees and students will complete the online UAMS employee screening procedures only when showing signs/symptoms of illness. (https://uams.edu/COVID19SCREENER/Account/Login?ReturnUrl=%2fCOVID19SCREENER)
- Masks are optional for COVID-19 vaccinated students and faculty. Students and employees with a COVID-19 exemption are required to wear a procedure mask while on campus. All clinicians and staff must wash hands for 20 seconds or use hand sanitizer before and after each client encounter and throughout the day. Hand sanitizers will be used during patient appointments.
- Clinic staff and clinicians will discuss safety protocols with clients as appointments are made, including the option to wear a face covering at the visit. Advise that if they become ill prior to the visit, they need to postpone the visit.

Enhanced safety measures
- We will utilize teletherapy as needed.
- No walk-in appointments.
- Disinfect therapy rooms, audiology booths, and equipment between clients.
- Allow clients to be accompanied by only one companion and only if necessary. For example, parents/guardians or caretakers.

Infection control and disinfection practice
- All communal materials in the waiting room (magazines, toys) have been removed.
- Disinfect equipment and all items clients touch before and after each client encounter.
- Student clinicians working directly with clients will be responsible for disinfecting the patient encounter area.
- Use gloves while cleaning.
- Ensure hand sanitizers are widely available to clients and staff.
- Disinfect all commonly touched surfaces frequently.
  Use proper germicides to disinfect (follow CDC guidelines)
  - Products with an EPA-approved emerging viral pathogen claims are expected to be effective against COVID-19. Follow the manufacturer's instructions for these products.
  - Hard surfaces may be sanitized with ½ cup of regular, unscented bleach per gallon of water follow by a 5 –minute contact time.

Appendix E: Advising Forms

Advisor's Last Name: _____

Student's Last Name: _____

DEGREE PLAN
MASTER OF SCIENCE IN COMMUNICATION SCIENCES & DISORDERS

The following is the Master of Science degree plan for: _____

This student was admitted to the graduate program on: _____

This student entered the graduate program on: _____

All requirements must be completed within six (6) years from the entry date.

Therefore, the student must have requirements completed by: _____

This student chooses to satisfy the research requirement for the degree by completing which option:

☐	Thesis	Six (6) credit hours of Thesis.
☐	Non-thesis	Three (3) credit hours of Independent Research + an elective.

Standard III-A: The applicant must demonstrate knowledge of the principles of biological sciences, mathematics, and the social/behavioral sciences. Official transcripts in the student's files includes at least three (3) semester hours of credit at the college level (non-remedial) in each of the following:

1. Biological science (minimum 3 hours)

Course Title: _____   Course #: _____

University: _____   Semester/Year: _____

2. Physical science (minimum 3 hours)—Physics or Chemistry

Course Title: _____   Course #: _____

University: _____   Semester/Year: _____

3. Social/Behavioral science (minimum 3 hours)

Course Title: _____   Course #: _____

University: _____   Semester/Year: _____

4. Statistics (minimum 3 hours)

Course Title: _____   Course #: _____

University: _____   Semester/Year: _____

This plan was prepared on: _____

Student Name: _____

Student Signature: _____

Advisor Signature: _____

M.S. SLP Curriculum – Five Semesters

A minimum of 54 semester credits (SC) are required for graduation. The following 54 credit sample degree plan demonstrates a program that meets the credit minimum. The course work represents a minimum of 46-47 credits of classroom courses (including 3 credits of Independent Research or 6 credits of Thesis) and 8 credits Practicum.

SEMESTER	UAMS COURSE #	TITLE	CREDITS
Fall 1	CSDI 51833	Spoken Sound Disorders	3
	CSDI 50933	Neurogenic Language Disorders	3
	CSDI 53502	Voice Disorders	2
	CSDI 51153	Child Language Disorders	3
	CSDI 5050V	Practicum	1
	CSDI 5203V	Topics in SLP (Clinic Lab 1)	1
Total			**13**
Spring 1	CSDI 52802	Literacy Disorders	2
	CSDI 51933	Social Communication Disorders	3
	CSDI 51902	Neurogenic Speech Disorders	2
	CSDI 52133	Dysphagia	3
	CSDI 5050V	Practicum	1
	CSDI 5203V	Topics in SLP (Clinic Lab 2)	1
Total			**12**
Summer	CSDI 50133	Research Methods in Communication Dis	3
	CSDI 5363V **or**	Independent Research **or**	1
	CSDI 5200V	(Thesis)	(1)
	CSDI 5050V	Practicum	1
	CSDI 5203V	Topics in SLP (Clinic Lab 3)	1
Total			**6**
Fall 2	CSDI 51632	Aural Rehabilitation	2
	CSDI 51202	Fluency Disorders	2
	CSDI 52903	Multicultural Issues	3
	CSDI 51143	Cognitive Communication Disorders	3
	CSDI 5363V **or**	Independent Research **or**	1
	CSDI 5200V	(Thesis)	(1)
	CSDI 5050V	Practicum	2
Total			**13**
Spring 2	CSDI 51502	Ethics & Professional Issues	2
	CSDI 50402	Augmentative and Alternative Communication	2
	CSDI 5050V	Practicum	3
		Select One:	
	CSDI 5200V	Thesis (*no elective needed*)	(4)
	CSDI 5363V	Independent Research (**select one elective**)	1
		Electives:	
	CSDI 52602	Craniofacial Speech Disorders	2
	CSDI 51703	Counseling in Communication Disorders	3
	CSDI 52702	Advanced Differential Diagnosis	2
	CSDI 5304V	Independent Study (LEND students only) Sec 01	2
	CSDI *5304V*	*Independent Study Sec 02*	2
	CSDI *5203V*	*Topics in Speech-Language Pathology*	2
Total			**10-11**
PROGRAM TOTAL			**54-55**

Student: _____ **Advisor:** _____

CURRICULUM GUIDE FOR M.S. STUDENTS (CSDM)

Fall one (13 credit hours)

☐	Practicum	(core)	1 credit hour
☐	Topic in SLP: Clinic Lab 1	(core)	1 credit hour
☐	Neurogenic Language Dis.	(core)	3 credit hours
☐	Spoken Sound Disorders	(core)	3 credit hours
☐	Voice Disorders	(core)	2 credit hours
☐	Child Language Disorders	(core)	3 credit hours

Spring one (12) credit hours)

☐	Practicum	(core)	1 credit hour
☐	Topics in SLP: Clinic Lab 2	(core)	1 credit hour
☐	Literacy Disorders	(core)	2 credit hours
☐	Dysphagia	(core)	3 credit hours
☐	Neuro Speech Disorders	(core)	2 credit hours
☐	Social Communication Dis	(core)	3 credit hours

Summer one (6 credit hours)

☐	Practicum	(core)	1 credit hour
☐	Topic in SLP: Clinic Lab 3	(core)	1 credit hour
☐	Research Meth in Com Dis	(core)	3 credit hours
☐	Research/Thesis	(core)	1 credit hour

Fall two (13 credit hours)

☐	Practicum	(core)	2 credit hours
☐	Aural Rehabilitation	(core)	2 credit hours
☐	Research/Thesis	(core)	1 credit hour
☐	Fluency Disorders	(core)	2 credit hours
☐	Cognitive Com Disorders	(core)	3 credit hours
☐	Multicultural Issues	(core)	3 credit hours

Spring two (10 – 11) credit hours)

☐	Practicum	(core)	3 credit hours
☐	Ethics & Professional Issues	(core)	2 credit hours
☐	Augmentative/Alternative Com	(core)	2 credit hours
☐	Research/Thesis	(core)	1 or 4 credit hours

If not enrolled in thesis choose one elective from the following

☐	Counseling in Com. Dis.	(elective)	3 credit hours
☐	Craniofacial Speech Disorders	(elective)	2 credit hours
☐	Advanced Differential Diagnosis	(elective)	2 credit hours
☐	Topics in SLP	(elective)	2 credit hours
☐	Independent Study 01 (LEND)	(elective)	2 credit hours
☐	Independent Study 02	(elective)	2 credit hours

Total Graduate Credit Hours = **54-55** _____ *(Minimum requirement is 54)*
Total UG or post-bac. professional hours + _____
Total of all hours: _____ *(Must = 75 hours)*

Rev 08.01.23 (curriculum applicable for students entering fall 2023 or later)

SLP ADVISING BINDER CHECKLIST
M.S. in Communication Sciences and Disorders (CSDM) – Speech Language Pathology

Student: _____   **Advisor:** _____

Instructions: This checklist should be placed in each student's main folder. Mark as each item is completed by clicking the corresponding box to the left. If not applicable, indicate with N/A.

Section 1:   **Advising Information**
☐   Curriculum Guide
☐   Degree Plan
☐   Undergraduate Course Review   ☐ Yes, upon admission
                       Satisfied?   ☐ Yes, on date: _____
                                            ☐ Not completed prior to graduation
☐   Handbook Statement (signed)
☐   Honor Code (signed)
☐   CHP Photo/Video/Audio Release Form (signed)
☐   Technical Standards / Core Functions Statement (signed)
☐   Pretests Scores (passing)
☐   CITI Training Certificate
☐   Advising Log

Section 2:   **Admission Information**
☐   Admissions Offer Letter
☐   Program Welcome letter
☐   CSDCAS Graduate School Application
☐   Undergraduate Transcripts
☐   Final undergraduate transcript (showing date degree was awarded)

Section 3:   **Graduation Documentation**
☐   Report of Comprehensive Examination
☐   Thesis Review   ☐ Yes, submitted to ProQuest (if applicable) ☐ No, not applicable
☐   Advisor Memo Stating Completion of Degree Requirements
☐   KASA-Calipso Forms
      (e.g., 2020 Standards CCC-SLP Verification (signed), Calipso Clockhour Database (signed), Calipso Experience Record, Calipso Cumulative Evaluation, KASA Summary)
☐   Copy of Final UAMS Transcripts (with degree posted)

Section 4:   **Clinic/Practicum**
☐   ASP Confidentiality Statements
☐   Acknowledgement of Professional Conduct
☐   BLS Certification Documentation
☐   Observation Hours (minimum 25 hours)

Section 5:   **Miscellaneous (if applicable)**
☐   Action Plans and Remediation Plans (As Applicable)
☐   Correspondence
☐   Miscellaneous information

IPE Milestone Log

Student Name: _____

Milestone	Course Activity	Activity Completed	Milestone Completed
1: Exposure Workshop	UNIV 11000 001		
2: Bridge Activity	UNIV 12000 001		
3: Quadruple Aim Project	UNIV 13000 001		
4: Simulation	UNIV 14000 001		
5: Competence Workshop	UNIV 15000 001		
6: Practice Activity	UNIV 16000 001		
7: Student Instructor	UNIV 17000 001		

University of Arkansas for Medical Sciences
Department of Audiology and Speech Pathology
College of Health Professions

STUDENT HONOR CODE

Whereas, the degree programs in audiology and speech-language pathology are dual purpose – academic and professional – they are designed to produce graduates who are competent both as scientists and clinicians. For the health of the field, it is imperative that its members work in the best interest of the populations they serve and for the general society. In order to achieve this goal, members must be trusted to work independently. That is, competent scientists and professionals must work _on their honor_. It follows that students striving to become honorable scientists and professionals must be trustworthy and must be able to perform _on their honor_.

Therefore, I, _____, pledge that I will work _on my honor_ in all facets of the program – class work, practicum, research – to accomplish the assignments, tasks, and activities which may be required of me. I understand that academic, scientific, or professional dishonesty will result in my dismissal from the program.

_____ Date_____
Student Signature

UAMS DEPARTMENT OF AUDIOLOGY & SPEECH PATHOLOGY
UAMS CHP Speech and Hearing Clinic
4021 West 8th Street
Little Rock, AR 72204
501-320-7300 Phone   501-214-2161 Fax

I understand that, as a related part of my coursework, supervised observation practicum, and supervised practicum, I will have access to confidential information regarding clients of the UAMS CHP Speech and Hearing Clinic and other facilities.

I promise **NOT** to violate the privacy of any client by:

1. discussing information with persons other than faculty, supervisors, and other student clinicians for the purpose of clinical education.

2. placing confidentiality of information at risk by removing client files from the clinic or failing to implement appropriate procedures for reviewing files*.

I understand that a breach of confidentiality will result in serious penalties as determined by the faculty and administration of the program or sponsoring institutions. Penalties could include dismissal from the UAMS Department of Audiology and Speech Pathology.

My signature below indicates that I have read this statement carefully. In addition, the statement and its ramifications have been explained by a faculty member in the context of either practicum meetings or classes.

_____   _____
Student Signature   Date

_____
Printed Name

*Procedures for reviewing files are posted in the clinic office.

UAMS College of Health Professions
AUTHORIZATION to TAKE and DISCLOSE
PHOTOGRAPHS or VIDEO/AUDIO RECORDINGS

Name of Subject: _____ Date: _____
Print Name

UAMS ID#: _____

I hereby consent to the taking of photography, audio/visual recordings or other images of me by UAMS. I understand that the photographs and recording described above may be used by the UAMS College of Health Professions faculty for educational purposes. I also give my permission and authorize the UAMS College of Health Professions to make and DISCLOSE photographs or recordings to the public for educational, commercial, or other purposes as follows:

- UAMS internet website(s)
- UAMS Posters, UAMS Publications, UAMS Photograph Books (by, on behalf of, or about

UAMS) Student slide shows

UAMS is not receiving direct or indirect compensation for use/disclosure of the photograph/recordings described in this Authorization.

Expiration Date – This Authorization expires after the photographs and recordings are no longer needed by UAMS for the use and disclosure that I have authorized.

Withdrawal of Authorization – I understand that I am not required to sign this Authorization. If I sign this Authorization, I may revoke/withdraw the Authorization at any time by giving written notice to UAMS College of Health Professions Slot # 619, 4301 W. Markham, Little Rock, AR 72205. A withdrawal of this Authorization will not apply to records, information, photographs, audio/visual recordings or other information already used/released in reliance upon original authorization.

A photocopy, faxed, or scanned copy of this signed Authorization shall constitute a valid authorization.

During the recording/filming, I have the right to stop recording/ filming at any time.

Release of Liability – I agree that UAMS, including its governing Board, physicians, agents and employees, are hereby released from legal responsibility or liability for the access and release of my information to the extent indicated and authorized herein.

Re-Disclosure – I understand that once the above information is disclosed, it may no longer be protected by privacy laws.

Signature _____

Street Address _____

City _____ State _____ Zip _____

Telephone # _____

University of Arkansas for Medical Sciences
Department of Audiology and Speech Pathology
College of Health Professions

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Please sign <u>ONE</u> of the following Technical Standards statements:

Statement for Students who are <u>NOT</u> Requesting Accommodations

I certify that I have read and understand the <u>Technical Standards of Candidates for Program Admission and Continuance</u> listed above and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards, I may be dismissed from the program.

_____   _____/_____/_____
Signature of Applicant   Date

_____
Printed Name of Applicant

OR

Statement for Students Requesting Accommodations

I certify that I have read and understand the <u>Technical Standards of Candidates for Program Admission and Continuance</u> listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the *ADA/Disability Services* Office to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodation, I may be dismissed from the program.

_____   _____/_____/_____
Signature of Applicant   Date

_____
Printed Name of Applicant

Department of Audiology and Speech-Language Pathology
4021 West 8th Street
Little Rock, AR 72204
Office: (501) 320-7300
Fax: (501) 214-2161

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UAMS CHP SLP ACADEMIC & CLINIC HANDBOOK STATEMENT

My signature on this page serves as verification that I have read the UAMS CHP SLP Academic & Clinic Handbook. By signing this form, I certify that I have read and understand the handbook for the Communication Sciences and Disorder Speech-Language Pathology Program in the UAMS CHP Department of Audiology and Speech-Language Pathology. I agree to abide by all of the policies and procedures stated in this manual and understand that failure to do so may jeopardize my progress in the M.S. program. Potential consequences include probation, withdrawal from clinic, and in more egregious cases, withdrawal from the program.

_____

Name of Student (print)

_____   _____

Signature of Student   Date

Return this document to:

M.S. Program Director
UAMS CHP Department of Audiology and Speech-Language Pathology
University of Arkansas for Medical Sciences
4021 West 8th Street
Little Rock, AR 72204