

**GENERAL PRACTICES  
CLINIC MANUAL  
2019-2020**

**OHIO UNIVERSITY  
THERAPY ASSOCIATES  
HEARING, SPEECH AND LANGUAGE CLINIC**

INFORMATION FOR  
COMMUNICATION SCIENCES AND DISORDERS  
GRADUATE STUDENT CLINICIANS  
OHIO UNIVERSITY CLINICAL SUPERVISORS

Modified 06-2019

The Speech-Language Pathology and Audiology programs are accredited by the Council on Academic Accreditation of the American-Speech-Language-Hearing Association (ASHA) through October 31, 2019

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## Welcome

Welcome to the Ohio University Therapy Associates Hearing, Speech and Language Clinic in the Division of Communication Sciences and Disorders, CSD, at Ohio University. This Manual is designed to answer many of the questions you may have about general clinic procedures, student clinician responsibilities, and supervisor roles and responsibilities. If you do not find the answer to one of your questions, please talk with your clinical supervisor, the Coordinator of HSL Clinic Services (CCS) or the Directors of Clinical Education (DCE) for your discipline, and they will be happy to help. As you read this Manual, if you have any suggestions or comments on information to include, please forward these suggestions to Brandie Nance, AuD, by mail or e-mail: [nanceb@ohio.edu](mailto:nanceb@ohio.edu).

The current clinical staff members are listed below:

<b><u>Supervisor</u></b>	<b><u>Certification Area</u></b>	<b><u>Phone</u></b>
Brandie Nance, Au.D., CCC-A	Coordinator of HSL Clinic Services Audiology	740-593-0417
Nicole Brandes, Au.D., CCC-A	Audiology	740-593-1413
Rebecca Meier, Au.D., CCC-A	Director of Clinical Education Audiology	740-593-0448
Kalyn McDonald, Au.D., CCC-A	Audiology	
Kristi Kinnard., M.A., CCC-SLP	Speech/Language Pathology	740-593-0993
Janice Wright, M.A., CCC-SLP	Director of Clinical Education Speech/Language Pathology	740-593-9474
Sarah Taylor, M.A., CCC-SLP	Speech/Language Pathology	740-597-1482

<b><u>Staff</u></b>	<b><u>Title</u></b>	<b><u>Phone</u></b>
Tara Wallace	Business Manager	740-593-1419
Mindy Robson	Office Manager	740-593-1404
Sarah Cornwell	Administrative Services Associate	740-597-2535
Misty Hutchison	Records Management Senior Specialist	740-593-9457

Throughout the program, students will meet additional supervisors at off-campus sites who will also provide excellent clinical experiences outside of the OU clinic.

## Clinic Background

The Ohio University Hearing, Speech and Language Clinic (HSLC), in the School of Rehabilitation and Communication Sciences, Division of Communication Sciences and Disorders, is a business as well as a training facility. The clinic opened in 1937 as a speech clinic and has been housed in various buildings on campus over the years. The Clinic provides hearing, speech and language services to community members, students, faculty and staff, of all ages. Clients in the HSLC are charged fees for the services rendered by staff and student clinicians. The primary goals of the HSLC are to provide quality services to our clients and to provide a comprehensive student practicum training site where diagnostic and therapeutic services are delivered. These goals are accomplished by the direct involvement of the supervisors with student clinicians in the training process, and by providing a high-quality service product. The supervisors have a variety of backgrounds and focus areas that provide a broad spectrum of valuable knowledge and skills.

## Mission

The mission of the Communication Sciences and Disorders Hearing, Speech and Language Clinic is to promote excellence in the clinical education of students and to provide the highest quality of services to the community.

## Clinical Practicum

### Student Requirements for orientation

Before providing any clinical services either in the HSLC, or at external sites, student clinicians are required to provide documentation of the items listed below. Forms and detailed instructions are provided via email during summer semester prior to attending graduate school. These are due prior to orientation and must be uploaded to Typhon/submitted by the date provided in your email instructions. All documentation is housed on the secure Typhon website. Those who have access to this information include the Associate Director of CSD, the CSD Coordinator of Professional Programs, the CSD Administrative Associates, the Records Management Senior Specialist, the Coordinator of HSL Clinic Services, and the Directors of Clinical Education.

ALL ITEMS MUST BE SUBMITTED PRIOR TO ORIENTATION FOR PARTICIPATION IN CLINIC ACTIVITIES SUCH AS TOURS, CLIENT PREPARATION, ETC. If you are missing any documentation, you will not be permitted in the clinic.

***You must double-check Typhon to ensure your documentation is sufficient by the provided due date. Notices are located in the bottom right hand corner of your Typhon screen.***

### **TOP Priorities: Begin Process ASAP**

#### **TASK:**

-Medical Report

-DPT Immunization

- Td Booster
- Oral Polio vaccine
- MMR
- Varicella vaccine or titer\*
- Hepatitis B 1<sup>st</sup> shot or titer\*
- Hepatitis B 2<sup>nd</sup> shot
- Hepatitis B 3<sup>rd</sup> shot
- Step 1 of Two-Step TB (shot #1)\*\*
- Step 2 of Two-Step TB (shot #2)
- Pre-clinical observation hours (signed on School or Clinic letterhead)
- CPR Certification Card
- Professional Liability Insurance card
- Completed FBI Background check
- Completed BCI Background check

- Clinical hours...if applicable
- HIPAA Training
- Data Security & Privacy Training
- [Universal Precautions Training](#)
- [TB Transmission Training](#)
- [Plagiarism Training](#)
- [Protection Children Training](#)
- Shine a Light Webinar
- Emergency Preparedness Training
- Professional Behaviors (completed at orientation)
- To prepare, but no submission of documents on Typhon**
- Clinic Uniform Prep
- General Clinic Manual Review
- AuD/SLP Manual Review

\*Titer is a blood draw to look for antibodies against the disease. Verification of history of the disease is not acceptable.

\*\*Alternatives to the Two-Step TB shot are the blood test, interferon-gamma release assay (IGRA) (1 step) and chest x-ray (1 step). Students may complete the alternate options if they have had a positive skin test in the past with no active TB and/or the location completing testing does not do the skin test.

Additional documentation will be completed and uploaded to Typhon at the completion of orientation

## Student Annual Requirements for Clinical Practicum

**Students who do not maintain the following documentation will have clinical privileges revoked.**

Annual documentation is to be uploaded to Typhon prior to the expiration date when applicable

- Medical Report/Physical Examination
- Step 1 TB\*\*
- CPR Certification Card (may not expire annually, double-check your training certificate)
- Professional Liability Insurance card
- HIPAA Training
- Review Emergency Preparedness Manual
- Professional Behaviors
- Criminal Back Checks with FBI/CBI
- [-Protection Children Training](#)
- Shine a Light Webinar
- Data Security and Privacy Training

\*\*Alternatives to the TB shot are the blood test, interferon-gamma release assay (IGRA) and chest x-ray. Students may complete the alternate options if they have had a positive skin test in the past with no active TB and/or the location completing testing does not do the skin test.

Students will be required to comply with any additional requirements stipulated by their offsite clinical placement. See Offsite Clinical Placement section for additional information.

Failure to comply with any of the items listed above, within the specified timelines provided at orientation, and annually thereafter, will result in failure to conduct patient treatment in the HSLC clinic, failure to secure externship sites required of the program, and subsequent delay of graduation.

## **Staff Requirements for Clinical Practice**

Before providing any clinical services either in the HSLC clinicians are required to provide documentation of the items listed below. This documentation is housed within the School office: Grover Center W218. Access to this information is restricted to CSD Administrative Associates and the HSLC Clinical Coordinator or HSLC Business manager as needed.

ALL ITEMS MUST BE SUBMITTED PRIOR TO THE START OF CLINICAL PRACTICE. If you are missing any documentation, you will not be permitted in the clinic.

### **ALL STAFF:**

- Medical Report
- DPT Immunization
- Td Booster
- Oral Polio vaccine
- MMR
- Step 1 of Two-Step TB (shot #1)\*\*
- Step 2 of Two-Step TB (shot #2)
- Varicella vaccine or titer\*
- Hepatitis B 1<sup>st</sup> shot or titer\*
- Hepatitis B 2<sup>nd</sup> shot
- Hepatitis B 3<sup>rd</sup> shot
- CPR Certification Card
- Completed FBI Background check
- Completed BCI Background check
- HIPAA Training
- Universal Precautions Training
- TB Transmission Training
- Protecting Children Training
- Shine a Light Webinar
- Data Security and Privacy Training
- Review Emergency Preparedness Manual and sign attestation

### **CLINICAL PRACTITIONERS:**

- Ohio State Licensure
- ASHA Certification
- Professional Liability Insurance
- An NPI established and attached to HSLC
- Clinic Manual Review
- State licensure and national certification CEU requirements
  - Completed a minimum of 2 hours of professional development in the area of supervision/clinical instruction
  - Completed a minimum of 1 hour in the areas of ethics each certification maintenance period

\*Titer is a blood draw to look for antibodies against the disease. Verification of history of the disease is not acceptable.

\*\*Alternatives to the Two-Step TB shot are the blood test, interferon-gamma release assay (IGRA) (1 step) and chest x-ray (1 step). Clinicians may complete the alternate options if they have had a positive skin test in the past with no active TB and/or the location completing testing does not do the skin test.

## **Staff Annual Requirements for Clinical Practice**

**Staff who do not maintain the following documentation will have clinical privileges revoked.**

- Ohio State Licensure
- ASHA Certification in professional discipline
- CPR Certification Card (may not expire annually, double-check your training certificate)
- Professional Liability Insurance / OSLHA membership
- HIPAA Training
- Review Emergency Preparedness Manual and sign attestation and return to Clinical Coordinator
- Protecting Children Training
- Shine a Light Webinar
- Data Security and Privacy Training
- State licensure and national certification CEU requirements

## **Federal/Background Criminal Investigation (FBI/BCI)**

Policy is pending faculty and legal review and will be made available when complete.

The Ohio University CSD graduate programs prepare students to be eligible for national certification and Ohio state licensure. There are certain situations in which a student may be denied certification and state licensure based on the outcome of a FBI/BCI check. All students are required to complete an initial and annual FBI/BCI check prior to working in the HSLC and for off-campus clinical placements. Background checks that identify a specific offense will be reviewed on a case-by-case basis. The program will also consult with the Ohio University Legal Department and state licensure boards to determine if the offense is one that prohibit the student from obtaining certification and/or Ohio state license. A guaranteed disqualifying offense is conviction for human trafficking. Students charged with this offence would automatically be disqualify from receiving Ohio state licensure. <http://codes.ohio.gov/orc/4776.20v2>

Most off-campus clinical placements requirement FBI/BCI checks. Off-campus placements may either request a copy of your annual background check or require one completed through their facility prior to the start date. It is at the discretion of the off-site placement on whether to permit a student with an identified offense to complete the clinical placement. There is no guarantee that the student who has be denied placement will be placed at another site during the affected semester. This may result in a delay in graduation.

## **Drug Screening Policy**

### **Communication Sciences and Disorders**

Policy is pending legal review and will be made available when complete.

## **Off-Campus Clinical Placements**

Student clinical experiences occur in a variety of settings including on-campus clinic, part-time off-campus regional sites, and full-time externships. Reliable personal transportation is a function of obtaining clinical experience in rural Ohio.

Students are expected to follow facility specific policies and procedures and comply with any additional requirements stipulated by the facility or as outlined in the Affiliation Agreement (AA) specific to that facility. The AA is a legal contract between the University and facility. Once the AA is approved and signed by all parties it will be provided to the student by the Directors of Clinical Education (DCE) for review. The AA is also available via Typhon and/or the Clinical Education Blackboard. Students are required to sign an AA attestation indicating they have reviewed the AA and completed all requirements specific to that facility. The attestation will be uploaded by the student to Typhon. Facility requirements may be in addition to what is listed above under the section "Student Requirements" and may result in an additional expense to the student. Some off-campus facilities request student documentation (i.e. medical history, TB results, drug screening results, FBI/BCI checks) be sent directly from the School rather than the student. Because of this potential request, students will be asked to sign a release of information prior to being assigned to an off-campus facility. The Schools Administrative Services Associate will provide this information to the facility at their request.

**Screening opportunities**, involving both hearing and speech students, occur randomly during the year at off-campus sites. Assignments are made based on student availability.

**Part-Time** placements occur at regional sites (within a commutable daily driving distance) with which the College has established affiliation agreements. Students are assigned to part-time sites (one-day per week) after obtaining initial on-campus clinical experience and after showing sufficient progress within the program. Students who do not show sufficient progress within their academic coursework or the HSLC will remain at the University clinic until sufficient progress has been demonstrated. In some semesters, part-time placements are not always available to every student. In these situations placements will be assigned at the discretion of the DCE with input from clinical supervisors and academic faculty.

**Full-Time 13/14-week externships and the audiology final externship year** occur at specified times during the program. Dates for externship placements are determined by the DCE and site and may not be altered by the student without written permission from the DCE. Fulltime externship sites may be located nationally; however, there is a list of state exceptions which can be reviewed with the DCE. In order to initiate externship placement, students will be required to complete an externship worksheet indicating site preferences. Once complete, students are required to meet with their respective DCE for review. The DCE will then initiate communication with acceptable sites. Students will be notified when sites have indicating acceptance. An AA agreement will be initiate or renewed (if applicable). A signed agreement must be in place before the externship can begin. Students are encouraged to have a backup choice in situations where an agreement cannot be reached, the agreement is terminated, or staff changes occur. The DCE provides assistance and guidance throughout the entire externship process.

Student clinicians are expected to abide by all Ohio University General Practice clinic standards, guidelines and procedures as well as those specific to the off-campus placement. Additional information regarding clinical practicum can be found in either the SLP or Audiology Manual.

## Professional Expectations

### Professional Dress Code/Clinic Uniform



The Hearing, Speech and Language Clinic, is a place of business where patients are provided with professional services and billed a fee for those services. Professional appearance of the staff, the students, and the facility, is part of the professional package.

**ALL** CSD graduate students must present a professional appearance when within any clinic space visible to any of our patients who might be either entering or exiting clinic treatment or diagnostic rooms and/or sitting in the waiting room. This dress code applies to graduate students conducting treatment, visiting with supervisors, accessing any rooms in the clinic, or conducting research during clinic business hours Monday – Friday, 8:00 a.m. -5:00 p.m. and Tuesday/Thursday 5:00 to 6:00 p.m.

**SLP** graduate students are required to wear a clinic uniform during their scheduled clinic block times – even if not specifically engaged in therapy. A clinic uniform consists of an embroidered OU green polo shirt and khaki pants. Polo shirts specifically designed for the program must be purchased prior to the first day of clinic. Directions and links for purchase of the approved polo shirts are provided in pre-Orientation documentation. SLP graduate students are required to observe the general professional dress code at all other times when visible to patients in the clinic.

**AuD** graduate students are required to wear a green lab coat during all direct patient contact time. Direction and links for purchase of the approved lab coats are provided in pre-Orientation documentation. AuD graduate students are required to observe the general professional dress code at all times when visible to patients in the clinic.

If you are to be conducting treatment and are in violation of the dress code, determined at individual supervisor discretion, you will conduct treatment as scheduled, but fail to obtain clinical hours for that treatment session.

If you are in clinic areas visible to patients for reasons other than direct treatment, and are in violation of the dress code, you will be asked to leave.

Failure to comply with proper dress code and personal appearance requirements can result in removal from a clinical education site or in a failing grade for the clinical experience. The student is responsible for all costs associated with the clinical dress code.

**You must adhere to the following Professional Dress Code:**

1. Casual street clothes/pajamas/sweats/shorts/sandals/flip-flops, etc. are only permitted in the keyed entry hallway, student lounge, computer room, and file room.
2. Above the knee skirts or shorts of any kind are not permitted. When conducting treatment on the floor, attire should be worn that does not show any area of the leg above mid-calf.
3. Tank tops, crop tops, halters, or other brief, sleeveless, off the shoulder, or sheer attire is not permitted.
4. Tops should not contain pictures, designs, or logos unrelated to the professions of speech-language pathology or audiology.
5. Stomach areas, belly buttons, lower backs, women’s cleavage, or men’s chest, are not to be visible in any position including standing, sitting on a chair, kneeling, bending over, or sitting on the floor.

6. No spandex or skintight clothing tops or bottoms. Leggings, jeggings, or tights are not permitted. Colored denim slacks or trousers and blue jeans are not permitted.
7. Undergarments, or portions of undergarments, are not to be visible in any position including standing, sitting on a chair, kneeling, bending over, or sitting on the floor.
8. Tattoos, multiple ear piercings, and body piercings are not to be visible. This includes nose rings, studs, brow, lip, and chin piercings. For your personal safety (child may pull on jewelry and in keeping with the professional dress code) no more than 2 piercings per ear in the lobe or pinna is acceptable. No chains or cuffs are allowed. All tattoos must be covered and not visible to maintain a professional appearance. We reserved the right to ask you to remove excessive jewelry and cover tattoos.
9. Only flat, close-toed, closed heel shoes are permitted. Stockings, socks, or footies are required. No bare feet inside of shoes. No boots. No tennis shoes.
10. Students are expected to have showered and maintained personal hygiene prior to entering the clinic. Hair should be clean, presentable, and non-distracting in keeping with professional attire.
11. Clothing is expected to be clean and wrinkle-free.
12. Nails are to be clean. If nail polish is worn, it is to be neat and not chipped. Chip nails increase the chance of bacteria. Keep natural nail tips less than a 1/4<sup>th</sup> inch long.
13. Perfumes and colognes are not permitted.
14. Dangling or noisy jewelry is not permitted.
15. Gum is not to be chewed in the clinic.

Dress codes will vary across off-campus clinical placements. Make certain of the dress code **BEFORE** reporting to that facility to complete screenings, diagnostics, or treatment.

### **Punctuality/Dependability**

Student Clinicians are expected to:

- Begin and end client appointments at the scheduled times.
- Submit all written assignments (e.g. lesson plans, test results, reports, letters, goals, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines.
- Attend all meetings/ conferences/ consultations promptly and within appointed time frames.
- Prepare for and conduct clinical services as assigned.
- Carry out all duties to accomplish total case management as agreed upon with the clinical supervisor (e.g. forms, phone calls, referrals, etc.).
- Make appropriate arrangements and notify all concerned regarding any changes in schedule, room assignment, or cancellation.
- **Excused Clinic Absences:** only certain absences are considered legitimate by the University; these include illness, death in the immediate family, religious observance, jury duty, and involvement in

University–sponsored activities. Any absence involves not only you, but your client, your supervisor, the office manager, and the person who will substitute for you. Please provide notification as far in advance as possible and participate in the process to find a substitute.

## **Student Clinician Professional Behaviors**

Developing professional behaviors is one of the key elements to being a successful audiologist or speech-language pathologist. Through practicum assignments, opportunities are available to develop clinical skills at the Ohio University HSLC and the off-campus clinical placements. In addition to learning evaluation/therapy procedures, clinicians will learn to manage themselves as professionals.

### **Professional Behaviors\***

- 1. Critical Thinking**
- 2. Communication**
- 3. Problem Solving**
- 4. Interpersonal Skills**
- 5. Responsibility**
- 6. Professionalism**
- 7. Use of Constructive Feedback**
- 8. Effective Use of Time and Resources**
- 9. Stress Management**
- 10. Commitment to Learning**
- 11. Culturally Responsive Practices**

\*Adapted for CSD from:

Warren, W.M., Morgan, B.J., Lemke, J. C., Karst, G.M., Stone, H.L. (1995). Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education*, 9(1), 3-6.  
Revised for Physical Therapy 2008-2009 by: Warren May, Laurie Kontney, Z. Annette Iglarsh, and further adapted for CSD Hearing, Speech and Language Clinic.

### **1. Critical Thinking**

**The ability to question logically, identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.**

Beginning Level: 1<sup>st</sup> year SLP/AuD

- Raises relevant questions
- Considers all available information
- Articulates ideas
- Understands the scientific method
- States the results of scientific literature but has not developed the consistent ability to critically appraise findings, (i.e. methodology and conclusion)

- Recognizes hole in knowledge base
- Demonstrates acceptance of limited knowledge and experience

Intermediate Level: 2<sup>nd</sup> year SLP/2<sup>nd</sup> & 3<sup>rd</sup> year AuD

- Feels challenged to examine ideas
- Critically analyzes literature and applies it to patient management
- Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques hypotheses and ideas at a level consistent with knowledge base
- Acknowledges presence of contradictions

Entry Level: Extern SLP/3<sup>rd</sup> year AuD

- Distinguishes relevant from irrelevant patient/client data
- Readily formulates and critiques alternative hypotheses and ideas
- Infers applicability of information across populations
- Exhibits openness to contradictory ideas
- Identifies appropriate measures and determines effectiveness of applied solutions efficiently
- Justifies solutions selected

Post-Entry Level: CF, PEY, 4<sup>th</sup> Year AuD

- Develops new knowledge through research, professional writing and/or professional presentations
- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- Weighs information value based on source and level of evidence
- Identifies complex patterns of associations
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically

## **2. Communication Skills**

**The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.**

Beginning Level: 1<sup>st</sup> year SLP/AuD

- Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression and legible handwriting
- Recognizes impact of non-verbal communication in self and others
- Recognizes the verbal and non-verbal characteristics that portray confidence
- Utilizes electronic communication appropriately

Intermediate Level: 2<sup>nd</sup> year SLP/2<sup>nd</sup> & 3<sup>rd</sup> year AuD

- Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- Restates, reflects and clarifies message(s)
- Communicates collaboratively with both individuals and groups

- Collects necessary information from all pertinent individuals in the patient/client management process
- Provides effective education (verbal, non-verbal, written and electronic)

Entry Level: Extern SLP/3<sup>rd</sup> year AuD

- Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
- Maintains open and constructive communication
- Utilizes communication technology efficiently

Post-Entry Level: CF, PEY, 4<sup>th</sup> Year AuD (builds on preceding level)

- Adapts message to address needs, expectations, and prior knowledge of the audience to maximize learning
- Effectively delivers messages capable of influencing patients, the community and society
- Provides education locally, regionally and/or nationally
- Mediates conflict

### 3. Problem Solving

**The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.**

Beginning Level: 1<sup>st</sup> year SLP/AuD

- Recognizes problems
- States problems clearly
- Describes known solutions to problem
- Identifies resources needed to develop solutions
- Uses technology to search for and locate resources
- Identifies possible solutions and probable outcomes

Intermediate Level: 2<sup>nd</sup> year SLP/2<sup>nd</sup> & 3<sup>rd</sup> year AuD

- Prioritizes problems
- Identifies contributors to problem
- Consults with others to clarify problem
- Seeks appropriate input or guidance
- Prioritizes resources (analysis and critique of resources)
- Considers consequences of possible solutions

Entry Level: Extern SLP/3<sup>rd</sup> year AuD

- Independently locates, prioritizes and uses resources to solve problems
- Accepts responsibility for implementing solutions
- Implements solutions
- Reassesses solutions
- Evaluates outcomes
- Modifies solutions based on the outcome and current evidence

- Evaluates generalizability of current evidence to a particular problem

Post-Entry Level: CF, PEY, 4<sup>th</sup> Year AuD

- Weighs advantages and disadvantages of a solution to a problem
- Participates in outcome studies
- Participates in formal quality assessment in work environment
- Seeks solutions to community health-related problems
- Considers second and third order effects of solutions chosen

#### **4. Interpersonal Skills**

**The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.**

Beginning Level: 1<sup>st</sup> year SLP/AuD

- Maintains professional demeanor in all clinical interactions
- Demonstrates interest in patients/clients as individuals
- Communicates with others in a respectful, confident manner
- Respects differences in personality, lifestyle and learning styles during interactions with all persons
- Maintains confidentiality in all clinical interactions
- Recognizes the emotions and bias that one brings to all professional interactions

Intermediate Level: 2<sup>nd</sup> year SLP/2<sup>nd</sup> & 3<sup>rd</sup> year AuD

- Recognizes the non-verbal communication and emotions that others bring to professional interactions
- Establishes trust
- Seeks to gain input from others
- Respects role of others
- Accommodates differences in learning styles as appropriate

Entry Level: Extern SLP/3<sup>rd</sup> year AuD

- Demonstrates active listening skills and reflects back to original concern to determine course of action
- Responds effectively to unexpected situations
- Demonstrates ability to build partnerships
- Applies conflict management strategies when dealing with challenging interactions
- Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

Post-Entry Level: CF, PEY, 4<sup>th</sup> Year AuD

- Establishes mentor relationships
- Recognizes the impact that non-verbal communication and the emotions of self and others during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

#### **5. Responsibility**

**The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.**

Beginning Level: 1<sup>st</sup> year SLP/AuD

- Demonstrates punctuality
- Provides a safe and secure environment for patients
- Assumes responsibility for actions
- Follows through on commitments
- Articulates limitations and readiness to learn
- Abides by all policies of academic program and clinical facility

Intermediate Level: 2<sup>nd</sup> year SLP/2<sup>nd</sup> & 3<sup>rd</sup> year AuD

- Displays awareness of and sensitivity to diverse populations
- Completes projects without prompting
- Delegates tasks as needed
- Collaborates with team members, patients and families
- Provides evidence-based patient care

Entry Level: Extern SLP/3<sup>rd</sup> year AuD

- Educates patients as consumers of health care services
- Encourages patient accountability
- Directs patients/clients to other health care professional when needed
- Acts as a patient advocate
- Promotes evidence-based practice in health care settings
- Accepts responsibility for implementing solutions
- Demonstrates accountability for all decisions and behaviors in academic and clinical settings

Post-Entry Level: CF, PEY, 4<sup>th</sup> Year AuD

- Recognizes role as team leader
- Encourages and displays leadership
- Facilitates program development and modification
- Promotes clinical training for students and coworkers
- Monitors and adapts to changes in the health care system
- Promotes service to the community

## **6. Professionalism**

**The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Communication Sciences Disorders professions.**

Beginning Level: 1<sup>st</sup> year SLP/AuD

- Abides by the ASHA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image
- Attends professional meetings

- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

Intermediate Level: 2<sup>nd</sup> year SLP/2<sup>nd</sup> & 3<sup>rd</sup> year AuD

- Identifies positive professional role models within the academic and clinical settings
- Acts on moral commitment during all academic and clinical activities
- Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- Discusses societal expectations of the profession

Entry Level: Extern SLP/3<sup>rd</sup> year AuD

- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best -practices
- Discusses role of speech-language pathology/audiology within the health care system
- Demonstrates leadership in collaboration with both individuals and groups

Post-Entry Level: CF, PEY, 4<sup>th</sup> Year AuD

- Actively promotes and advocates for the profession
- Pursues leadership roles
- Support research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor/supervisor
- Advocates for the patient, the community and society

## **7. Use of Constructive Feedback**

**The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.**

Beginning Level: 1<sup>st</sup> year SLP/AuD

- Demonstrates active listening skills
- Assesses own performance
- Actively seeks feedback from appropriate sources
- Demonstrates receptive behavior and a positive attitude toward feedback
- Incorporates specific feedback into behaviors



- Maintains two-way communication without defensiveness

Intermediate Level: 2<sup>nd</sup> year SLP/2<sup>nd</sup> & 3<sup>rd</sup> year AuD

- Critiques own performance accurately
- Responds effectively to constructive feedback
- Utilizes feedback when establishing professional and patient related goals
- Develops and implements a plan of action in response to feedback
- Provides constructive feedback and timely feedback

Entry Level: Extern SLP/3<sup>rd</sup> year AuD

- Independently engages in a continual process of self-evaluation of skills, knowledge and abilities
- Seeks feedback from patients/clients and peers/mentors
- Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- Uses multiple approaches when responding to feedback
- Reconciles differences with sensitivity
- Modifies feedback given to patients/clients according to their learning style

Post-Entry Level: CF, PEY, 4<sup>th</sup> Year AuD

- Engages in non-judgmental, constructive problem-solving discussions
- Acts as a conduit for feedback between multiple sources
- Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- Utilizes feedback when analyzing and updating professional goals

## **8. Effective Use of Time and Resources**

### **The ability to manage time and resources effectively to obtain the maximum possible benefit**

Beginning Level: 1<sup>st</sup> year SLP/AuD

- Comes prepared for the day's activities/responsibilities
- Identifies resource limitations (i.e. information, time, experience)
- Determines when and how much help/assistance is needed
- Accesses current evidence in a timely manner
- Verbalizes productivity standards and identifies barriers to meeting productivity standards
- Self-identifies and initiates learning opportunities during unscheduled time

Intermediate Level: 2<sup>nd</sup> year SLP/2<sup>nd</sup> & 3<sup>rd</sup> year AuD

- Utilizes effective methods of searching for evidence for practice decisions
- Recognizes own resource contributions
- Shares knowledge and collaborates with staff to utilize best current evidence
- Discusses and implements strategies for meeting productivity standards
- Identifies need for and seeks referrals to other disciplines

Entry Level: Extern SLP/3<sup>rd</sup> year AuD

- Uses current best evidence

- Collaborates with members of the team to maximize the impact of treatment available
- Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- Gathers data and effectively interprets and assimilates the data to determine plan of care
- Utilizes community resources in discharge planning
- Adjusts plans, schedule, etc., as patient needs and circumstances dictate
- Meets productivity standards of facility while providing quality care and completing non-productive work

Post-Entry Level: CF, PEY, 4<sup>th</sup> Year AuD

- Advances profession by contributing to the body of knowledge (outcomes, case studies, etc.)
- Applies best evidence considering available resources and constraints
- Organizes and prioritizes effectively
- Prioritizes multiple demands and situations that arise on a given day
- Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

### 9. Stress Management

**The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.**

Beginning Level: 1<sup>st</sup> year SLP/AuD

- Recognizes own stressors
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

Intermediate Level: 2<sup>nd</sup> year SLP/2<sup>nd</sup> & 3<sup>rd</sup> year AuD

- Actively employs stress management techniques
- Reconciles inconsistencies in the educational process
- Maintains balance between professional and personal life
- Accepts constructive feedback and clarifies expectations
- Establishes outlets to cope with stressors

Entry Level: Extern SLP/3<sup>rd</sup> year AuD

- Demonstrates appropriate affective responses in all situations
- Responds calmly to urgent situations with reflection and debriefing as needed
- Prioritizes multiple commitments
- Reconciles inconsistencies within professional, personal and work/life environments
- Demonstrates ability to defuse potential stressors with self and others

Post-Entry Level: CF, PEY, 4<sup>th</sup> Year AuD

- Recognizes when problems are unsolvable
- Assists others in recognizing and managing stressors
- Demonstrates preventative approach to stress management
- Establishes support network for self and others
- Offers solutions to the reduction of stress

- Models work/life balance through health/wellness behaviors in professional and personal life

## 10. Commitment to Learning

**The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.**

### Beginning Level: 1<sup>st</sup> year SLP/AuD

- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Identifies own learning needs based on previous experiences
- Welcomes and/or seeks new learning opportunities
- Seeks out professional literature
- Plans and presents an in-service, research or cases studies

### Intermediate Level: 2<sup>nd</sup> year SLP/2<sup>nd</sup> & 3<sup>rd</sup> year AuD

- Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- Applies new information and re-evaluates performance
- Accepts that there may be more than one answer to a problem
- Recognizes the need to and is able to verify solutions to problems
- Reads articles critically and understands limits of application to professional practice

### Entry Level: Extern SLP/ 3<sup>rd</sup> year AuD

- Respectfully questions conventional wisdom
- Formulates and re-evaluates position based on available evidence
- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other health professionals and speech-language pathologists and audiologists for treatment ideas

### Post-Entry Level: CF, PEY, 4<sup>th</sup> Year AuD

- Acts as a mentor not only to other speech-language pathologists or audiologists but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works toward clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the speech-language pathologist's or audiologist's role in the health care environment today
- Pursues participation in clinical education as an educational opportunity

Supervisors may issue a warning when a clinician does not follow the guidelines for professional behavior. If the student continues to exhibit unprofessional behavior, a meeting with the Coordinator of HSL Clinic Service, the Director of Clinical Education for the specific discipline and/or Coordinator of Professional Programs will be scheduled

## Accepting Gifts from Clients

Acceptance of gifts or other benefits of substantial value by anyone involved in the operation or service delivery at the Hearing, Speech and Language Clinic is prohibited. It is permissible, as part of the ordinary courtesies and hospitality of daily life, to accept gifts of token value for appreciation of services.

## Student Issues

### Shadowing Requests by Undergraduates

Requests by undergraduate students to “shadow” speech-language pathology supervisors will not be approved, since graduate students are the treatment providers.

Requests by undergraduate students to “shadow” audiology supervisors will be made under the following conditions:

1. The request is submitted via email directly to the supervisor.
2. Permission will be granted based on supervisor availability and may be denied.
3. Clients/patients must be given the right to deny the observation.
4. The student requesting to “shadow” must sign a Clinic Confidentiality Statement and this same Statement must have the client/patient’s written, signed statement for approval of the observation.
5. The approved Confidentiality Statement is filed in the client/patient chart.
6. Only a maximum of five (5) observations per student will be permitted.
7. The student must follow the clinic dress code.

### Conflicts or Concerns

Occasionally, students have concerns and conflicts about aspects of clinical work or supervision. Students are referred to the *Student Services* section of the CSD Graduate Manual for a review of procedures involving complaints and resolving problems.

### Observation Plans

For students who are experiencing significant deficits in isolated clinical skill areas, an *Observation Plan* may be implemented to target skill development. This written *Plan*, produced between the student and supervisor, will include the skill area(s) to be addressed, baseline functioning, expected outcome, data collection/evaluation methods, time frame for the *Plan* and criteria for successful completion or implications for unsuccessful completion.

For students who are experiencing significant global deficits across multiple clinical skill areas, a *Support Plan for Students at Risk for Inadequate Clinical Performance* will be implemented.

## **At-Risk Policy**

\*Appendices referred to below are referencing the appendices in the At Risk Policy binder, not appendices in this manual.

### **SUPPORT PLAN FOR STUDENTS AT RISK FOR INADEQUATE CLINICAL PERFORMANCE**

#### **POLICY and GUIDING PRINCIPLES**

##### **PURPOSE**

1. Identify students with marginal clinical skills in several areas.
2. Identify students who are unable to demonstrate skills necessary for matriculation through the clinical program.
3. Ensure that students matriculating through the clinical program demonstrate skills at a level commensurate with entry into the professional experience year.

##### **GOAL**

Guide student toward clinical independence and autonomy.

##### **AT-RISK STUDENT CHARACTERISTICS**

1. Substantial difficulty with:
  - a. acquiring and demonstrating measurable progression of knowledge and skills, across multiple clinical areas,
  - b. no later than mid-term of the second semester,
  - c. as assessed by:
    - \* Total score of 3 or lower on the Assessment of Clinical Competence in Speech-Language Pathology (Appendix A\*), by at least two SLP Supervisors, but only one of whom needs to initiate the protocol
    - \* Total score of 2 or lower on the AuD Assessment for Clinical Competence in Audiology (Appendix B\*) and  
either
2. Substantial difficulty with acquiring and demonstrating at least 8 of the 10 Professional Behaviors, using the behavioral criteria related specifically to the student's stage in the program. (Appendix C\*)  
or
3. Substantial difficulty with acquiring and demonstrating any of the Essential Functions necessary for practice in the field of Communication Sciences and Disorders. (Appendix D\*)

##### **IMPLEMENTATION**

1. Staffing
  - a. two clinical supervisors or one clinical supervisor and the DCE are assigned throughout the

process;

b. one must be the supervisor originating the at-risk request.

## 2. Student-supervisor conferences

a. supervisors demonstrate progression through the stages and styles of the continuum of supervision with measurable, definable dates and markers:

\* evaluation-feedback stage and direct active style;

\* transitional stage and collaborative style;

\* self-supervision stage and consultative style;

b. conferences are held at regularly defined intervals;

c. agenda for each conference is initially written by supervisor, then written together, then written independently by student;

d. agenda will include teaching resources, demonstration of techniques and assessment of the completion of specific responsibilities.

## 3. Documentation

a. content and outcome data are included;

b. diagnostic and treatment reports are retained in CSD student clinic file on OneDrive;

c. student, supervisors, DCE and Coordinator of Professional Programs sign all documentation;

d. student receives a copy of all paperwork and documentation.

## 4. Graduation

a. successful completion of protocol, continue clinical rotations;

b. unsuccessful completion of protocol, discontinue clinical practicum.

\*\*The At-Risk policy will be modified when needed for students in their 2<sup>nd</sup> 3<sup>rd</sup> or 4<sup>th</sup> year of an audiology program. Specifics on the needs for a plan and the procedure for implementation will be review on an as needed basis.

# **SUPPORT PLAN FOR STUDENTS AT RISK FOR INADEQUATE CLINICAL PERFORMANCE**

## **PROCEDURE**

### **STATEMENT OF PURPOSE**

To provide an intensive, structured, instructional format for student clinicians who are experiencing difficulty demonstrating satisfactory clinical skills.

### **IDENTIFICATION- MID-TERM OF SECOND SEMESTER IN CLINICAL PRACTICUM**

Identify a student as “at risk” for inadequate clinical performance during a supervisory meeting no later than mid-term of the second semester in clinical practicum, with supporting documentation that must include at least scores of the respective student evaluation instrument and either deficits in an Essential Function and/or Professional Behaviors.

SLP supervisor presents most recent scores achieved on the Assessment of Clinical Competence in Speech-Language Pathology, to include specific documented behavioral evidence of deficits.

AuD supervisor presents most recent scores achieved on the Assessment for Clinical Competence in Audiology, to include specific documented behavioral evidence of deficits.

Supervisor presents written documented evidence of failure to acquire or demonstrate an Essential Function.

Supervisor presents written documented evidence of failure to acquire or demonstrate specified Professional Behaviors.

## **NOTIFICATION**

The supervisor notifies the student, in an email with cc to the corresponding Director of Clinical Education (DCE), the student's academic advisor, the CSD Associate Director, and the Coordinator of Professional Programs, that the student has been identified as "at risk" for inadequate clinical performance which may impact participation in the University clinic, off-campus part-time, and/or full externship rotations, and which **may ultimately delay graduation**. Notification is made within 24 hours of mid-term evaluation.

Upon notification, should the student disagree with the assessment and recommendations, he/she will be advised to consult the CSD Graduate Handbook for the conflict resolution procedure, and/or contact the University Ombudsman, Baker University Center 501, 740-593-2627 for advice and counsel. Until the conflict has been resolved, the student will not participate in clinical practicum.

The email correspondence should minimally contain:

1. A statement to the effect of "At Risk" performance.
2. The evaluation instruments/scores used to make this determination.
3. The intention to implement the "At Risk" protocol, naming the primary supervisor and the secondary supervisor or DCE to be involved in the protocol.

## **IMPLEMENTATION - RESPONSIBILITIES AND ACTIONS**

### **Primary Clinical Supervisor**

1. **Student Evaluation:** Supervisor assembles evaluation documentation from the respective AuD or SLP clinical evaluation protocol, Essential Functions, and/or Professional Behaviors including written commentary.

- a. Student and supervisor sign the respective evaluation documents.
- b. Supervisor notifies the corresponding DCE of the student's at-risk status.
- c. Supervisor notifies the student's academic advisor of the student's at-risk status.

2. **Observation Plan:** Supervisor assists student in developing a Plan (Appendix E\*).

3. **Weekly Meetings:** The primary clinical supervisor conducts weekly scheduled meetings with the student.

- a. Weekly meeting agendas for the remainder of the term will follow a continuum initially to be written by the supervisor, then written together, then written

independently by the student to include techniques, resources, and responsibilities.

- b. Weekly meetings will define progression through the stages and styles of the continuum of supervision with measurable, definable dates and markers.

### **Student Clinician**

**1. Self-Evaluation:** Student will complete supervisor assigned self-evaluation pertinent to the identified deficit skill areas using at least one of the following:

- a. Assessment of Clinical Competence in Speech-Language Pathology (Appendix A\*), or AuD Assessment for Clinical Competence in Audiology (Appendix B\*)
- b. Self-analysis of Professional Behaviors (Appendix C\*)
- c. Wisconsin Procedure for Analysis of Clinical Competence (Appendix F\*)
- d. Atkins, C.P. (2002). Power communication: Making an educated choice. *The Clinical Supervisor*, 21(2), 207-232. (Appendix G\*)
- e. Casey's Clinician/Supervisee Skills Self-Assessment Instrument (Appendix H\*)

**2. Observation Plan:** Student works with the supervisor to develop an Observation Plan which includes specific clinical skills, expected scores, and behaviors identified on the respective student evaluation protocol, the student self-evaluation instruments, Essential Functions document, or Professional Behaviors skills list.

- a. Audio and video-taping may be used to verify that these objectives have been met.

**3. Weekly Meetings:** Student meets with supervisor at scheduled meeting times to review progress toward meeting specific objectives stated in the Observation Plan.

### **Second Clinical Supervisor or DCE**

1. Reviews and signs the Observation Plan, in addition to the primary supervisor signature.
2. Participates in two weekly meetings per month.
3. Observes at least two clinical sessions per month.

### **Director of Clinical Education**

1. Places copies of signed evaluation documents in the CSD student's clinic file on OneDrive.
2. Provides assistance as requested.
3. Notifies CSD Associate Director and Coordinator of Professional Programs that an "at risk" protocol has been implemented.
4. Reviews and co-signs Observation Plan.

### **ASSESSMENT OF PROGRESS - END OF SECOND SEMESTER IN CLINICAL PRACTICUM**

**Pass\*:** Continue regular campus and off-site clinic rotations:  
SLP final total score on the Assessment of Clinical Competence in Speech-Language Pathology is above 4.0



See AuD Assessment of Clinical Competency for passing target based on level in the AuD program.

\*Failure to continue demonstrating progress toward clinical competency at each subsequent assessment using previous metrics, will result in dismissal from the program.

**Conditional\*:** Campus rotation only for the third semester, then continue regular rotation:  
SLP final total score on the Assessment of Clinical Competence in Speech-Language Pathology is between 3.1 and 3.9  
AuD final total score on the Assessment for Clinical Competence one level below goal target as noted on the AuD Assessment of Clinical Competency.

\*Failure to continue demonstrating progress toward clinical competency at each subsequent assessment using previous metrics, will result in dismissal from the program.

**Fail:** In Progress “PR” grade for ungraded clinical practicum, will delay graduation:  
SLP final total score on the Assessment of Clinical Competence in Speech-Language Pathology is 3.0 or lower.  
AuD final total score on the Assessment for Clinical Competence below target score based on level in the program.

No participation in clinical practicum during the third semester.  
Enroll in **Directed Clinical Study** for the third semester.

#### **DIRECTED CLINICAL STUDY**

A committee, comprised of one supervisor who is not the primary supervisor, one academic faculty member appointed by the CSD Associate Director, and the corresponding DCE who chairs the committee will coordinate the Directed Clinical Study.

The committee meets during the first week of the third semester to review deficit areas identified on the previous term’s Observation Plan and student evaluation scores.

The committee meets with the student to discuss goals of the directed study, roles and responsibilities, evaluation procedures, timelines, and possible outcomes. A written summary is provided to all committee members and a copy is placed in the student’s clinic file.

At the end of the third semester, the committee reviews for completion of goals and assigns one of the following:

**Pass:** Continue with clinical rotations the following semester, substitute PR grade with CR grade. Graduation will have been delayed.

**Fail:** CSD Associate Director notifies student, via letter, of dismissal from the program.

For audiology students the At-Risk Policy may be initiated at any stage during the 4-year program. The AuD assessment of Clinical Competency target score will be modified based on the student's level in the AuD program.

## HIPAA

### Client Confidentiality

HIPAA in-service training is completed annually for all students, staff, faculty and students assigned to faculty research labs housed in the clinic.

### Verbal Communication

All information provided by clients to the Ohio University Hearing, Speech and Language Clinic must be treated as confidential. It is inappropriate to discuss clients or their diagnoses with anyone who is not associated with the Clinic. Any discussion within the Clinic must not take place in a public area or within the hearing range of other clients, their families, or any other person. Failure to adhere to client confidentiality protocols will result in implementation of HIPAA violation procedures.

### Written Documentation

Any current treatment or diagnostic materials containing a client's personal information must be kept either in the client's file, or in the student communication file cabinet in room W176. Any documents containing any client information must be disposed of in HIPAA approved disposal bins.

### Facility Security

In order to preserve security of client files within the facility, no exterior clinic windows are to be unlocked at any time. All office doors, clinic office, and client file room, are locked at the end of the business day.

All visitors must complete a Clinic Statement of Confidentiality before being permitted entrance.

No visitors will be allowed in the clinic without proper identification and a name badge.

Key pad entry may occur after business hours in student common areas. Access to the clinic front office and client files is not available outside of business hours. Key pad codes are assigned only to one person and are to remain confidential and are never to be shared. The keypad maintains data related to access by key code. Should a security breach occur, these data can be accessed to determine the identification of specific individual time of access.

### Personal Cell Phones

**Clinician personal cell phones or mobile devices are not permitted in the clinic testing and treatment rooms.** The watch/time function and calculator function must be accommodated without personal cell phones. Cell phone access during treatment sessions can inadvertently result in photos, videos, and other unauthorized internet access that may compromise client confidentiality.

Clinician personal cell phones or mobile devices are not to be used in any circumstance or in any capacity to photograph actual clients or to photograph any written information containing the client's name or any other identifying information about the client.

## **Social Media**

Under no circumstances is any information, which could identify clients, our clinical practice, students or staff as it relates to clinical services, to be shared or reported on ANY social media outlet unless approved by authorized staff for marketing.

## **Email**

In order to preserve client confidentiality do not initiate or offer to correspond with clients by email with either your personal email or your school email. In order to preserve your confidentiality, do not provide your address if requested. If clients initiate email to you, report to your supervisor for further instructions.

## **Treatment Session Videotaping and Viewing Guidelines**

Observation of live HSL Clinic treatment sessions and videotaped therapy sessions is an important educational tool for all student clinicians and supervisors.

Observation of live sessions can occur in the Viewing Room, (Room W151D) where monitors are available to watch sessions in particular treatment rooms.

Videotaping of sessions by student clinicians may be required for practicum classes and also for analysis of therapy sessions using designated video cameras that can be set up in the room. Recording is not available via the video observation system in the clinic.

The use of personal recording devices and storage of a treatment session by family members is NEVER permitted as the function of student clinician privacy. Although family members may perceive their right to record their own family member during treatment, the possible associated recording of the treating student clinician is a violation of the student clinician's privacy. Signage to this effect is located in observation rooms.

## **Client Documentation**

All client information generated in the course of evaluation or treatment including reports, progress notes, lesson plans are written on the Electronic Medical Records system- Counsel Ear. Computers for the purpose of generating HIPAA secured client documents are located in the computer room W176 and laptops provided by clinical supervisors. *Hard copies of these documents are produced on a designated printer, also located in W176. Hard copies of documents are immediately secured in the client's clinic file*

Employees/Clinicians may access patient data in a way that is consistent with their role and job description. The following are examples of **Acceptable and Unacceptable uses of COUNSELEAR Clinic/Patient Data:**  
**Acceptable Use of COUSELEAR Software**

Employees/Clinicians may use COUNSELEAR to access patient information on a University owned computer **(IN THE CLINIC ONLY)** for the sole purpose of documenting patient encounters, developing a plan of care/treatment plan, registering patients, scheduling appointments, billing payers, tracking referrals and

general storage of the patients pertinent health information. Counsel Ear cannot be accessed outside of the Ohio University Hearing, Speech and Language Clinic and can only be accessed on university owned computers.

### **Unacceptable Use of COUNSELEAR Software**

Employees/Clinicians are **NEVER** to access the system outside of the clinic setting. Employees/Clinicians must **NOT** use the EMR data for purposes that are illegal, unethical or harmful to the clinic or patients. Sharing clinic data is **NOT** permitted unless specifically authorized in writing.

Routine system checks will be completed to ensure that access is strictly limited to the **clinic only**. Violation of this policy will be investigated (requiring involvement of the individual who breached the protected information and the HIPAA compliance officer in an extensive risk assessment) and can result in the suspension of privileges, probation, and termination of system access. Loss of such privileges could lead to delaying or ending a student's clinical education or loss of employment by an employee.

\*Any access to the system must be done through clinic owned computers **ONLY**. Please do not use personal devices (including cell phones) to update or change passwords.

### **Workspace Protection**

You are responsible for protecting confidential information at all workstations. You are required to log into computers as well as needed software using your OakID or other designated log in credentials. Once complete, you must log off of software and computers. You must secure all printed documents when not in use by closing files, placing un-needed documents in the shred bin, and storing files in the appropriate areas.

### **Printing in the computer room**

Use **FIREFOX ONLY** for Counsel Ear or clinical document.

IF OFFERED A CHOICE: **CHOOSE [hsp-groverw176printer.ohio.edu](http://hsp-groverw176printer.ohio.edu) ONLY**

**DO NOT** add a printer to the computers. If you see any other options, please notify the Business Manager or Clinical Coordinator immediately. If they are not available, **DO NOT PRINT**, until this is resolved.

## **Clinic Business Practices**

### **Fees for Service**

The OU Hearing, Speech and Language Clinic conducts business as an out-patient rehabilitation facility under the name of Ohio University Therapy Associates (OUTA).

All clients pay a fee for the services received at the Hearing, Speech and Language Clinic. Payment of fees is made at the reception window. Checks and most debit/credit cards are accepted. Co-payments are expected at the time of service at the reception window. Fees are reviewed annually and adjusted based upon Physician Fees Schedules for Speech/Language Pathologists and Audiologists published by the Centers for Medicare & Medicaid Services.

For those individuals without insurance, Hardship Credit is available relative to annual income limits set by the federal government and published annually by the Department of Health and Human Services.

For graduate students in CSD, diagnostic and therapy services are considered part of their educational program and are offered free of charge to those admitted to CSD and/or graduate students admitted to CSD on a conditional basis.

## **Client Files**

A file is created for each client who receives services in the Hearing, Speech and Language Clinic. This file contains the case history, diagnostic information, previous treatment reports and any information released to our Clinic. All active speech language pathology and audiology client files are housed in room W180.

Clinicians may move client files between the file room, the front office, and the computer room only. Supervisors may move client files to their offices during business hours. Client files are always to be returned to the file room as soon as you are finished with it but no later than the end of the business day. Client files must never be left out on desks in any locations within the clinic. Client files must never be removed from the Clinic or stored anywhere in the Clinic other than the file room.

Any clinic employee or student removing client files from acceptable spaces are subject to disciplinary action defined in HIPAA Policies and Procedures.

## **Electronic Medical Records**

Our clinic uses a web-based system called Counsel Ear to produce clinical documentation. Individuals will be added to Counsel Ear by the Coordinator of Clinical Services. To access, individuals will go to [www.counselear.com](http://www.counselear.com) and log in on a HSLC computer with your Ohio University email address and temporary password. On a HSLC computer you will log in and create a new password.

Further instruction on the use of Counsel Ear for documentation will be provided in the professional methods courses. Video tutorials are available on the Counsel Ear under the Help menu and on YouTube.

1. Front office staff will enter new patients into Counsel Ear as they are scheduled.
2. Front office staff will perform scanning of documents into the record:
  - a. Long term SLP charts will have documents within the last year scanned in
  - b. Long term AuD charts will scan last audiologic evaluation and/or last balance evaluation, most recent hearing aid purchase documents, and last intake paperwork.
  - c. New patient's intake information and documents requested by clinicians and supervisors will be scanned into Counsel Ear. All originals will also be filed in paper charts.
3. For other documents that need scanned into patient charts please place them in the box in the chart room for items that need scanned into Counsel Ear and Filed by the front office.
4. **Patient Documents**

- a. **Intake Documents:**
  - i. Information (peach)
  - ii. consent for services(blue)
  - iii. records release (pink)& records request (purple),
  - iv. HIPAA documents
  - v. Attendance policy/tracking
  - vi. email consent
  - vii. script/referral
  - viii. insurance cards
- b. **Prior Authorization**
- c. **Billing**
- d. **Correspondence**
- e. **Outside Assessments:** tests results or documents from outside entity
- f. **Audiology Reports**
  - i. Reports
  - ii. Audiometric results
  - iii. Test Protocols
  - iv. Balance Results
  - v. ABR Results
  - vi. OAE Results
- g. **Amplification documents:**
  - i. medical clearance/waiver
  - ii. Non-covered agreements
  - iii. Price quotes
  - iv. order/repair documents
  - v. verification documents
  - vi. orientation
  - vii. purchase agreement
  - viii. Validation documents
- h. **CI documents**
  - i. CI Evaluation
  - ii. CI follow-up
- i. **Speech-Language Pathology**
  - i. **Evaluations**
    - 1. History
    - 2. Medical
    - 3. Academic
    - 4. Test Protocols
    - 5. Report
  - ii. **Plan of Care**
  - iii. **Discharge**
    - 1. Discharge report
    - 2. Signed discharge summary
  - iv. **SOAP notes**
  - v. **Semester Report**
  - vi. **Progress Note**

- vii. AAC
  - 1. Reports
  - 2. Prescriptions
  - 3. Selection Sheet
  - 4. AOB's

### **Release of Information/Consent for Services**

- **Consent for Services, Billing, Restrictions and Release of Information** form gives consent for students to provide services under supervision of appropriately licensed and certified individuals, and authorizes videotaping of sessions, the billing of services, and lists any restrictions to personal information a client may request. It must be signed and placed in the client's file before initiating a diagnostic or treatment session.
- **Authorization for Release of Information** form allows the clinic to send a report or document to an individual or agency that the patient requests. It must be completed in its entirety, signed, and placed in the client's file before any information is released from this Clinic. A separate document is completed for each request.
- **Authorization to Request Information** form allows patient's permission for our clinic to request documents from another entity or agency. It must be completed in its entirety, signed, and placed in the client's file before any information is released from this Clinic. A separate document is completed for each request.
- **Authorization to communicate via email** form allows patients to give permission to communicate with the clinic via email. Currently this should be limited due to concerns for HIPAA and lack of encryption on email accounts.

### **Parking Passes**

Parking passes are available for clients only, per Parking Services policy. The Clinic purchases these passes and offers free parking to our clients as a service. Parking passes can be valid for either one day or the entire year, based upon the individual's business with the clinic. Parking passes are mailed to clients by the office staff prior to the diagnostic session or the first visit. A complete policy and procedure is available in the Office Manual.

Clinic parking passes are not available to student clinicians.

Students, who qualify, purchase university parking passes. Faculty and staff also purchase yearly university parking passes.

Inquiries related to parking should be referred to Parking Services. Metered parking is available throughout campus, and the on-line purchase of parking passes for visitors or guests is available at the Parking Services website.

### **Copier/Printer/Computer Use**

- The **computer room** is to be used for report writing and client therapy materials **only**: any materials that are copied in the clinic must go home with the client. The computers and printers are not to be used for personal purposes or class assignments. An individual printer access code is supplied to each student during their 1<sup>st</sup> year Fall semester. The number of copies for each student is monitored via access code.
- The front office printer is to be used only for non-therapy material client documents, such as copy of a report or faxing plan of cares to physicians.
- **No clinic printer is allowed** for personal development of therapy materials and resources for personal collections.
- **No clinic printer is allowed** for academic coursework.

### **Clinic Fax**

Any and all faxes related to any HSLC client/patient sent through the front office printer, must be accompanied by the Clinic fax cover sheet identifying the requirement for confidentiality.

For audiology charts both the fax cover sheet and faxed document are to be filed together as a set in the patient chart for future reference and corroboration.

For speech-language charts separate the fax sheet from the document(s) faxed and place the fax sheet in the Correspondence section and file the documents(s) faxed in the appropriate sections, i.e. POC section, evaluation section, etc.

Documentation of all faxed materials is noted in patient charts (correspondence section and/or progress note) and also in the fax log located at the fax machine.

Reports and clinical documentation can be faxed through CounselEar and do not require a cover sheet.

### **Reporting Potential Child Abuse or Neglect**

**Taken from “Guidelines for Making Referrals to Athens County Children Services” 6-2019**

#### **When abuse or neglect is suspected:**

Any student clinician who suspects or has reason to believe that a child is being abused or neglected must report the concern to his/her immediate supervisor. The student and supervisor together will determine if the concern constitutes abuse or neglect.

#### **Definitions of abuse or neglect:**

**Abuse** represents an action against a child. It is an act of commission and is generally of three kinds:

**Physical** abuse refers to injury or death inflicted other than by accident.

**Sexual** abuse is any act of sexual nature upon or with a child.

**Emotional** abuse is a chronic attitude or acts which interfere with the psychological and social development of a child.

**Neglect** represents a failure to act on behalf of a child. It is an act of omission and may be either physical or medical:

**Physical & Medical** neglect refers to the failure to meet the child’s physical development such as supervision, housing, clothing, medical attention, nutrition, and support.



**Making the referral:**

If abuse or neglect is suspected, any speech-language pathologist or audiologist is required by law to report the concern. The supervisor will contact Athens County Children Services by phone @ 740-592-3061 between the hours of 8:00 am to 4:30 pm, or @ 1-866-863-7373 after hours, weekends, or holidays.

Ohio Revised Code Section 2151.42 provides immunity from civil or criminal liability for those making reports, and also requires that the identity of the referral source remain confidential.

**What information to provide:**

- Name and address of child
- Age of child
- Names/addresses of parents or caretakers or alleged victim
- Description of abuse or neglect
- Name/address of alleged perpetrators

**Interpreter Procedures**

Patients have a right to request an interpreter for clinical services. The HSL Clinic is under contract with Language Line for providing phone interpretation services. Present the patient with the Language Identification Guide to determine the required language. Call 1-800-752-6096 to request an interpreter for the language specified.

**Reporting Harassment/Misconduct**

Harassment is defined as any conduct directed toward an individual or group based on race, religion, age, color, sex, sexual orientation, national origin, ancestry, gender, identity or expression, mental or physical disability, or veteran status, and severe enough so as to deny or limit a person's ability to participate in or fully benefit from the University's educational and employment environments, or activities, or severe enough that it creates an intimidating, offensive or hostile environment.

Per Policy 03.004 (<https://www.ohio.edu/policy/03-004>) any member of the Ohio University Community who receives a complaint of sexual harassment or misconduct from a student or other Community member is required to report the behavior. The name of the alleged perpetrator is not needed to make this report if the student does not supply the name. Contact Office of Equity and Civil Rights Compliance at 740-593-9140 or 740-593-9168.

Students or staff of the Ohio University Hearing, Speech and Language Clinic should report any instance of harassment to a supervisor, or to the Coordinator of Clinical Services, or to the Associate Director, Division of Communication Sciences and Disorders, or to the Office of Institutional Equity, as soon as possible following the incident.

Upon receiving a complaint, the staff person will:

1. Care for the student
2. Ensure the student is safe

3. Provide non-judgmental support
4. Do not ask for specific details of the incident –allow the students to decide what to disclose
5. Explain your duty to report, do not promise confidentiality.
6. Connect students to other Resources:

Counseling and Psychological Services: 740-593-1616

\*Campus Care: 740-592-7100

\*Survivor Advocacy Program: 740-597-7233 (after 5 pm crisis hotline only)

Ohio University Police Department: 740-593-1911

Office of Community Standards and Student Responsibility: 740-593-2629

<http://www.ohio.edu/communitystandards/>

Office of the Dean of Students: 740-593-1800

LGBT Center: 740-593-0239

7. The CSD program follows the policy and procedures put in place by OHIO University which is overseen by University Equity and Civil Rights Compliance in the Office of Executive Vice President and Provost.

Detailed information can be found at <https://www.ohio.edu/equity-civil-rights/discrimination.cfm> under the tab entitled TITLE IX AND DISCRIMINATION

Detailed information about Ohio University’s policies prohibiting discrimination and harassment, and for a description of Ohio University’s grievance procedures, please visit the webpage for the Office of Equity and Civil Rights Compliance at <http://www.ohio.edu/equity-civil-rights/>

ECRC Grievance Resolution Procedure can be found at <https://www.ohio.edu/equity-civil-rights/grievance-resolution.cfm>

Information on how to file a complaint and Discrimination/Harassment Complaint Form can be found at <https://www.ohio.edu/equity-civil-rights/complaint.cfm>

\* Revealing a confidential resource is not required to report specific incidents without student permission

Also see the Graduate Catalog and the Student Handbook for additional information.

### **Clinic Incident/Accident Report**

A Report is filed in any event resulting in an altercation involving the client, guardian, clinician, or other staff member. These reportable events can take the form of: bumps, scratches, bites, hits, falls, or complaints. When witnessing or being part of an incident, an Incident/Accident Report form is to be completed in its entirety, and signed by a supervisor or staff member involved in the incident.

In the event involving a minor child:

1. Solicit input from the guardian regarding preferred disposition of the event. A first-aid kit is available in W170.
2. Document any preferences made by the guardian.
3. Document any procedures followed to mitigate the injury.
4. Document if the guardian was involved in the response.
5. Document if follow-up was requested by the client and or guardian.
6. Call 911 if hospitalization is indicated or requested.

In the event involving an adult:

1. Follow above procedures, omitting the guardian.
2. If there is a situation where an adult's ability to make his/her own choices secondary to compromised cognition is in question, report the best solution offered, and/or consult next of kin if permissible and specifically named as a contact on the Release of Information form.
3. Call 911 if hospitalization is indicated or requested.

General non-emergent situations:

1. Call Wellworks for blood pressure checks, if indicated.
2. Call the School of Nursing for medical questions, if available.

The signed Report is forwarded to the Coordinator of Clinical Services or Business Manager for review and signature. The Business Manager files the original report in the incident report file located in the Business Manager's office.

### **Emergency Clinic Closing**

In the event of weather and the anticipation of poor client attendance, the Business Manager (BM) will post a closure message on the Clinic office phone: 740-593-1404 **before** 7:00 a.m. on the date in question.

Additionally, in the event of a closure, the BM will initiate a "call tree" protocol to advise staff of the closing.

If there is no closure message, the Clinic will be operational as usual.

Do not anticipate a closure without checking first.

The Clinic will automatically close if the University closes, or if a Level 3 Emergency is issued. For University related closings, text message options are available upon request from the University.

## **Facility/Space Policies and Procedures**

Students have access to the clinic at all times. During normal clinical operations (including the lunch hour) clinic appointments take priority for space and equipment. During normal business hours (including the lunch hour) graduate students may not enter the clinic unless they are in professional dress, even to access the front office or the kitchen area. All graduate assistants working in the clinic or working with faculty/staff whose office are in the clinic, must follow the professional dress code while working.

### **Maintaining Clinical Space**

1. See infection control policy
2. Fire safety
  - a. No items on top of shelves

- b. No power strip to power strip
  - i. Hallways clear: Tables and chairs should not be stored in hallways

### **Clinic Waiting Area**

Clients are able to wait for their student clinicians in the waiting area inside the main entrance to the Clinic.

To maintain an atmosphere of professionalism, clinicians are to wait for the arrival of clients in the hallway outside the waiting area, not in the Clinic office.

### **Bathroom**

The bathroom for client use is located in room W171. This bathroom is handicapped accessible and offers an infant changing table. Clinicians and staff are expected to use public restrooms located outside the Clinic.

### **Mailboxes**

Student mailboxes are located in room W176. Mailboxes are used for correspondence between clinicians and supervisors, as well as for important announcements. These mailboxes should be checked daily. Students are expected to respond to correspondence within 24 hours, when a response is necessary. Patient documentation should not be kept in these boxes.

### **Personal Storage Space**

Room W178 contains lockers available for graduate students to store personal belongings such as purses and lunches. Hooks are available for coats and backpacks. Lockers will be assigned and students are paired per locker. NEVER store food or perishable items long term in these locations. Lockers containing trash or old papers will be emptied. The Clinic is not responsible for lost or stolen items.

All SLP therapy materials are to be stored on assigned shelves in room **W166**.

### **Refrigerator/Kitchen**

Room W170, is stocked with Clinic supplies, along with a microwave and refrigerator available for preparing and storing light lunches and snacks while you are in clinic and wearing appropriate clinic attire. Microwaves and a refrigerator is also available upstairs in the Department office.

If you are not in professional dress over the lunch hour, you cannot access the kitchen. Microwaves and a refrigerator are available in the school office, room W220.

**THIS IS NOT YOUR PERSONAL REFRIGERATOR.** Room W170 is part of the Clinic, the Clinic falls under Health Department sanitation rules, those rules apply:

1. Clean up your own spills to maintain clean counter surfaces, inside microwave, and inside the refrigerator.
2. Wash your own dishes and cutlery. Do not store dirty items in the sink.
3. Date all items in the refrigerator.
4. Any undated item in the refrigerator (including lovely lunch containers) will be tossed \*without warning\* if there is no date on the item.
5. Any item in the refrigerator will be tossed (including lovely lunch containers) \*without warning\* after seven days of the date labeled on the item.

## **Clinical Education Classroom**

### **Clinic Classroom Use**

1. Types of use in order of priority:
  - a. Courses
  - b. Group clinic appointments
  - c. Student and staff meetings
  - d. Labs
  - e. Other student use; cannot used to hang out, take a break, etc. Must be used for clinical education based events.
2. How to reserve:
  - a. The HSLC Office Manager has created a classroom schedule on Outlook. All clinical staff have been provided access to this calendar to reserve the classroom:
    - i. Open Outlook
    - ii. Select Mindy Robson-Clinic Classroom Schedule
    - iii. Choose the day and time you would like to reserve the room and double click in that slot
    - iv. A window will open for the a description of the reservation: include your name and the reason
    - v. Choose save and it will show up on the calendar when you close this window
  - b. Students and academic faculty will need to contact either DCE via email to schedule the classroom. In your email include the purpose for your request, the date and time.
  - c. Classroom space will be maintained by the DCE. If there are issue with equipment please notify one of the DCE.
3. Use of the space:
  - a. Remember to keep voices at an inside level.
  - b. Keep the area neat and clean up after any activity.
  - c. Do not store personal materials in this room unless using the classroom.
  - d. Do not store clinic materials such as therapy tables, chairs, etc. in the classroom.
  - e. Courses:

- i. Due to the large number of people entering at the same time, classes are to enter and exit via the backdoor. Instructors will open the back door and ensure it is closed when all students have entered or exited
  - ii. Professional dress is preferred in case you need to enter the clinic; however, it is not required when using the backdoor only.
- f. **All other uses** (such as completing labs, analyzing data, etc) **do not require entering and exiting via the backdoor** (due to lack of supervision/clinical staff availability to ensure the backdoor remains closed and locked at all times), however you must be in professional dress.

## **Patients and Visitors**

All visitors must enter via the waiting room to be checked in when the clinic is open. The visitor must sign a HIPAA/Visitor form at the front desk. The front desk will notify the clinician or individual who is expecting the visitor when they have completed the required paperwork.

## **Infection Control**

The purpose of infection control is to prevent the spread of infection from clients to clinicians and from clinicians to clients. The most effective methods of infection control are careful hand washing and adherence to the standard precautions specific to either speech-language or audiology treatments. Specific precautions are located in either the SLP or Audiology Manuals. Generally, all students and staff shall follow these procedures.

### **When to wash hands:**

- Before and after client contact
- After touching blood, body fluids, secretions, and contaminated items, whether or not gloves have been worn
- Immediately after gloves are removed

### **Wash hands with either:**

- Soaps/detergents
- Antimicrobial solution

**\*\*\*All therapy rooms and/or the kitchen are equipped with sinks, soap and paper towels\*\*\***

### **Surface**

- Wipe down all table, toys, equipment, and materials used after each session
- Clean chairs and observation room headphones after each session

### **Specific infection control:+**

- In the event of identification of a specific pathogen contact the Athens County Health Department 740-592-4431, for further infection control suggestions
- If cleaning or sanitizing the area is suggested, the space will be quarantined and OU Facilities: 3-2911 will be contacted.

### **Fire / Tornadoes/ Evacuation Plan**

**Fire:** In the event of a fire or other emergency, the building will be evacuated. Clinic evacuation routes are located outside of rooms W176, W144, W151f, W161i, and W165. There are four fire extinguishers:

1. located across from room W146
2. in the Kitchen W170
3. In the hallway between W165 and W163
4. In the back hallway between W151f and W151e

Clinic fire drills occur in conjunction with scheduled and unscheduled Grover Center evacuations. Written documentation for each Clinic fire drill is maintained by the CCS.

**Procedure:**

1. Person first recognizing a fire in the clinic will attend to the safety of others in the immediate area and contain the fire by using a fire extinguisher and/or closing the door.
2. A second person will sound the alarm and notify the front office. Office staff will notify Ohio University Security if the fire is at Grover Center.
3. Upon hearing the alarm, staff will report to the nearest treatment area to assist with the evacuation of clients.
4. In the event of other disasters requiring evacuation, such as bomb threats, procedures three and four will be followed.

**Tornadoes:** Ohio University will sound an alarm in the event of imminent tornado activity. The Clinic maintains a Weather Alert Radio.

**Procedure:**

1. Person first recognizing the threat of a tornado will alert all others in the Clinic.
2. All Clinic personnel will be responsible for locating their own clients or assigned students.
3. All Clinic personnel will assemble in the interior hallway where audiology sound booths are located, and remain there until confirmation is obtained that severe weather has passed.
4. Any assessment of damages will be reported to OUPD by Clinic staff.

**Evacuation Plan:** Grover Center has an evacuation process in place and will announce the need for an evacuation.

**Procedure for students engaged in treatment:**

1. Follow the clinic evacuation route nearest your room to evacuate the building and assemble in the Walter Hall hallway.
2. Await further instructions to re-enter Grover Center.

**Procedure for staff and students not engaged in treatment:**

1. Follow clinic evacuation routes nearest your location and exit the building, cross Richland avenue and assemble in 101 Convocation Center seating area – up the ramp and through the main doors. Attendance will be taken.

### **Pest Control**

All clinic staff and/or students are responsible for reporting any evidence of insect or rodent activity in any clinic spaces. Any indication of insects or rodent activity should be reported to a supervisor, business manager, office manager, or coordinator of clinical services immediately. Upon receiving a report, OU Facilities will be contacted via phone @ 3-2911 for management and cleaning.

## **Clinic Staffing Practices**

### **Clinic Schedule**

The on-campus Clinic at Grover Center is scheduled five days per week:

Monday 8:00 to 5:00  
Tuesday 8:00 to 5:00 (general) 5:00-6:00 speech therapy  
Wednesday 8:00 to 5:00  
Thursday 8:00 to 5:00 (general) 5:00-6:00 speech therapy  
Friday 8:00 to 3:30 (3:30 to 5:00 Clinic is closed for student educational activities)

**The clinic is in operation continuously throughout the year with these exceptions:**

The Clinic is closed for approximately two weeks between Christmas and New Year holidays; exact days/dates will be posted.

The Clinic is closed during all posted University holidays:

New Year’s Day, MLK Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Columbus Day (on Friday after Thanksgiving), Christmas Day, Presidents’ Day (on December 26)

The Clinic is closed during the August break between Summer and Fall semesters.

Students are expected to plan for this schedule and be available for clinical assignments during all hours of operation. Only University defined excused absences will be accepted.

### **Supervisor Schedules**

SLP Work day: M,T,W,Th,F 8:00-5:00/6:00  
AuD Work day: Dictated by clinic schedule; class schedule; adjusted w/CCS  
Lunch: One Hour 12:00-1:00, or dictated by clinic schedule

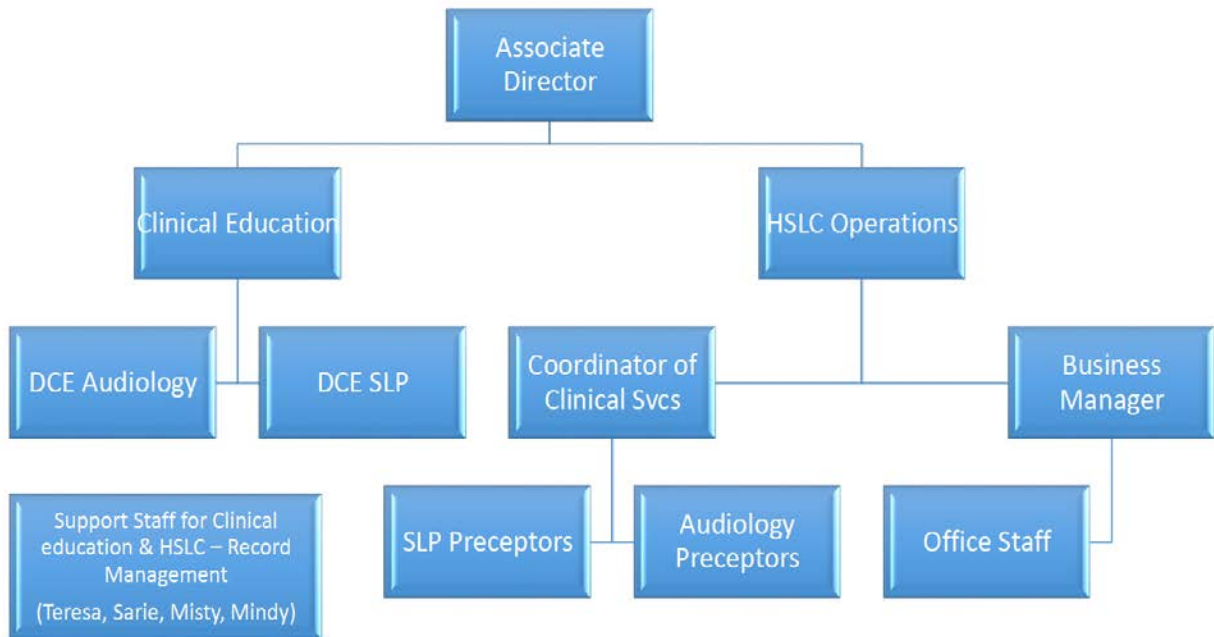


## Supervisor Productivity

Billable time@ 75%: = 30 hours  
 Education: =10 hours  
 Leave requests:

Dictated by clinic schedule; assigned by CCS  
 Dictated by clinic schedule; assigned by CCS  
 Personal, vacation, sick per HR protocols

## Clinical Education/Operations Hierarchy



## Staff Responsibilities

	Support Staff		Clinical Education				Supervision/HSLC Operations		
	CSD Administrative specialist	HSLC Records Management Associate	HSP Records Management Senior Specialist	CSD Administrative Services Associate	DCE Audiology	DCE SLP	SLP/AuD Preceptors	Coordinator of Clinic Services	Business Manager
Orientation/Initial Student Onboarding	Sends initial emails about general information, academics, orientation, required paperwork			Sends reminders for onboarding and annual requirements for HSLC and Offsite placements to students: BCI, Drug Screen, Physical, Vaccinations,	Completes <b>Annual</b> Student Orientation (Prior to Fall Semester; Year 2 and 3 AuD and Year 2 SLP): HIPAA (online) (Support from Tara), BBP (online), Infection Control, Professional Behaviors, Ethics, plagiarism, Offsite Preparation (Support from Assoc director/Coord of		Preceptors to provide discipline specific information at initial orientation.	Oversees and monitors <b>Initial</b> Orientation (Along with Assoc Director, Coord of Grad Programs, Preceptors): HIPAA (online), BBP (online), Infection Control, Professional Behaviors, Ethics, plagiarism, HSLC Preparation/Procedures  CCS – Sends initial email about onboarding requirements.	

				TB, CPR, Liability Insurance. Will monitor documents on Typhon.	Grad Programs)			
Typhon				Adds students to Typhon	Adds preceptor and clinical site information to Typhon. Sends SLAP email to preceptors. Uploads affiliation agreements to Typhon	Approves individual student hours		
Clinical Placements (HSLC/ External)	Meets with SLP and AuD students prior to externship placements. Discusses paperwork while offsite, student insurance and registering		Monitors/maintains affiliation agreements with offsite placements. Negotiates agreements with sites	Verifies health information, general credentialing and liability insurance for HSLC preceptors. Sends reminders and monitors on Typhon	Develop and Monitor Offsite Clinical Placements: Hearing and Speech Screenings, Part-time Placements, Fulltime Externships. Meets with students for initial discussion about placements, collects tracking sheet (send to Misty), verifies placement opportunities, requests/monitors onboarding requirements.  Support from discipline specific preceptors for part-time placements.	Supports part-time placement/ monitoring	HSLC Policies  Develops/maintains SLP and AuD HSLC Manual, Business Operations	
	Confirms graduation		Notifies DCEs of completed affiliation agreements	Notifies DCE of requests for health inf from sites.	Clears student for graduation based on evaluations and clinical hours.		Oversees HSLC schedule for students and preceptors (Support from AuD and SLP preceptors)	
			Collects Tracking Sheets from DCEs for purpose of developing AA.	Monitors student clinical hours and documentation. Provides update to DCEs. Contacts preceptors and/or students if hours have not been approved by the end of the semester.	Maintains student medical release, signed student understanding of affiliation agreement, tracking sheets, (Uploads to Typhon)			Meets with building inspectors, fire marshal
				Monitors/verifies 25 observation hours.	Maintains contact with off-site preceptors: Initial email, midterm and final requests			Oversees Staff Management

		Student office management (GAs)			Develops/monitors midterm and final evaluations. Calculates and keeps track of evaluation outcomes. Evaluations will be kept on Typhon and/or student file in DCE office until graduation			Student office management (GAs)
					Assist in development and monitors clinical remediation (clinical skills and professional behaviors) Support from Coord of Grad Programs			Monitors Business Agreements/C ontracts
					Monitors offsite preceptor CCCs and License. Uploads to Typhon			
Educational/Policies/Manuals/Equipment		Monitor office equipment/supplies			Monitors clinical education equipment/supplies		Monitor patient equipment/supplies	Monitor office equipment/supplies
		Schedules clinic classroom			Schedules/Maintains Clinical Education Classroom		Schedules/Maintains Patient Rooms	Monitors Front Office, Waiting Room, Chart Room, Dead File Room, Student Workspace
		Monitors Front Office, Waiting Room, Chart Room, Dead File Room, Student Workspace			Develops offsite policies: Drug, BCI, Social Media, Electronics  Develops/maintains Clinical Education Manual		Develops/maintains patient protocols (Support from AuD and SLP Preceptors)	HIPAA Policies. Maintains HIPAA training for staff, faculty and students
					Monitors/Develops Professional Education and Clinical Methods topics (coordinates with instructors/preceptors)  Develops interprofessional education		Manages Counsel Ear	Patient Management: Prior/insurance authorizations
							Manages clinic projects (AuD)	
							Requests/maintains student evaluation of preceptors	
							Administration staff management (Sarah and Kristi)	
							Monitors onsite preceptor CCCs and License.	

					Coordinates clinical education meetings (DCE meeting)		Coordinates clinic meetings	
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**Supervisor Evaluations**

**Semester Evaluations conducted by students:**

- Supervisor evaluation surveys are supplied to students by CCS no later than the end of each semester
- CCS reviews all responses and maintains data
- CCS assures individual supervisors receive all responses
- CCS addresses results with supervisors; any results below “average,” or when written comments suggest a pattern of weak skill areas, will result in a written plan with measurable goals to be addressed at the annual evaluation

**Annual Evaluations conducted by CCS**

- Supervisor completes Supervisor Self Evaluation per protocol requirements submitted by published deadlines
- CCS and supervisors complete an annual Performance Management Review document prior to a scheduled annual performance review meeting
- Supervisor and CCS review Self-Evaluation/goals/PMR during meeting scheduled prior to university published due date
- Supervisors receive a copy of annual PMR document signed by CCS and Associate Program Director.
- Hard copies of all documents are housed in supervisor clinic personnel file and/or submitted to the Dean’s office as requested

**Supervisor Meeting Attendance**

**Clinic Meeting**

Scheduled approximately once per month by CCS likely during lunch to accommodate multiple attendee schedules

**SLP/AUD Staff**

Scheduled once per month for each group according to availability

**Faculty/Staff Meetings**

Clinic supervisors are asked to attend if not during scheduled clinic time

**ASHA Code of Ethics**



## Code of Ethics Effective March 1, 2016

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### Preamble

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

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

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

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

- an applicant for certification, or for membership and certification

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

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

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

## Terminology

### **ASHA Standards and Ethics**

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

### **advertising**

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

### **conflict of interest**

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

### **crime**

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

### **diminished decision-making ability**

Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

### **fraud**

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

**impaired practitioner**

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

**individuals**

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

**informed consent**

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

**jurisdiction**

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

**know, known, or knowingly**

Having or reflecting knowledge.

**may vs. shall**

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

**misrepresentation**

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

**negligence**

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

**nolo contendere**

No contest.

**plagiarism**

False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

**publicly sanctioned**

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

**reasonable or reasonably**

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

**self-report**

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

**shall vs. may**

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

**support personnel**

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

**telepractice, teletherapy**

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

**written**

Encompasses both electronic and hard-copy writings or communications.

## Principle of Ethics I

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

## Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately



supervised. The responsibility for the welfare of those being served remains with the certified individual.

- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

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

## Principle of Ethics II

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

### Rules of Ethics

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

- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

### Principle of Ethics III

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

#### Rules of Ethics

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

### Principle of Ethics IV

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

## Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

**Index terms:** ethics

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## Professional Organization Contacts

American Academy of Audiology

8300 Greensboro Drive, Suite 750

McLean, VA 22102-3611  
800-AAA-2336  
[www.audiology.org](http://www.audiology.org)

800-866-OSHA  
[www.osha.org](http://www.osha.org)

American Speech-Language and Hearing  
Association (ASHA)  
2200 Research Blvd.  
Rockville, MD 20850-3289  
800-498-2071  
[www.asha.org](http://www.asha.org)

Council of Academic Accreditation (CAA)  
2200 Research Blvd. #310  
Rockville, MD 20850-3289  
800-498-2071

Educational Audiology Association  
700 McKnight Park Drive, Suite 708  
Pittsburgh, PA 15237  
<https://edaud.org>

L'GASP  
Lesbian, Gay, Bisexual, Transgender, and Queer  
Audiologists and Speech-Language Pathologists  
[www.noglstp.net](http://www.noglstp.net)

National Black Association for Speech, Language,  
and Hearing  
19 Clarksville road  
Princeton Junction, NJ 08550  
609-799-4900  
[www.nbaslh.org](http://www.nbaslh.org)

Ohio Academy of Audiology  
PO Box 596  
Pickerington, OH 43147  
614-379-2133  
<https://ohioacademyofaudiology.com>

Ohio Speech and Hearing Professionals Board  
77 South High Street, Suite 1659  
Columbus, OH 43215-6108  
614-466-3145  
<https://shp.ohio.gov>

Ohio Speech Language Hearing Association  
P.O. Box 309  
Germantown, OH 45327