

Table of Contents

Clinical Education Key Takeaways	2
Clinical Education Policy 501.....	7
Clinical Education Policy 502.....	9
Clinical Education Policy 503.....	10
Clinical Education Policy 504.....	13
Clinical Education Policy 505.....	15
Clinical Education Policy 506.....	18
Clinical Education Policy 507.....	22
Clinical Education Policy 508.....	24
Clinical Education Policy 509.....	29
Clinical Education Policy 510.....	32
Clinical Education Policy 511.....	34
Clinical Education Appendix 5.1	35
Clinical Education Appendix 5.2	37
Clinical Education Appendix 5.3	39
Clinical Education Appendix 5.4	41
Clinical Education Appendix 5.5.....	43
Clinical Education Appendix 5.6	44
Clinical Education Appendix 5.7	46

Clinical Education Key Takeaways

Clinical Education Policy 501: Reporting Clinic Clock Hours

Clinical Education Policy 501 outlines the procedures for accurately recording clinic clock hours required for Audiology and Speech-Language Pathology students. Key takeaways include the responsibility of students to log their hours weekly using the Exxat Prism or AHST Typhon systems, with a seven-day window for submission. Hours must be approved by clinical faculty or external preceptors and are archived in the student's academic file upon graduation. Students are advised to keep a separate copy of their clock hours for their records, as the university maintains them only for five years. Additionally, the policy provides guidance on logging audiology and speech-language pathology hours and clarifies how shared clinical activities should be recorded.

Clinical Education Policy 502: Documentation of Academic and Clinical Competencies for ASHA Certification

Clinical Education Policy 502 outlines the documentation process for academic and clinical competencies required for ASHA certification. Academic and Clinical Advisors are responsible for tracking students completed courses and clinical experiences, ensuring alignment with ASHA's knowledge and skills standards. Students are encouraged to track their progress and competencies throughout the program. Clinical skills are documented by the Directors of Clinical Education. In cases where students pass a course or practicum but do not fully meet the competencies, a Clinical-Academic Support Plan is implemented. Clinic hours are logged in the Exxat or Typhon systems. Upon graduation, the student's competencies are verified by their Academic Advisor and Clinical Education Director, and the necessary forms for ASHA certification are submitted for final approval.

Clinical Education Policy 503: Clinical-Academic Support Plan (CLASP)

Clinical Education Policy 503 outlines the process for creating a Clinical-Academic Support Plan (CLASP) when a student fails to meet competencies in a course or clinical experience. The CLASP identifies areas of study needing attention and sets goals to help the student achieve competency. The process can be initiated by the student, instructor, or advisor, and varies in severity from minor concerns (e.g., exam retakes) to major issues spanning multiple courses or clinical settings. A committee of faculty and advisors works with the student to create and assess the plan. The plan includes specific goals, actions, and a timeline for review. If progress is unsatisfactory, further actions may be required, and continued failure may impact the student's ability to obtain ASHA certification or lead to program dismissal.

Clinical Education Policy 504: Commitment to Non-Discrimination and Diversity

Clinical Education Policy 504 emphasizes the School of Communication Sciences and Disorders' commitment to diversity and non-discrimination. The program values a student body that reflects diverse backgrounds, cultures, and life experiences, recognizing that such diversity enhances the academic environment and enriches research and teaching. The policy ensures that no student or client is excluded from participation based on protected characteristics, including during admissions, clinical placements, or service delivery. Students and clients who feel discriminated against have access to formal complaint procedures. The program follows University policies on equal opportunity, non-discrimination, and harassment.

Clinical Education Policy 505: Core Functions

Clinical Education Policy 505 outlines the core functions necessary for students in the School of Communication Sciences and Disorders to succeed in both academic and clinical settings. These core functions include communication, motor skills, sensory abilities, intellectual/cognitive capacities, interpersonal interactions, and cultural responsiveness. Students must demonstrate proficiency in these areas, with or without accommodations, to meet program requirements and enter professional practice. The policy emphasizes the importance of adapting to diverse communication needs, utilizing assistive technologies when necessary, engaging in critical thinking, and maintaining cultural sensitivity. Students requiring accommodations for disabilities are encouraged to contact Disability Resources for Students for support.

Clinical Education Policy 506: Students Responsibilities in Diagnostics and Therapy Clinics

Students must be familiar with clinic procedures for evaluations and therapy. For diagnostic evaluations, students review patient records, plan evaluations, and ensure the room is prepared. After conducting the evaluation, results and recommendations are shared with the patient, and all necessary documentation is completed in the EMR system. For therapy, students must prepare materials, meet regularly with clinical faculty, and follow procedures for patient care, including managing absences and ensuring patients are escorted to and from therapy sessions. Students must also attend orientation sessions and remain available until the last day of finals. Missing orientation can lead to grade reductions unless excused.

Clinical Education Policy 507: Student Evaluation of Clinical Educators

Clinical Education Policy 507 outlines the process for student evaluation of clinical educators. Students are required to provide feedback on their faculty's supervisory and professional skills at the end of each semester, with ongoing evaluations encouraged throughout the term. This feedback process includes a mid-term meeting where students can offer specific suggestions for improvement. At the end of the semester, students submit a signed evaluation, which is reviewed by the Directors of Clinical Education before being shared with the faculty member. Additionally, students complete anonymous evaluations via the Typhon or Exxat system for both faculty and off-site supervisors. If students face concerns during the evaluation process, they are encouraged to seek guidance from the Director of Clinical Education or another trusted faculty member to address issues early in the semester and ensure a productive learning environment.

Clinical Education Policy 508: Required Immunizations, Certifications, Trainings and Background Checks for All Faculty, Staff, Volunteers and Students Working in SCSD and MSHC.

The policy requires all employees, students, and volunteers involved with the School of Communication Sciences & Disorders (SCSD) and the Memphis Speech and Hearing Center (MSHC) to comply with specific immunization, certification, training, and background check requirements to ensure safety and well-being. These include annual immunizations, CPR certification, HIPAA and blood-borne pathogens training, and other job-specific certifications. Non-compliance may result in restricted access to sensitive areas and prohibited involvement with children or patients. All records must be submitted and updated in the designated systems, with individuals responsible for maintaining their own compliance.

Clinical Education Policy 509: Immunizations and Training Required of Students Prior to Off-Site Clinical Placements

Clinical Education Policy 509 outlines the immunizations, certifications, and screenings required for students participating in external clinical placements. These include a Tuberculin (TB) test,

annual flu shot, Tdap vaccination, Hepatitis B vaccination (or waiver), and CPR certification. Criminal background checks and drug testing are also mandatory, with specific procedures depending on the clinical site (e.g., schools or medical facilities). Some placements may require a COVID-19 vaccination. Students must upload proof of these requirements into the online compliance system (Typhon or Exxat) and keep personal records. Non-compliance or failure in any of these areas may impact clinical placement, graduation, and licensure eligibility.

Clinical Education Policy 510: Dress Code and Conduct for Students, Staff, and Faculty Involved in Clinic

Professional appearance and conduct are required when serving patients or conducting MSHC business. Students must wear U of M ID badges and appropriate attire, such as approved MSHC T-shirts or black scrub tops with matching bottoms. Closed-toe, closed-heel shoes are mandatory, and clinical educators can wear business casual attire. Inappropriate attire includes shorts, jeans, graphic T-shirts, and open-toe shoes. Additionally, students should avoid distracting body art, visible piercings (other than ears), and unnatural hair colors. Professional conduct includes refraining from eating, drinking, chewing gum, or using cellphones during clinical sessions unless for clinical purposes.

Clinical Education Policy 511: Malpractice Insurance for Students and Faculty Who Provide Clinical Services

All students and faculty members providing clinical services must have malpractice insurance. The School of Communication Sciences & Disorders will provide malpractice insurance for students at no cost, while clinical faculty are required to carry their own personal malpractice insurance to be eligible for credentialing and billing with insurance providers.

Clinical Education Appendix 5.1: CSD Clinical Competency Rating Scale and Experience Band

This appendix outlines a five-point Clinical Competency Rating Scale used to assess SLP student performance across clinical skills. The scale ranges from "Skill Not Evident" (1) to "Consistent & Capable" (5), reflecting increasing levels of independence, clinical reasoning, and self-evaluation. Supervision shifts accordingly, from maximum instruction to collaborative input as students progress. Additionally, the Experience Band links expected performance levels to specific semesters in the program, setting grade thresholds for clinic performance. Professionalism is also evaluated separately, with ratings of "No Concerns," "Minor Concerns," or "Major Concerns," which can directly impact a student's final clinical grade.

Clinical Education Appendix 5.2: Clinical-Academic Support Plan Documentation

Clinical Education Appendix 5.2 outlines the Clinical-Academic Support Plan (CLASP) process, which is used when a student fails to demonstrate all required knowledge and skills in a course or practicum, despite earning a passing grade. The plan identifies areas of concern, sets specific and measurable goals, and provides recommendations for improvement. The severity of the CLASP can be minor (focused on isolated competencies) or major (involving multiple competencies across courses or ongoing issues). The plan is reviewed regularly, and faculty can recommend whether to continue, revise, or discontinue the plan. Unsatisfactory performance in the CLASP may lead to a faculty review and potential dismissal from the program.

Clinical Education Appendix 5.3: Evaluation of Clinical Educator Competence

Education Appendix 5.3 outlines key areas of competency for clinical educators in the School of Communication Sciences and Disorders, focusing on preparation, instructional skills, reporting,

professionalism, and interpersonal relationships. Effective clinical educators are expected to set clear expectations, provide constructive feedback, and assist students in developing clinical, diagnostic, and therapeutic skills. They should also model professional conduct, encourage independent thinking, and create a supportive learning environment. Additionally, they are responsible for helping students improve their oral and written reporting, maintaining clinical records, and fostering collaborative relationships. The evaluation of these competencies ensures that clinical educators effectively contribute to students' professional growth and development.

Clinical Education Appendix 5.4: Special MSHC Programs and Offsite Placements

Clinical Education Appendix 5.4 highlights the diverse clinical experiences available to students at the Memphis Speech and Hearing Center (MSHC) and various offsite practicum locations. In addition to a broad range of adult and pediatric programs such as the Adult Aural Rehabilitation, Child Fluency Program, and Augmentative and Alternative Communication (AAC), students also have the opportunity to gain experience through clinical placements at numerous healthcare institutions and schools, including Baptist Hospitals, Le Bonheur Children's Hospital, and the Memphis VA Medical Center. These programs and placements offer hands-on experience in various specialized areas of speech, language, and hearing, preparing students for a well-rounded professional career.

Clinical Education Appendix 5.5: Castle Branch Background Check and Drug Screening

CE Appendix 5.5 outlines the process for completing required background checks and drug screenings through CastleBranch, a secure compliance management system used by the University of Memphis Audiology and Speech Pathology program. Students must visit the CastleBranch portal, select the appropriate screening package (typically UE54: Abuse – Background Check – Drug Test), and provide personal information to create an account. Through this platform, students can track order status, access results, and manage clinical compliance documents. Payments can be made via various methods, and students are responsible for maintaining access to their account and ensuring all requirements are completed in a timely manner. This is only relevant for students who are still using the Typhon system and not for students using Exxat.

Clinical Education Appendix 5.6: Experiential Learning Placements

CE Appendix 5.6 outlines the expectations, responsibilities, and risks associated with Experiential Learning Placements (ELPs) for students in the University of Memphis Audiology and Speech Pathology program. These placements offer real-world learning in clinical and professional settings, enhancing classroom education through hands-on experience. Students are expected to comply with university, program, and site-specific policies, follow ethical standards, and operate within their professional competency. They must acknowledge and accept the risks involved, including health and safety hazards, and understand that participation is voluntary. The university does not provide health insurance, and students are financially responsible for any medical care. In the event of unforeseen circumstances, the university will support students in finding alternative options but holds no liability for disruptions.

Clinical Education Appendix 5.7: Clinic Top/T-Shirt Design Guidelines

Proposed clinic top designs from student organizations must be submitted to the NSSHLA board for review. NSSHLA will select designs to forward to the MSHC leadership team for final approval, with up to 4 designs approved each school year. These approved designs will also be considered

appropriate attire in future years. Design submissions must include the MSHC logo, and the top's color and structure must meet specific guidelines (e.g., shoulder coverage, no low cuts, no cropped lengths). The top must be paired with acceptable clinic bottoms, undershirts, layers, and appropriate shoes. All designs must be submitted at least two weeks before they are advertised or printed.

Clinical Education Policy 501

Reporting Clinic Clock Hours

Effective Date: August 1, 2012
Supersedes Date: September 1, 2006
Review Date: May 2027

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

Procedure:

- I. Recording Hours
 - a. Students record hours weekly in the Exxat Prism System or the AHST Typhon System.
 - b. A window of seven (7) days is allowed to enter hours.
 - c. If hours are not logged within that period, the student may lose the ability to enter the hours.
- II. Clock Hour Approval
 - a. Clock hours are confirmed and approved throughout the semester by the clinical faculty and external preceptors within the system the students use to enter these hours.
- III. Archiving Records
 - a. A copy of a student's total clock hours is placed in the individual student's academic electronic file which is archived on the School's protected server upon graduation.
 - b. It is recommended that students archive their clock hours separate from the Exxat or Typhon systems at the end of each semester and upon graduation. Students will have access to these databases for five years following graduation.
 - c. The University of Memphis is only required to maintain student records for 5 years. It is **STRONGLY** suggested that clock hours be kept by the student in a safe place for perpetuity.
- IV. Logging Speech-Language Pathology Hours
 - a. Only direct contact with the client or the client's family in assessment, management, and counseling can be counted toward practicum. Preparation for sessions, chart review, and report writing cannot be counted as clock hours.
 - b. When more than one student is actively participating in group therapy, i.e., directing the activity, modeling, keeping data and assisting in group management, all hours of clinical contact will be counted toward ASHA requirements. When a student is observing a group or individual session, these hours do not count as direct contact.
 - c. When more than one student is participating in a Speech/Language diagnostic, the primary clinician counts the hours unless the one assisting is actively participating in data collection, test administration, or engaging the client.
 - d. The clinical hours are verified by the faculty member supervising the session throughout the semester to ensure their accuracy.

- e. A copy of the accumulated hours and totals by disorder is sent to the student following graduation.

V. Logging Audiology Hours

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

VI. Questions

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

Clinical Education Policy 502

Documentation of Academic and Clinical Competencies for ASHA Certification

Effective Date: September 20, 2022

Supersedes Date: February 28, 2018

Review Date: May 2026

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

Procedure:

I. Knowledge and Skills Outcomes

- a. The knowledge and skills are found in the CSD Handbook by CAA Standards speech- language pathology (Appendix 3.5) and audiology (Appendix 2.2) and CFCC Standards by course (SLP Appendix 3.6). These list the standards for the ASHA Certificate of Clinical Competence in both professions and the courses that meet each standard. Each faculty member determines the knowledge and skills covered in their course(s) and the method that competencies are assessed. Knowledge and skills are tracked by the academic advisor for each student and are reviewed each semester with the advisor. The documentation of clinical skills is tracked by the Directors of Clinical Education.

II. Clinical-Academic Support Plan Form

- a. It is possible for a student to make a passing grade in a course/practicum and still not meet all the competencies covered in the course satisfactorily. If this is the case, the instructor will initiate a Clinical-Academic Support plan ([Policy 503](#)).

III. Clinic Hours

- a. Clinic clock hours are logged in the Exxat or Typhon system ([Policy 501](#)). Beginning with students enrolling in Fall 2024, clinic clock hours are logged in the Exxat system.

IV. Standards for Clinical Verification by Program Director

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

Clinical Education Policy 503

Clinical-Academic Support Plan (CLASP)

Effective Date: August 1, 2024
Supersedes Date: September 17, 2019
Review Date: May 2027

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

Procedure:

I. Purpose

- a. Upon graduation, students intend to obtain the ASHA Certificate of Clinical Competence (CCC) in either Audiology or Speech-Language Pathology. To achieve this certification, a student must demonstrate a set of knowledge and skills as defined by ASHA certification standards. It is possible for a student to make a passing grade in a course/practicum and still not demonstrate all of the knowledge and skills covered in the course or practicum.
- b. The intent of this procedure is to identify, address, and monitor areas of knowledge and skill in which a student may require additional study, instruction, or experience to achieve the expected level of competency to obtain the CCC. The CLASP is a supportive process designed to enhance student success and is to be collaborative with the student.

II. Process of Initiation of a Clinical - Academic Support Plan

- a. There are three ways to initiate the Clinical – Academic Support Plan process:
 - i. Student initiated: Students may self-identify areas in which they believe they require additional support. A student discusses these concerns with either their instructor or advisor to develop a plan to address areas of need.
 - ii. Instructor initiated: The competencies associated with each course are identified in the CSD Handbook. If a student does not meet a competency in a course or clinic, the instructor may complete a Clinic – Academic Support Plan an Areas of Study Requiring Attention form identifying the knowledge or skills that have not been met and will recommend how the competency is to be met.
 - iii. Advisor initiated: A student’s Academic Advisor or Directors of Clinical Education can initiate a Clinical – Academic Support Plan process if areas of difficulty are observed across different courses, clinical performance, or both.

III. CLASP Severity

- a. A minor CLASP is self-initiated or involves a minor concern such as an isolated instance of an exam retake or assignment revision due to low grade; or focused practice related to a competency addressed in a single course.

- b. A major CIASP addresses a significant concern such as difficulties spanning more than one exam, assignment, course, instructor, or competency; or continuation of a previous CIASP.
- IV. Process Regarding Academic Knowledge and Skills
 - a. Minor CIASPs
 - i. These plans require notification of the students' advisor.
 - ii. A copy of the plan is signed by the initiator, the student, and the students' advisor.
 - iii. An electronic copy is placed in the student's academic folder.
 - iv. If the issue is related to clinic, the appropriate Directors of Clinical Education receives a copy as well.
 - b. Major CIASP's
 - i. The instructor or advisor initiating a major CIASP convenes a committee and communicates concerns to all committee members. If the CIASP is initiated by an instructor, the committee includes the instructor, the student, and student's advisor.
 - ii. If the major CIASP is initiated by the advisor, the committee includes the advisor and at least one other faculty member who serves as the student's advocate addressing competency concerns. The committee meets to discuss the concerns and create a plan.
 - iii. If the issue is related to clinic the committee also includes the Directors of Clinical Education
 - iv. The Associate Dean of Academic Programs receives a copy of all major CIASP's.
 - v. A copy of the plan is signed by and shared with all committee members. An electronic copy is placed in the student's academic folder. If the issue is related to clinic, the Directors of Clinical Education receives a copy as well.
 - c. Completion of the plan is assessed by the faculty involved at a predetermined date occurring not longer than one semester and noted in the student's academic folder.
- V. Process Regarding Clinical Knowledge and Skills
 - a. The faculty member who identifies the issue communicates the concerns to the appropriate Director of Clinical Education (DCE). The faculty member who identified the issue is free to convene a CIASP committee, with one of the committee members being the appropriate Director of Clinical Education.
 - b. The DCE convenes a committee of faculty currently working with the student and the student's academic advisor to develop the Clinical-Academic Support Plan.
 - c. The committee meets with the student to address the knowledge or skills that are not at the expected level and determine the best plan of action.
 - d. A copy of the plan is distributed to the student, the students' Academic Advisor, and the faculty who are involved in the implementation of the plan. An electronic copy is placed in the student's academic file.
 - e. The committee and student reconvene at or before a determined date to assess the progress and determine whether the plan has been achieved or further action needs to take place.
- VI. Graduate Assistant

- a. GA assignments will be reconsidered for students completing a CIASP that is not self-initiated.

VII. Components of a Plan

- a. The student's name, advisor, semester of study, course name and number, and instructor(s) of the course.
- b. Areas of Study-This is a specific list of the knowledge or skills in which the student has not demonstrated minimal competency.
- c. Goals-Goals are to be measurable to determine whether the outcome sufficiently demonstrates the successful completion of the competencies in question.
- d. Recommendations
 - i. Specific steps of action as to how the goals can be accomplished.
 - ii. A date for an intermediate progress review may be set.
- e. Date-A specific date is indicated to note when the goals are to be completed. Duration of a CIASP should not be more than a single semester.
- f. Signatures-All the individuals formulating the plan, including the student, are to sign the CIASP.
- g. Outcome and Performance
 - i. Once the recommended period has lapsed, the faculty who are involved in the implementation of the plan note the outcome of the plan and determine the extent to which objectives have been met. Options for CIASP outcome include:
 - 1. Completed
 - 2. Continue plan
 - 3. Revise plan
 - ii. Options for evaluating the student's progress toward CIASP objectives and overall performance include:
 - 1. Satisfactory
 - 2. Persisting concerns
 - 3. Unacceptable
- h. A meeting is called with the student and the individuals involved in the initiation of the plan to discuss the outcome and recommendations. After the outcome meeting, the parties involved, including the student, sign the form to indicate recognition of the outcome(s) and recommendation(s).

VIII. Time Constraints

- a. A plan addressing the same competencies should not extend beyond two semesters. If issues are critical and remain a concern:
 - i. The student will be informed of the strong likelihood that CCC may not be obtained.
 - ii. The student's options regarding program continuation will be reviewed with the student.
 - iii. Unsatisfactory completion of a CIASP, particularly one of major severity, will prompt faculty review of student's overall performance across content areas and clinic, and may be grounds for dismissal.

Clinical Education Policy 504

Commitment to Non-Discrimination and Diversity

Effective Date: August 1, 2020
Supersedes Date: January 26, 2018
Review Date: May 2027

Policy: The program and its faculty are dedicated to and recognize the benefits of a student population diverse in background, culture, socioeconomic status, race, ethnicity, and work and life experiences. This policy reiterates the program's commitment to non-discrimination and its recognition of the value of diversity.

Procedure:

- I. The School of Communication Sciences and Disorders follows the University of Memphis policies and procedures regarding:
 - a. [GE2004 Equal Opportunity and Affirmative Action](#)
 - b. [GE2030 Non-Discrimination and Anti- Harassment](#)
 - c. [GE 2024 Discrimination, Harassment complaint and investigation procedure](#)
 - d. [GE 2039 Interim Sexual Harassment & Sexual/Gender based misconduct policy](#)
 - e. [GE 2044 University Code of Ethics](#)
 - f. No student shall be discriminatorily excluded from participation or denied benefits on the basis of a protected class. This prohibition against discrimination encompasses all areas of the program including, but not limited to, admissions, retention and clinical placements.
 - g. Students who believe that they have been discriminated against or harassed based on their inclusion in a protected class can contact the Office for Institutional Equity and/or file a complaint through their [online portal](#).
 - h. No patient or individual served in a clinical setting shall be excluded from participation or denied services on the basis of a protected class. This prohibition against discrimination encompasses all areas of clinical practice including, but not limited to scheduling appointments, service delivery, or discharge.
 - i. Clients who believe that they have been discriminated against or harassed based on their inclusion in a protected class can contact the Practice Manager at the Memphis Speech and Hearing Center, 901-678-2009, or the University's [Office for Institutional Equity](#) at 901-678-2713.
- II. Diversity
 - a. The School of Communication Sciences and Disorders is committed not only to providing a robust education, but also to building a diverse community of scholars. Central to our philosophy is that working side by side with persons of varied backgrounds, views and life experiences strengthens and enriches our research, scholarship, and teaching. A diverse graduate student population also enhances the academic

experiences for all students. Students are encouraged to collaborate, learn from each other and to take pride in their varied backgrounds and cultures.

Clinical Education Policy 505

Core Functions

Effective Date: March 15, 2024
Supersedes Date: October 26, 2018
Review Date: May 2026

Policy: Students must be able to perform these core functions during classroom, laboratory, experiential learning, and programmatic activities (including but not limited to participation in one-on-one interactions, small group discussions and presentations, large-group lectures, and patient/client interaction) in both the academic and clinical settings. The School of Communication Sciences and Disorders identifies the following core functions as fundamental to the curriculum and profession.

Procedure:

- I. The purpose of this document is to provide guidelines on minimum core functions that must be met, with or without accommodations, to be successful in the program and to enter professional practice.
- II. Communication
 - a. Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.
 - i. Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
 - ii. Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.
- III. Motor
 - a. Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involve a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.
 - i. Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and

therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process

- ii. Respond in a manner that ensures the safety of clients and others

IV. Sensory

- a. Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.
 - i. Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
 - ii. Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
 - iii. Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

V. Intellectual/Cognitive

- a. Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.
 - i. Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
 - ii. Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
 - iii. Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
 - iv. Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

VI. Interpersonal

- a. Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.
 - i. Display compassion, respect, and concern for others during all academic and clinical interactions
 - ii. Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies

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

VII. Cultural Responsiveness

- a. Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.
 - i. Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
 - ii. Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice
- I. This document should be considered a living document and therefore reviewed by CAPCSD at regular intervals to ensure that current terminology, practice, and ideas are reflected.
- II. Glossary
 - a. Cultural responsivity involves “understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction” (ASHA, 2017) and includes “incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices”.
 - b. Evidence-based practice involves “integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (Evidence- Based Practice in Psychology, n.d.).
 - c. -American Speech-Language-Hearing Association. (n.d.). Cultural responsiveness [Practice Portal <https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/>]
 - d. Evidence-Based Practice in Psychology. (n.d.). <https://www.apa.org>. Retrieved March 3, 2023, from <https://www.apa.org/practice/resources/evidence>
- III. Disability Accommodations
 - a. Students who require academic accommodations to fulfill core functions due to a physical, mental or emotional condition or learning challenges are encouraged to contact Disability Resources for Students (DRS) by email at drs@memphis.edu or by phone at 901-678-2880. DRS, with input from the School, will make a determination of whether the condition is a disability as defined by applicable laws, and for determination of what accommodations are available and reasonable. Whenever possible, reasonable accommodations will be provided for students with disabilities to enable them to meet these standards.
- IV. This policy’s language is derived primarily from: Council of Academic Programs in Communication Sciences and Disorders (2023). A guide for future practitioners in audiology and speech-language pathology: Core functions. <https://www.capcsd.org/academic-and-clinical-resources/>

Clinical Education Policy 506

Effective Date: August 18, 2022
Supersedes Date: August 19, 2012
Review Date: May 2028

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

Procedure:

I. Diagnostic Evaluations

a. Pre-Evaluation Procedures

- i. A student logs into the electronic medical records (EMR) system to determine their diagnostic schedule for the week and the patient(s) they will serve.
- ii. The student assigned to conduct the evaluation will review the patient's records and the available medical/educational information before meeting with their assigned clinical educator.
- iii. Students will develop an evaluation plan to ensure all necessary diagnostic tests are completed.

II. Day of Evaluation

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

- i. The student is notified that the patient is ready via the EMR check-in screen after the front desk has ensured the paperwork is completed by the patient.
- ii. The assigned clinical educator and student meet the patient and/or parents in the lobby and escort them to the testing/sound room.
- iii. If a patient over 36 months old is being seen for speech-language testing, their hearing is screened first, if possible, unless they have previously been evaluated by audiology. Adult patients and any present partners in care are taken to the evaluation room for the initial interview. Parents of young children being tested have been instructed to bring someone who can sit with their child in the lobby while they are with the examiners.
- iv. Following the interview, the clinician may choose to have the caregiver return to the lobby or remain to observe the evaluation. Parents are to stay in the building during the entire evaluation in case of emergency.
- v. The student and clinician complete the testing.
- vi. Testing is completed, and tests are scored and analyzed. The student and clinician discuss the results and recommendations and plan for counseling.
- vii. The parent/patient is informed of the test results and recommendations by the student and clinician. If the patient is interested in therapy services, the clinician adds them to the MSHC wait list for therapy and provides them with a list of other local therapy resources.
 1. Regarding evaluations for Disability Determination Section (DDS), clinicians do not share any information related to results or testing. This information should be provided to the patient by the Social

Security Office directly, and they will determine the qualification of benefits and any recommendations.

2. Some evaluations, particularly specialty diagnostics, may require a separate results meeting or a follow-up visit on a separate day.
- viii. The student is responsible for restoring the room to its previous condition. This includes putting away all materials and cleaning as needed.
- ix. IMMEDIATELY following the evaluation:
 1. All patients will be escorted to the business office window to ensure payment is received for the services provided and additional appointments may be made at this time.
 2. FORM(S) MUST BE TURNED IN BY THE END OF THE DAY OF EVALUATION.
- x. If the patient is not in the lobby at the designated evaluation time, the student will wait in the lobby for 15 minutes. Students should remain in the building during their clinic slot at the faculty member's discretion.
- xi. A clinic note should be entered the day of the evaluation appointment.
 1. See Clinical Operations Policy 205 regarding documentation.

III. Therapy

a. Preparation for Therapy

i. Initial Student and Faculty Member Conference

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

ii. Therapy Materials

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

b. Therapy Procedures

i. Weekly Student/Faculty member Conferences

1. Students meet with their clinical faculty weekly to discuss their patients' progress and plan therapy. Clinical faculty may choose to meet their students as a group or individually or discuss clients via email, in accordance with HIPAA policies.

2. Student Absences

- a. Attendance is mandatory for all scheduled diagnostic and therapy sessions.
- b. If the student is ill, they should notify the clinical faculty member in charge.
 - i. If the student is not able to attend the session, they must personally contact the faculty member in sufficient time to make the necessary adjustments. Leaving a message is not acceptable.

- ii. The student is responsible for finding a substitute for the therapy and for providing a therapy plan for the session(s).
 - iii. If a substitute cannot be found, and the faculty member is available to cover the session, then the patient is seen at their regular time. The student is to provide the faculty member with the therapy plan.
- c. A student may request to miss clinic in certain cases and approval is granted by the clinical faculty member and Director of Clinical Education. The student is expected to find a replacement clinician.
- d. Please refer to appropriate policies regarding clinical experiences (AuD Policy 201, SLP Policy 301).

3. Meeting the Patient

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

4. Length of Sessions

- a. Therapy sessions are scheduled in 15-minute units. Length of session is determined by the individual clinician.

c. Returning the Patient to the Lobby

- i. All patients (adult or child) are to be escorted to the lobby by the student.

IV. Beginning and Ending Dates for the Clinic Semester

a. Beginning

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

b. Ending

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

c. Breaks

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

V. Grade Reduction for Missing Orientation Meetings

- a. Missing the general orientation and/or any individual orientation meetings with a clinical educator will automatically result in a reduction of the student's grade for the Professionalism/Administrative Accountability section.
- b. If an emergency or outstanding circumstance occurs that conflicts with orientation, the student must submit a written explanation to the appropriate Director of Clinical Education at least two weeks prior to the general orientation meeting.

- c. The AuD/SLP Directors of Clinical Education will determine if the student is excused from attending orientation.
 - i. If excused, there will be no grade penalty, but the student will be responsible for any information missed during the general orientation and/or individual orientation meetings.
 - ii. If unexcused, the student's grade for Professional/Administrative Accountability section will be reduced. The student will be responsible for any information missed during the general orientation and/or individual orientation meetings.
- d. Individual clinical educators will use their discretion in determining how they want the student to access missed information (recorded orientation, virtual participation, notes from a fellow student, etc.).

Clinical Education Policy 507

Student Evaluation of Clinical Educators

Effective Date: August 8, 2012
Supersedes Date: September 7, 2001
Review Date: May 2027

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

Procedure:

I. Orientation

- a. The faculty member and student will discuss each other's expectations and goals for the semester about learning and instruction.
- b. Students will be referred to the Student Evaluation of Clinical Educator Competency Form ([Appendix 5.3](#)) as a guide to identify areas to consider when assessing supervisory skills.

II. The Process of Evaluation

- a. The student will be asked to evaluate his/her clinical faculty each semester. The evaluation is a process that continues throughout the semester.
- b. At mid-term, a meeting is scheduled for the student to provide specific information to the faculty member regarding his/her teaching and provide suggestions for change if applicable. The evaluation is presented in a face-to-face meeting. This evaluation is typically provided verbally; however, the faculty member has the discretion to request that it be submitted in writing.
- c. Both the student and the faculty member have the responsibility to give honest and accurate feedback and address issues as they arise throughout the semester.
- d. At the end of the semester, SLP students will submit their signed evaluation (Appendix 5.3) to the Directors of Clinical Education prior to the last day of clinic. The evaluation is then shared with the faculty member after clinic grades have been distributed to the students.
- e. All students are asked to complete an anonymous evaluation for each faculty member with whom they work in the semester. This is completed on Typhon, and the results are available for review by the faculty member.
- f. Evaluations of off-site supervisors are completed on the Typhon system and shared with the supervisor at the discretion of the Directors of Clinical Education.
- g. It is important that the information included in the evaluations has been addressed at some point in the semester with the supervisor so that they can discuss and revise their teaching with the student before the end of the semester.

III. Difficult Evaluations

- a. If at any time a student is concerned about how to address an issue or is concerned about his/her interactions with a clinical faculty member, they can discuss the matter with the appropriate Director of Clinical Education.

- b. If the Director of Clinical Education is the supervising clinical faculty member, then the student is encouraged to seek out counsel from a trusted member of the faculty.
- c. The conversation will be kept in strict confidence.
- d. The goal of the meeting will be to find a way for the student to address the issue directly with the clinical faculty member.
- e. Students are encouraged to seek counsel on how to address difficult issues early in the semester so that the optimal learning environment can be established.

Clinical Education Policy 508

Required Immunizations, Certifications, Trainings, and Background Checks for all Faculty, Staff, Volunteers, and Students Working in SCSD and MSHC

Effective Date: August 25, 2021

Supersedes Date: May 3, 2019

Review Date: May 2027

Policy: All employees, students and volunteers who participate in the operations of SCSD and the MSHC are required to comply with the attached schedule of annual immunizations, certifications, trainings, and background checks.

Procedure:

I. Purpose

- a. This policy is intended to protect the health and well-being of all employees, students, volunteers and patients participating in the operations of the School of Communication Sciences & Disorders (SCSD).
- b. The schedule and sequence correspond to the activities of an individual participating in the Clinic and the School.

II. Notification

- a. The Associate Dean of Academic Programs during admissions, Director(s) of Clinical Education, the School Administrative Associate, and/or approved designee will notify incoming employees, students, and volunteers of these requirements prior to their participation in MSHC or SCSD activities.
- b. Employees, students, and volunteers will be notified if they are responsible for any associated costs to meet these requirements.
- c. Those not in compliance will not be allowed access to HIPAA sensitive areas and will be prohibited from being around children and clients.

III. Definition of Groups Named in this Policy

- a. Individuals Providing Direct Client Services in MSHC includes all parties providing patient care in MSHC regardless of their affiliation or lack thereof with SCSD and/or the University of Memphis.
- b. Individuals working with Minor Children includes all parties who will oversee or interact with children under the age of 18 regardless of their affiliation or lack thereof with SCSD and/or the University of Memphis. This includes anyone in the MSHC and tenure-track faculty and students in laboratories who see children as participants.
- c. Volunteers, as defined in this policy, includes all individuals who are not affiliated with SCSD and/or employed by the University of Memphis. If an individual is participating in SCSD or MSHC activities and they are not affiliated with the

University of Memphis, they are also required to be registered with Legal as a volunteer and to use a sponsored account for building and computer access.

d. Requirements for Individuals Providing Direct Client Services in MSHC:

REQUIREMENT	FREQUENCY	CSD STUDENT DOCUMENTATION PROVIDED TO:	DUE DATE	PARTY RESPONSIBLE FOR COST
TB skin test, QuantiFERON blood test, or chest x-ray	One time	Upload to Typhon or Exxat account	Before clinic assignment begins.	Individual
Flu Shot	Annually	Upload to Typhon or Exxat	October 15 th of each year	Individual
American Red Cross or American Heart Association CPR and AED2 Certification	Every 2 years	Upload to Typhon or Exxat	Before clinic assignment begins.	Individual for initial certification; SCSD for School scheduled renewals for SCSD clinical students, clinical faculty & clinical staff
TDAP Vaccination	Every 10 years	Upload to Typhon or Exxat	Before clinic assignment begins.	Individual
Hepatitis B vaccination series	One time series of 3 shots	Upload to Typhon or Exxat	Complete series by January 15 th	Individual
Blood Borne Pathogens Training	Annually	Upload to Typhon or Exxat	Before Clinic assignment begins. Annually thereafter.	EH&S
Hazardous Waste training	Annually for those participating in infection control in MSHC (All AuD students) or a research lab using hazardous materials	Upload to Typhon or Exxat	Before Clinic or research assignment begins. Annually thereafter	EH&S
HIPAA training; both SCSD and UofM Training Required	Annually	Upload to Typhon or Exxat	Before clinic assignment begins. Annually thereafter.	SCSD

e. Requirements for Individuals Working with Minor Children in MSHC or at SCSD:

REQUIREMENT	FREQUENCY	DOCUMENTATION PROVIDED TO:	DUE DATE	PARTY RESPONSIBLE FOR COST
Background Check for Working with Minor Children*	Every 5 years	<ul style="list-style-type: none"> • Upload to Typhon or Exxat for SCSD students and Clinic personnel • Provide to Administrative Associate for all other parties 	Before working with children or at the beginning of clinic assignment	Individual
Minors on Campus Training	One Time	<ul style="list-style-type: none"> • Upload to Typhon or Exxat for SCSD students and Clinic personnel • Provide to Admin Assc for all other parties 	Before working with children or at the beginning of a clinic assignment	HR/Learning Curve course (no cost)
Clear Sex Offenders Registry Check	Every 3 years	<ul style="list-style-type: none"> • Upload to Typhon or Exxat for SCSD students and clinic personnel • Provide to Admin Assc for all other parties 	Before working with children or at the beginning of a clinic assignment	No associated cost
Stewards of Children	Every 3 years	<ul style="list-style-type: none"> • Upload to Typhon or Exxat for SCSD students and clinic personnel • Provide to Admin Assc for all other parties 	Before working with children or at the beginning of a clinic assignment	SCSD
Full directions for completing the Background Check for Working with Minors can be found at: https://www.memphis.edu/tep/clinical/background-checks.php				

f. Requirements for Non-Clinic Employees (Faculty and Staff), Students and Volunteers in SCSD:

Requirement	Frequency	Documentation Provided to	Due Date
HIPAA (CSD and UofM)	Annually	Administrative Associate	At the beginning of the academic year, or at the beginning of work assignment
Minors on Campus training	Once	Administrative Associate	At the beginning of the academic year, or at the beginning of work assignment
A signed statement acknowledging the need to report suspected abuse	Annually	Volunteers and staff sign notice below for Administrative Assoc.	At the beginning of the academic year, or at the beginning of work assignment
CITI Training (those working in research labs)	Check the website for dates – based on a schedule	Tracked by individual lab directors	Within 30 days of beginning in lab
Blood Borne Pathogens and Hazardous Waste (as identified in Research Lab Infection Control plans)	Annually	Tracked by individual lab directors	Within 30 days of beginning in lab
FERPA training (for all individuals working with student data)	Every 2 years	Tracked by University	

IV. Records and Dissemination of Information

- a. SCSD Students and clinical faculty working in Clinic will upload proof of the required tests and procedures to their private record in the Typhon or Exxat system.
- b. Non-SCSD affiliated individuals working in Clinic will provide proof of the required tests and procedures to the Administrative Associate.
- c. Non-Clinic faculty, staff, and volunteers in the school will provide proof of the required tests and trainings to the Administrative Associate. They will be stored electronically at the School on the J drive.
- d. The Directors of Clinical Education or their representatives are responsible for monitoring the expiration date in Typhon or Exxat for each item.
- e. It is the responsibility of the individual to remain current with all records and procedures. If a site outside of MSHC requires documented proof of the test results, it will be the responsibility of the individual to provide the information.

V. Notice to Students Regarding Background Checks

- a. There are potential consequences associated with failing a criminal background check regarding licensure. If one answers “yes” to any of the questions below, it is possible that they may be denied licensure and/or employment at the conclusion of their program.
 - i. Have you ever been convicted of a felony or crime(s) other than minor traffic offenses?
 - ii. Have you ever been denied licensure of the profession for which you might apply for licensure or had discipline imposed by another state’s licensing?
 - iii. Have you ever had a civil suit judgment entered against you or entered into an adverse civil settlement?
 - iv. Students must review the state licensure requirements specific to the discipline by contacting the specific licensing board. It is the student’s responsibility to understand.

Clinical Education Policy 509

Immunizations and Training Required of Students Prior to Off-Site Clinical Placements

Effective Date: August 25, 2021

Supersedes Date: May 1, 2023

Review Date: May 2027

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

All students who provide clinical services through external agencies are required to have an appropriate criminal background check that meets the standards of the facility, a Tuberculin (TB) test upon entrance into the program, an annual flu shot, TDap vaccination and current CPR certification.

Procedure:

I. Notification

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

II. Tests/Vaccinations

- a. Students are required to obtain a TB test or chest x-ray upon beginning the program. A student may be required to provide an updated TB test prior to an external placement.
- b. The TDap vaccination is required every ten years.
- c. An annual flu shot is required each fall.
- d. The HEP-B vaccination series or waiver is required by both MSHC and off-site facilities.
- e. Some off-site practicum sites require the COVID-19 vaccination before starting the practicum, and they do not offer exemptions. This may impact clinical opportunities or on-time graduation.
- f. Students will upload a copy of the documentation to the online clinical hours and compliance system within the first week of the Fall semester and keep a copy of the original for their records.

III. CPR and AED2 Certification

- a. All students are to take a CPR course offered by a reputable entity covering CPR and Automated External Defibrillator (AED) training for health care providers, including a hands-on practical examination.
- b. Students will upload a copy of the documentation to the online clinical hours and compliance system within the first week of the Fall semester and keep a copy of the original for their records.

IV. Criminal background check

- a. Students should be aware that criminal convictions may make them ineligible to participate in any clinical experiences included in the program, therefore necessitating removal from the program and/or impacting one's ability to successfully complete course and program requirements.
- b. Students assigned to the public or private schools may need a TBI criminal background check and finger printing completed through the College of Education at the University of Memphis. [Detailed instructions can be found here](#). Some school districts may require a maximum amount of time since the completed background check.
- c. All faculty, staff, and students who interact with minors on or off-campus must have a TBI criminal background check and finger printing completed every 5 years through the College of Education at the U of Memphis. [Detailed instructions can be found here](#).
- d. Students assigned to medical facilities will need a national background check. There is an additional cost associated with this procedure.
- e. There are potential consequences associated with failing a criminal background check regarding licensure. If a student answers "yes" to any of the questions below, it is possible that they may be denied licensure at the end of the degree program.
 - i. Have you ever been convicted of a felony or crime(s) other than minor traffic offenses?
 - ii. Have you ever been denied licensure of the profession for which you might apply for licensure or had discipline imposed by another state's licensing board?
 - iii. Have you ever had a civil suit judgment entered against you or entered an adverse civil settlement?
- f. Students must review the state licensure requirements specific to the discipline by contacting the specific licensing board. It is the student's responsibility to understand.

V. Drug Testing

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

VI. Records and Dissemination of Information

- a. Students will upload proof of the required tests and procedures to their private record in the online clinical hours and compliance system and keep a copy of the original for their records.

- b. The expiration date for each item will be entered with oversight from the Directors of Clinical Education or their designee.
- c. It is the responsibility of the student to remain current with all records and procedures.
- d. If a site requires documented proof of the test results, it will be the responsibility of the student to provide the information.

Clinical Education Policy 510

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

Effective Date: August 18, 2022

Supersedes Date: August 19, 2012

Review Date: May 2027

Policy: Professional appearance/conduct is required when serving Patients or when conducting MSHC business

Procedure:

I. Examples of Appropriate Dress/Appearance

- a. U of M ID badges are to be worn on the upper torso when working with patients.
- b. Students may wear either an approved MSHC T-shirt or black scrub top with black bottoms. Examples of appropriate bottoms include black scrub pants, black dress pants, or black skirts that are knee-length or longer. To accommodate weather or personal needs, long-sleeved black or white undershirts may be worn under an MSHC T-shirt or black scrub top, or a student may choose to layer their MSHC T-shirt or black scrub top with an approved CSD pullover or a black cardigan.
- c. Shoes must be closed-toe, closed-heel, and appropriate for the population a student is serving.
- d. Clinical educators may wear the same attire as students or business casual clothing.
- e. Offsite facilities may require specific attire or have specific restrictions. It is the responsibility of the student to learn what the dress codes are and to follow them.
- f. Dress code requirements may be modified for special events (e.g., field trips and outdoor clinics) at the discretion of the MSHC clinical educator.

II. Examples of Inappropriate Dress/ Appearance

- a. Shorts
- b. Jeans
- c. Graphic T-shirts with writing
- d. Athletic attire
- e. Tank tops and tops with spaghetti straps must be covered with a jacket or a shirt
- f. Open toe shoes (due to infection control), casual sandals including flip-flops, or stilettos are not allowed in clinic.

III. Examples of Potentially Inappropriate Dress/Appearance

- a. Visible piercings other than the ears may be distracting. Be prepared to remove or cover them.
- b. Visual body art (e.g., tattoos) may be distracting and/or offensive. Be prepared to cover it.
- c. Subdermal implants (e.g. A subdermal implant refers to a body modification that is placed underneath the skin, therefore allowing the body to heal over the implant and creating a raised design) as may be distracting and/or offensive. Be prepared to be able to cover it with clothing in some way.

- d. Hair colors that would not be of natural origin may be distracting. Be prepared to be notified if this is found inappropriate.
- e. Students are expected to use good professional judgment regarding dress. If the clinical faculty member considers a student's dress inappropriate, the student may be asked to return home to change.

IV. Appropriate Conduct

- a. Student clinicians are not to take food or drinks into the therapy/diagnostic sessions unless there is a social event associated with the session or the presence of food or drink is a registered accommodation through Disability Resources for Students (DRS).
- b. Student clinicians are not to chew gum during therapy/diagnostic sessions.
- c. The details of this policy apply to a public clinical setting, regardless of whether the individual is actively involved in the clinic.
- d. Cellphones should not be visible in a session unless being used for clinical purposes.

Clinical Education Policy 511

Malpractice Insurance for Students and Faculty who Provide Clinical Services

Effective Date: August 19, 2012
Supersedes Date: September 7, 2001
Review Date: May 2026

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

Procedure:

- I. Students
 - a. Malpractice insurance covering students will be provided and paid for by the School of Communication Sciences & Disorders.
- II. Faculty
 - a. All clinical faculty are required to carry personal malpractice insurance to be credentialed to bill insurances.

Clinical Education Appendix 5.1

CSD Clinical Competency Rating Scale and Experience Band

CSD Clinical Competency Rating Scale

Rating Scale	Student Clinician Performance	Clinical Educator Support
1	Skill Not Evident: Skill not evident or is implemented with difficulty. Student does not implement feedback to effectively change their behavior. Demonstrates incomplete understanding of clinical disorder/process. Observes & assists instructor. Difficulty focusing on client's/patient's needs.	Maximum Instruction: Clinical educator plans or executes service while student helps. Direct instruction, background information, and demonstration is necessary most of time. Patient service is provided by clinical educator.
2	Emerging Skill: Student occasionally implements feedback to effectively change their behavior. Needs instruction to modify skill. Implements skill if previously discussed or modeled. Focused primarily on own needs and performance and less so on patient needs. Limited self-evaluation skills.	Constant Direction: Clinical educator directs/guides student through planning and/or session. Helps student understand relevant client/patient needs majority of time. Clarifies priorities. Provides post-appointment input to facilitate appropriate follow-up. Facilitates student self-evaluation.
3	Inconsistent Skill: Skill is in development. Implemented appropriately but inconsistently. Student does not independently modify own behavior during session. Post-appointment, student aware of need to modify behavior, and able to identify some solutions, but may not use optimal methods.	Ongoing Guidance: Clinical Educator is actively involved during planning or during session. Input needed during appointment to ensure accurate, appropriate, and optimal services. Focus is on increasing student awareness of when and how to improve the skill. Instruction frequently required to facilitate understanding of patient needs.
4	Consistent with Occasional Prompts: Skill implemented appropriately most of the time. Working on refining skill (i.e., increased consistency, efficiency, or effectiveness). During appointment student is aware of need for change and modifies own behavior some of the time. Initiates new suggestions some of the time.	Intermittent Prompting: Clinical educator monitors student plans and/or sessions, but is mostly hands-off. Gives prompts regarding patient needs and possible alternatives to consider some of time. Seldomly intervenes during appointment.
5	Consistent & Capable: CF Ready. In most situations, implements skills consistently and proficiently. Student modifies own behavior as needed. Demonstrates independent clinical	Collaborative Input: Clinical educator is able to be almost entirely hands-off. Clinical educator confirms student hypotheses and plans most of the time. Collaborates with student regarding patient needs and suggests

	problem-solving. Generates accurate self-evaluation.	alternative areas to consider some of the time. Promotes student independence. Clinical educator does not need to intervene during an appointment.
--	--	--

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

Level of Experience Based on Semester

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

Professionalism expectations are the same regardless of the number of semesters of clinic the student has completed.

Semester	A	A-	B+	B	B-	C+	C	F
1	3 or above	2.8-2.99	2.6-2.79	2.5-2.59	2.3-2.49	2.1-2.29	2.0-2.09	Below 2.0
2	3 or above	2.8-2.99	2.6-2.79	2.5-2.59	2.3-2.49	2.1-2.29	2.0-2.09	Below 2.0
3	3.5 or above	3.3-3.49	3.1-3.29	3.0-3.1	2.8-2.99	2.6-2.79	2.5-2.59	Below 2.5
4	4 or above	3.8-3.99	3.6-3.79	3.5-3.59	3.3-3.49	3.1-3.29	3.0-3.09	Below 3.0
5	4.5 or above	4.3-4.49	4.2-4.29	4.0-4.19	3.8-3.99	3.6-3.79	3.5-3.59	Below 3.5
Professionalism	Clinical Faculty Group Determination of "No Concern", "Minor Concern", "Major Concern"							

*** Professionalism scores will be assigned through faculty group determination. **Scores that are a Major Concern in 1 semester or a Minor Concern across 2 semesters may result in a Clinical or Academic Support Plan (CIASP).**

*** A Professionalism score of "**Minor Concern**" will result in the final clinic grade dropping by 1/2 letter grade (e.g., a numerical score earning an "A-" for other clinical skills will be dropped to a "B+").

*** A Professionalism score of "**Major Concern**" will result in the final clinic grade dropping by 1 full letter grade (e.g., a numerical score earning an "A" for other clinical skills will be dropped to a "B").

Clinical Education Appendix 5.2

Clinical-Academic Support Plan Documentation

**Clinical – Academic Support Plan
School of Communication Sciences and Disorders
The University of Memphis**

The student must meet the requirements of the School, as well as demonstrate a set of knowledge and skills as defined by ASHA certification standards. A student can earn a passing grade in a course/practicum and still not demonstrate all the knowledge and skills covered in the course or expected in practice (Policy 503 in CSD Handbook). Unsatisfactory evaluation of a CIASP, particularly one of major severity, will prompt faculty review of the student's overall performance across content areas and clinic, and may be grounds for dismissal.

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

Instructor/Course: _____

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

Severity of CIASP:

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

Area(s) Identified (Knowledge and Skills):

Goals to be Completed (Specific and Measurable):

Recommendations for Completion:

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

Instructor's Signature:	_____	Date:	_____
Student's Signature:	_____	Date:	_____
Advisor's Signature:	_____	Date:	_____
Instructor:	_____	Date:	_____
Instructor:	_____	Date:	_____
Instructor:	_____	Date:	_____

Overall Performance:

☐ Satisfactory

☐ Persisting Concerns

☐ Unacceptable

Recommendations:

☐ Discontinue Plan

☐ Continue Plan

☐ Revise Plan

☐ Faculty Review

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

Instructor's Signature:

Date:

Student's Signature:

Date:

Advisor's Signature:

Date:

Instructor:

Date:

Instructor:

Date:

Instructor:

Date:

Clinical Education Appendix 5.3

Evaluation of Clinical Educator Competence

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

- I. Preparation/Organization
 - a. Discusses specifically his/her expectations of the student at the beginning of the semester
 - b. Discusses working folders and available information about the client at the beginning of the semester or prior to the evaluation
 - c. Plans and maintains conference times throughout the semester
 - d. Uses conference time effectively
 - e. Demonstrates an understanding of the client's needs
- II. Instructional Skills
 - a. Assists in determining clinical goals and objectives
 - b. Assists in developing and refining diagnostic and assessment skills
 - c. Assists in developing behavior management skills
 - d. Assists in developing and refining therapy skills
 - e. Assists in observing and analyzing assessment and treatment sessions
 - f. Assists in developing student clinician's self-evaluation of his/her clinical performance
 - g. Encourages collaborative identification of the student clinician's clinical strengths and weaknesses
 - h. Encourages and aids the student clinician to relate academic work to therapy and assessment situations
 - i. Provides appropriate demonstration of testing/therapy procedures
 - j. Provides appropriate demonstration of communicating with clients and families
 - k. Provides guidance about resources (e.g., articles, materials, tests, videos)
 - l. Shares own clinical experience and knowledge
 - m. Encourages independence
 - n. Provides prompt, specific and constructive feedback
 - o. Provides instruction on data collection
- III. Reporting
 - a. Assists in developing skills in oral reporting
 - b. Assists in developing skills in written reporting and editing
 - c. Assists in the development and maintenance of clinical records
 - d. Returns written material in an established time frame
 - e. Provides clear and constructive feedback on written material
- IV. Professional
 - a. Models and facilitates professional conduct
 - b. Shares information regarding ethical (including confidentiality), legal, regulatory and reimbursement aspects of professional practice
 - c. Demonstrates/shares knowledge of current clinical research/literature

- d. Demonstrates/shares knowledge of current supervisory research/literature
- e. Encourages participation in professional organizations/activities
- f. Demonstrates enthusiasm for the profession and the clients serve

V. Interpersonal

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

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

Clinical Education Appendix 5.4

Special MSHC Programs and Offsite Placements

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

Special MSHC Programs

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

Clinical Practicum Sites (Other than MSHC)

Baptist Hospital East
Baptist Memorial Hospital – DeSoto
Baptist Rehab – Germantown
Bartlett City Schools
DeSoto County Schools
DeSoto Healthcare Center
Encompass Health – Central
Encompass Health - North
ENT Consultants of North Mississippi
ENT Memphis
Germantown Municipal Schools
Hearing and Balance Centers of West Tennessee
Lakeland School District
Le Bonheur Children's Hospital
Le Bonheur Early Intervention and Development

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

Clinical Education Appendix 5.5

Castle Branch Background Check and Drug Screening

- I. Order instructions: Go to <https://portal.castlebranch.com/UE54>
 - a. Select “Place Order” at the bottom of the screen
 - b. Open the “Please Select” tab
 - c. Choose the one you need to complete. In most cases it is the first option.
 - i. UE54: Abuse - Background Check - Drug Test
 - ii. UE54bg: Abuse – Background Check
 - iii. UE54dt: Drug Test
 - b. Read the order instructions and check the box “I have read this information”
 - c. Acknowledge Terms and Conditions
 - d. Complete the Personal Information Form
- II. About CastleBranch
 - a. University of Memphis Audiology and Speech Pathology has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements. You will return to your account by logging into [castlebranch.com](https://portal.castlebranch.com) and entering your username (email used during order placement) and your secure password.
- III. Payment Information
 - a. Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.
- IV. Accessing Your Account
 - a. To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.
 - b. Contact CastleBranch
 - i. For additional assistance, please contact the Service Desk at 888.723.4263 or visit servicedesk.cu@castlebranch.com for further information.

Clinical Education Appendix 5.6

Experiential Learning Placements

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

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

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

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

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

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

Medical conditions and treatment. I acknowledge that University of Memphis does not provide health and accident insurance for ELP participants and I agree to be financially responsible for any medical bills incurred as a result of emergency or other medical treatments. Should I require emergency medical treatment as a result of accident or illness arising during the ELP, I consent to such treatment. I will notify my field supervisor and clinical director if I have medical conditions about which emergency personnel should be informed.

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

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

Affirmation

Student Signature_____Date_____

Director_____Date_____

Clinical Education Appendix 5.7

Clinic Top/T-Shirt Design Guidelines

- I. Any proposed clinic top design (from general students, STRIDE, MSHC Inc, SAA, etc.) must be submitted to the NSSHLA board. The NSSHLA board will review the designs and decide which student-body-approved designs to send on to the MSHC leadership team (Dean, Practice Manager, Directors of Clinical Education) for final approval.
- II. The leadership team will approve up to 4 designs each school year, starting in fall and ending in summer. The 4 approved designs do not include the main clinic shirt that is given to students at orientation. It is very important that the NSSHLA board balances the needs of both speech-language pathology and audiology disciplines in the approval of top designs.
- III. Design will need to be submitted to MSHC leadership team a minimum of two weeks before it is to be advertised or printed. The full team meets monthly and the meeting times are published on the CSD_Info calendar.
- IV. Any designs approved by the MSHC leadership team will also be considered appropriate clinic attire for future years.
- V. Requirements for Clinic Approved Tops
 - a. The design must include the MSHC logo on the front left chest (actual top pocket is optional)
 - b. The top's color is limited to black, white, Comfort Colors' "Mystic Blue", or Bella + Canvas' "Heather Deep"
 - c. The top's structure must cover the wearer's shoulders, not be low-cut (regular V-neck is fine), and not be a cropped length. Any post-purchase altering of an approved top in this manner (e.g., removing sleeves, cutting the neckline or bottom hem, fringing, etc.) will result in that top no longer being considered clinic appropriate.
 - d. To be worn in the clinic, the clinic top must be paired with the acceptable clinic bottoms (black scrub pants, black dress pants, black skirts that are knee-length or longer), undershirts (black or white long sleeved), layers (SAA CSD pullover, black cardigan), and shoes (closed toe, closed heel, appropriate for the population you are working with).