DEPAUL UNIVERSITY

COLLEGE OF SCIENCE AND HEALTH

Speech Language Pathology Clinic

STUDENT CLINICIAN MANUAL

DEPAUL UNIVERSITY
COLLEGE OF SCIENCE AND HEALTH
Speech Language Pathology Clinic

Welcome to Clinical Education

Welcome to Speech Language Pathology Clinical Practicum! We are pleased that you have chosen to complete your graduate education in our program, and we commit to supporting you as you strive to become an impactful speech language pathologist and a leader in the profession.

This handbook serves as your reference for successful completion of clinical requirements for the Master of Science Speech Language Pathology degree through the DePaul University Speech Language Pathology program, state licensure and for American Speech and Hearing Association (ASHA) certification. It also provides policies and procedures related specifically to the DePaul University's Speech Language Pathology Clinic, externship placements and clinical programs operating (CPO).

It is the responsibility of the student to be familiar with and adhere to the contents in this handbook. Policies and procedures may be updated at the discretion of DePaul University and/or the SLP Program

Treasyri Williams Wood

Treasyri William Wood, SLPD, CCC-SLP/L
Director of Clinical Education

Jayne E. Jaskolski

Jayne E. Jaskolski, PHD, CCC-SLP
Program Director

I _____ attest that I have read and understood the information contained in this handbook.

Student's Signature **Date**

Cohort Year

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Part I: Code of Conduct and Ethical Behavior for Clinical Practicum

Professional Behavior Code of Conduct for Students in the Speech Language Pathology Program

DePaul Speech Language Pathology graduate students must adhere to the highest standards of professional behavior and ethics. Students should avoid even an appearance of improper behavior or lack of ethical standards while a student, in all professional settings and their personal life—and conduct themselves according to the standards expected of members of the professional community to which they aspire. The following are professional behavior guidelines and responsibilities that the DePaul University Speech Language Pathology Program expects of its students:

- Professional Interpersonal Relationships
- Honesty, Integrity, and Confidentiality
- Professional Appearance
- Professional Responsibility and Judgment

DePaul Speech Language Pathology Program Student Code of Ethics

Students are expected to always conduct themselves in a manner consistent with the ASHA Code of Ethics. The ASHA Code of Ethics (2016) identifies four Principles of Ethics that form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas:

1. responsibility to persons served professionally and to research participants, both human and animal;
2. responsibility for one's professional competence;
3. responsibility to the public; and
4. responsibility for professional relationships.

During the medical externship placements, students will receive site-specific information about the Health Insurance Portability and Accountability Act (HIPAA) and other site-specific policies and procedures. Students are expected to adhere to all relevant policies and procedures set forth by medical facilities. During the school placements, students should become informed about individual school district policies. Students are expected to act according to local school district regulations for pupils and professionals and obtain a copy of the district's regulations at the beginning of the school externship placement.

Disciplinary action is described in detail in the Graduate Student Handbook https://catalog.depaul.edu/student-handbooks/graduate/) and Code of Student Responsibility (https://catalog.depaul.edu/student-handbooks/code-student-responsibility). Sanctions for unprofessional behavior may include any of the following:

- Written reprimand
- Disciplinary probation
- Restitution
- Removal of the student from the course(s) in progress

- Failure to promote
- Withdrawal of an offer of admission
- Placement on Medical Leave for up to one year
- Suspension from a DePaul University Speech Language Pathology program for up to one year with the stipulation that remedial activities may be prescribed as a condition of later readmission. Students who meet the readmission condition must apply for readmission, and the student will be admitted only on a space-available basis

The following will result in the student's dismissal from the graduate program:

- Failure to demonstrate the required essential functions despite intervention.
- Failure to maintain GPA requirements.
- In cases of intervention, failure to successfully complete intervention.
- Failure to comply with the policies and procedures stated in the graduate handbooks, including the criminal background policy.

ASHA Code of Ethics

American Speech Language-Hearing Association. (2016). Code of ethics [Ethics]. Available from www.asha.org/policy/.

Effective March 1, 2016

Preamble

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

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

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

- a member of the American Speech Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC. The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

Terminology

ASHA Standards and Ethics

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

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

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

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

Diminished decision-making ability: Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

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

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

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

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

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

Know, known, or knowingly: Having or reflecting knowledge.

May vs. shall: May denotes an allowance for discretion; shall denote no discretion.

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

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

Nolo contendere: No contest.

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

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

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

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

Shall vs. may: Shall denotes no discretion; may denote an allowance for discretion.

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

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

Written: Encompasses both electronic and hard-copy writings or communications.

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

Rules of Ethics

Individuals shall provide all clinical services and scientific activities competently.

Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

Individuals who hold the Certificate of Clinical Competence may delegate to students' tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are

adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, the technology employed, and products dispensed. This obligation also includes informing persons served about the possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family members, or legally authorized/appointed representative.

Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, the technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

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

Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solelyby correspondence but may provide services via telepractice consistent with professional standards and state and federal regulations.

Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

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

Rules of Ethics

Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

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

Rules of Ethics

Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

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

Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

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

Rules of Ethics

Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.

Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramountly.

Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

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

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

Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

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

Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

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

Individuals shall report members of other professions whom they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

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

Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the

conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

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

Part II: Clinical Practicum Procedures

DePaul University's Speech Language Pathology Clinic Prerequisites for Clinical Practicum

1. **Prior to enrolling in clinical practicum, students must complete or satisfy the following:**
   a. 3.0 Cumulative Grade Point Average: Students must achieve a 3.0 cumulative GPA to enrollin clinical practicum courses and no course grade at C+ or lower in any graduate-level course.
   b. Observation Hours: Graduate student clinicians must complete *25 observation hours before enrolling in clinical practicum.* Prospective graduate student clinicians must turn in a fully completed Clinical Observation Hours Verification Form to the Assistant Director of Graduate Admissions at the time of enrollment into the program. Speech Language pathologists who are observed must hold the ASHA Certificate of Clinical Competence (CCC). Students are responsible for securing their own observation sites and also are responsible for meeting all related requirements. (e.g., fingerprinting, reading about site-specific regulations, etc.).
   c. Blood Borne Pathogens Exposure Training: Graduate student clinicians must complete a Blood Borne Pathogens training through a PowerPoint presentation. This training will be completed during orientation.
   d. Background Check: Criminal history records check results (CBI) are required: (a) prior to or during fall orientation and enrollment into the M.S. SLP program and (b) prior to the time the student begins their first clinical practicum in the fall quarter. The background check will be completed through CastleBranch. It is the student's responsibility to assume the cost associated with the background check. The Director of Clinical Education will provide a code for each student to complete this requirement. Students who have been convicted of felonies, have violations that relate to children, or have a record that would prevent them from securing professional licensure for Speech Language pathology practice in the State of Illinois will not be allowed to complete a clinical practicum.
   e. HIPAA: Graduate student clinicians must complete the online HIPAA training on CastleBranch and pass a related quiz. Students are required to pay the associated fee for this training module. The Director of Clinical Education will provide a code for each student to complete this requirement.
   f. Nondiscrimination Policy: Prior to beginning the DePaul University Speech Language Pathology Program, graduate students must sign the Nondiscrimination Notification (see Appendix 2).
   g. Supporting Student Success Essential Functions Document: Prior to beginning in the DePaul University Speech Language Pathology Program, graduate students must sign the Supporting Student Success in the DePaul University Speech Language Pathology Program (Essential Functions for Performance in Clinical Practicums) document (see Appendix 2).
   h. Commitment to abide by the DePaul University Drug-Free Schools and Communities Act of 1990: Students must attest to reading this policy by signing this handbook.
   i. CALIPSO and Clinic Note Training: Training on the online clinic systems will commence during the fall quarter.

j. Immunizations: Graduate student clinicians must provide evidence of immunity or immunization for the following: COVID-19, Rubella (Measles), Mumps, Rubella, Varicella (Chicken Pox) and Hepatitis B must be provided. Proof of immunity or immunization is evidenced by documented history of vaccination or disease from a physician or healthcare facility, or by titer results based on clinical status. In the absence of proof of immunization for Hepatitis B, student must provide a signed declination or waiver of such immunity.
    i. Graduate student clinicians are required to have a flu shot and a current TB skin test prior to beginning their first clinical practicum.

k. Full health insurance coverage: Graduate students must provide verification of health insurance coverage.

Clinical Education Overview

The Speech Language Pathology Program curricula is designed to provide students with the breadth and depth of clinical training, via didactic coursework and clinical experiences, both at the DePaul University's Speech Language Pathology Clinic as well as in Externship practica placements. Services offered at the DePaul University's Speech Language Pathology Clinic include prevention & screenings, comprehensive evaluations, and therapy service. DePaul SLP students will acquire the knowledge and skills to provide services to with clients with the following disorders, with a range of severity from mild to severe, both at the DePaul University's Speech Language Pathology Clinic, and in clinical externships:

a. Speech sound productions (i.e., articulation)
b. Fluency
c. Voice, resonance, and motor speech
d. Receptive and expressive language
e. Social aspects of communication, including pragmatics
f. Communication impairments related to cognition
g. Augmentative and alternative communication
h. Hearing and aural rehabilitation
i. Swallowing and feeding
j. Literacy

The DePaul University's Speech Language Pathology Clinic

The DePaul University's Speech Language Pathology Clinic provides students the opportunities to work with clients from the community across the life span (i.e., infants, toddlers, children, adolescents & adults) with a variety of disorders. In addition, DePaul is located in the heart of the third largest city and has agreements in place to provide students with externship placements in a wide range of settings . Therapy at the clinic is offered across a continuum of care models and includes:

- Therapy Intensives for Acquired Language Disorders in adults
- Specialized group therapy (i.e., aphasia book group, vocal amplitude/LOUD CROWD training group, social communication group)
- Play based individual therapy for pediatric populations
- Consultative Services (voice and gender affirming care)

- Community Prevention Screenings (hearing and voice)

1. Clinical Practicum Coursework

Sequence

Pursuant to successful completion of SLP 480: Clinical Methods in Speech Language Pathology, students will complete four on campus clinical practicum courses via SLP 481, SLP 482, SLP 483, SLP 484 (one per quarter). Each course will include a supervised clinical rotation at the university clinic and/or clinical program operating site. Upon successful completion of on-campus clinical practicum coursework, a student will advance to SLP 485 (school based clinical practicum) and SLP 486 (medical based clinical practicum). Each of these practicum experiences are directly supervised by an on-site clinical instructor at an approved externship site (e.g., elementary school, rehabilitation hospital etc.)

Supervision

As students matriculate through this sequence of practicum coursework, direct clinical supervision will be adjusted to foster independence and accommodate the advancement of knowledge and skill. Professional direct supervisory experience is provided to level 1 clinicians (SLP481) 50-100% of the time, Level 2 and 3 (SLP482 & 483) clinicians are provided 50-75% of the time and level 4 clinicians 25-50% (SLP 484) of the time. Externship practicum coursework (SLP 485 and SLP 486) is directly supervised at 25-100% of contact time across the duration of the quarter according to the case complexity and skill of the graduate clinician as deemed appropriate by the on-site clinical instructor.

Coordination of placements with external facilities

The director of clinical education oversees the coordination of placements with external facilities through collaboration with a designated representative from each site. Following the execution of an affiliation agreement between the university and the external facility, the director of clinical education will liaise with site representatives to ascertain capacity, preferences, and any requirements for graduate clinicians (e.g., interview, academic performance in specific content area etc.). Concurrently, the director of clinical education will formally survey and conduct externship placement advising appointments with graduate clinicians throughout year 1 of the program to obtain the following information:

- Location
- Preference for SLP 485 (ranked in order of most to least preferred)
- Preference for SLP 486 (ranked in order of most to least preferred)
- Area(s) of Clinical Interest
- Potential Barriers to successful completion of externship coursework (e.g., transportation, economic, religious observances etc.)
- Prior related experience, professional certification, or bilingualism

The director will also consider the student's academic record, clinical hours obtained and diversity of experiences when coordinating placements with external facilities to ensure a well-balanced of site rotation. The DCE will survey the students' clinical supervisors (SLP 481-484) regarding the students' clinical performance, professional maturation (e.g., essential functions) and any potential concerns or insight related to the student's level preparedness for an externship experience.

Students will then be matched to available placements at external facilities according to the best alignment of the aforementioned factors.

Diversity of client populations

Exposure to diverse client populations across communicative disorders is essential to the graduate student's successful completion of the program. This is ensured by diversity, equity, and inclusion focused recruitment of rare/complex disorders, underrepresented racial/ethnic groups, families of lower socioeconomic status and linguistically diverse populations within Chicago. At the DePaul University's Speech Language Pathology Clinic, clients who meet at least one of these criteria are prioritized and triaged to the appropriate clinical service (diagnostic, intervention, prevention etc.).

2. Weekly Practicum Procedures:

Procedure used to determine supervision is recurrent throughout the academic quarter. The procedure for determining the amount and/or adjustment of supervision provided to each student is as follows:

Week 1 of Academic Quarter:

Initial supervisor meeting: student prior knowledge regarding clinical assignment is gauged through case history review skills and lesson plan draft.

Supervisor reviews and provides feedback on lesson plan draft as needed (amount of feedback and number of drafts are used as predictors of how much supervision may be required ongoing during client care).

Week 2-5 of Academic Quarter:

Supervisor meets directly with student weekly to review knowledge gaps, provide feedback and modeling. Adjustments to amount and manner of supervision are made according to students' response to clinical instruction and student feedback.

Supervisor meets with clinical team of graduate students weekly to review foundational principles of clinical practice through the lens of their specialty area and specific to the current clientele (assessment, goal development, stimuli selection etc.). Adjustments to level and amount of direct supervision are made according to students' mastery of concepts explored and student feedback.

Week 5 of Academic Quarter:

Student clinical performance (Week 1-5) is evaluated at midterm via CALIPSO and reviewed with student during midterm review meeting. Adjustments to amount and manner of supervision are

made according to students' response to clinical instruction. If necessary, intervention plan or success plan is developed to support student and Director of Clinical Education begins meeting with student.

Week 6-9 of Academic Quarter:

Supervisor meets directly with student weekly to review knowledge gaps, provide feedback and modeling. Adjustments to amount and manner of supervision are made according to students' response to clinical instruction and student feedback.

Supervisor meets with clinical team of graduate students weekly to review foundational principles of clinical practice through the lens of their specialty area and specific to the current clientele (evidence-based practice, caregiver/parent education, discharge planning etc.). Adjustments to level and amount of direct supervision are made according to students' mastery of concepts explored and student feedback.

Week 10 of Academic Quarter

Student clinical performance (Week 1-9) is summarized through final evaluation via CALIPSO. Results are reviewed with student during final evaluation review meeting. If applicable, the status of previously established intervention plan or success plan is reviewed with student, Director of Clinical Education and clinical supervisor.

3. Communication with Clinical Educators

The student consults with the clinical educator frequently and through a variety of structured platforms.

- Weekly 1:1 consultation meeting
    - Weekly small group team consultation meetings
    - Electronic Clinical Documentation revision and exchange via electronic medical record
    - Electronic lesson plan and session preparation revision and exchange via e-learning platform (D2L)
    - Session observation feedback form provided to student following each session
    - Written self-reflection provided to clinical educator following each session
    - Additional clinical educator office hours by appointment (in person or virtual)

4. Tracking and Documenting Clinical Experience

a. CALIPSO will be used to track students' clinical experiences to ensure that students have the opportunity to work with clients across the age span, and clients with a variety of disorders. Efforts also will be made to ensure that students will have the opportunity to work with clients with socioeconomic challenges and clients from culturally and linguistically diverse backgrounds; these factors will be tracked, as well. CALIPSO will reflect categories presented in a clinical experience tracking record.

b. Each student will receive a password to access, read and input information into their record. With CALIPSO students can check on their performance and progress throughout the program.

c. Students should keep an account of the amount of time spent with each client after each session throughout each quarter. Only direct contact with the client or the client's family in assessment, management, and/or counseling, may be counted as ASHA clock-hours. For example, if a student spends 50 minutes providing therapy with a client, the student can count only 50 minutes; 50 minutes may not be counted as an hour. A student should check with their supervising faculty member if they have any questions regarding the tabulation of clock-hours, the distribution of child or adult clock hours, and/or the appropriate designation of evaluation vs. management clock-hours. A more detailed explanation of the manner in which ASHA counts clinical experience may be found in ASHA's 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech Language Pathology. The supervising faculty member will review and approve the clinical clock hours throughout the quarter.

d. The DCE will review students' practicum and externship experiences and plan accordingly for future quarters to ensure that each student receives as diverse a clinical experience as possible. If students are lacking experience in a category, they may complete work with simulated clients in areas in which they have not accrued contact hours.

5. End-of-Quarter Activities

a. Students should follow the instructions from their clinical educator or externship clinical regarding end-of- quarter requirements for documentation.
b. The student and clinical educator will schedule an appointment for an end-of-quarter conference to review clinical performance and learning during the quarter. The clinical educator may provide the student with guidelines for self-reflection before this appointment.
c. Students should update clinical clock hours in CALIPSO and make sure they have submitted these to the clinical educator for approval.
d. Student will meet with the clinical educator for a final grade conference.

6. Evaluation of Clinical Supervision

a. Before a student's final conference with their supervising faculty member in the DePaul University's Speech Language Pathology Clinic or the clinical educator in an externship placement, the student must complete an evaluation of the supervision they received.

This is done via an online evaluation process. The link will be sent in the last weeks of each quarter. Evaluations are not provided to the clinical educator until after grades have been assigned.

7. Evaluation of Student Clinicians

a. Student clinicians will receive written and/or verbal feedback on a regular basis from each clinical educator and will receive formal feedback using the clinic grading rubric mid-quarter and at the end of the quarter.

b. If there are serious concerns and students to do meet minimum criteria listed on the rubric, intervention plans may be initiated (see Part V below). CALIPSO will be used to manage the evaluation process.
c. Please see Appendix 4 for the Clinical Performance Evaluation in CALIPSO based on the Knowledge and Skills CFCC 2020 Standards.

8. Student Clinician Self Evaluations

a. In addition to supervisor evaluations, students will be required to self-assess their skill development throughout the quarter via CALIPSO.

Part III: Externship Placement Policies and Procedures

Externship Placements: Students will be placed for one quarter in a School/Private Practice Externship and one quarter in a Medical Externship in the Chicagoland area.

1. **Assigning Students**
    a. The DCE will be responsible for assigning students to externship sites and they will also be responsible for ongoing communication with externship supervisors and coordinating site visits across the faculty.
    b. The DCE will also be responsible for maintaining documentation in CALIPSO and in SLP Program files. The DCE, assisted by the Clinic Director, will be responsible for ensuring that prior to beginning an externship, cooperative agreements are up-to-date and that students have completed all requirements (i.e., immunizations, HIPAA training, CPR, background checks, etc.) and have sufficient prerequisite experience necessary for their site.
2. **Introduction to Externship Sites**
    a. The DCE will discuss externship site options generally with students during their first Methods course in fall quarter of their first year in the program. Though it will be explained to students that they may not get their top choice(s), students will be asked to rank in order their externship site preferences for medical and school/private clinic externship placements and this ranking, as well as feedback from clinical educators and the Director of Clinical Education (DCE)and preferences expressed by externship supervisors (i.e., desired qualities of prospective externs), will be considered when placement decisions are made.
3. **Individual Externship Site Meetings**
    a. The DCE will meet individually with each student to discuss their priorities for medical and school/private clinic externship sites.
    b. The DCE also will confer with the Director of Clinical Education (DCE)and clinical educators and will chair grading conferences for on-campus clinicalpracticum experiences to facilitate the matching process. Students and externship supervisors will be notified about placement decisions approximately two quarters before the externship begins.
4. **BESSC Program Externship Sites**
    a. Students in the BESSC program will work with the Director of the Bilingual English-Spanish Specialization Certificate program to prioritize their medical and school/private clinic externship sites.
    b. The students in this program will be gaining approximately 100-140 hours of clinical experience in their externship placements solely with Spanish speaking populations providing speech and language services to bilingual families and their children with communication, swallowing and feeding disorders.

5. Externship Evaluations

a. Each quarter, student externs will evaluate, at mid-quarter and end of quarter, their externship supervisors and sites using forms with customized questions on CALIPSO. Objective data such as number of direct contact hours, and ages and types of disorders of clients served, will be recorded and feedback about the quality of the amount and type of supervision also will be collected and reviewed by the externship supervisor, DCE, and Clinic Director.

6. **Externship Site Visits**

    a. The DCE will coordinate visits to each site across the faculty for a minimum of one visit each quarter for each student extern. At each visit, the DCE or visiting faculty member will observe the student extern with a client and will meet with the student and the externship supervisor to discuss the experience and offer assistance.

7. **Externship Site Monitoring**

    a. In the middle and at the end of each quarter, the DCE will review notes from externship site visits and objective data (e.g., number of hours accrued, percentage of direct supervision, caseload characteristics) and externship supervisors' and student externs' feedback submitted through CALIPSO to determine if educational objectives are being met.

    b. Additionally, externs and externship supervisors will be encouraged to reach out to the DCE via telephone or email whenever any concerns arise.

    c. The externship supervisors and DCE will work together to respond to concerns about students' clinical progress and an intervention plan will be applied if warranted.

8. **Externship Site Insurance**

    a. DePaul University shall maintain professional liability insurance, which may be self-insured, covering students. Such policy shall have limits for professional liability insurance of not less than One Million Dollars ($1,000,000.00) per occurrence or claim and Three Million Dollars ($3,000,000.00) in the aggregate; and general liability coverage of at least One Million Dollars ($1,000,000) per occurrence or claim and Three Million Dollars ($3,000,000) in the aggregate covering the acts of such student while participating in the program. Such insurance coverage must be placed with an insurance carrier acceptable to the Facility. DePaul shall provide proof of coverage to the Facility by providing certificates of insurance evidencing coverage prior to student participation in the practical learning and clinical educational experience. In the event required insurance coverage is not provided or is canceled, the Facility may terminate the placement of the student(s).

9. **Externship Site Checklist**

    a. Please refer to the DePaul University Speech Language Pathology Program Externship Checklist in Appendix 3.

Part IV: Clinical Practicum Performance Standards

General Clinical Performance Expectations

1. Minimum Standards and Clinical Competencies

a. All master's degree students seeking ASHA certification are expected to demonstrate clinical performance consistent with the minimum standards and clinical competencies of graduate study. This performance is expected to be developmental, reflecting increasing levels of clinical skill and independence. Only those students whose clinical performance is consistent with such standards will be recommended to graduate with a recommendation to ASHA. Clinical instructors have the sole responsibility and authority to certify clinical clock hours earned under their supervision.

2. Formative and Summative Assessment

a. Formative and summative assessment of student clinic performance will be accomplished through various types of clinical work such as lesson plans, treatment plans, clinic reports, evaluation and treatment sessions, and clinical simulation/standardized patient encounters. Formative and summative assessment of student clinical performance will be accomplished through the implementation of the following methods:

   i. Clinical observation of at least 25% of the intervention session and at least 50% of the evaluation session with ongoing weekly verbal and/or written feedback to the graduate student clinician regarding skill application and performance.
   ii. Supervision meetings to address continual faculty-student dialogue, critical thinking, and problem-solving regarding evaluation and/or intervention sessions will be scheduled weekly.
   iii. Reflection learning logs completed at the conclusion of each session upon the submission of the weekly approved lesson plan. Reflections serve as a log to summarize the experience, evaluate skills, and identify areas for skill improvement.
   iv. A formal meeting will be held at the quarter midterm and final, with student and faculty discussion of student knowledge and skills progress for evaluation, intervention, and professional interactions and qualities based on a rubric consisting of competencies outlined by CFCC and documented on CALIPSO.
   v. Narrative comments specific to each domain of knowledge and skills will be documented and discussed. Areas of strength/weaknesses and improvement will be documented on CALIPSO, and students' goals will be discussed and updated for the subsequent quarter. Results of the final assessment will be entered into CALIPSO along with narrative comments from the supervising faculty to meet a score rated as "developing" across the domains of evaluation, intervention, and professional qualities and earn an overall score of "passing." This document will be signed electronically by both the graduate student clinician and clinical educator. The submitted and finalized document will be made available electronically to the student, supervising faculty, and the Director of Clinical Education.

3. The Clinical Performance Evaluation Score

a. The Clinical Performance Evaluation Score will determine a student's final grade. If a student has more than one performance evaluation completed during a semester, CALIPSO will generate a cumulative score and corresponding grade. This grade is based upon the student's average score, taking into account each individual evaluations' weight. CALIPSO assigns higher/lower weight to evaluations dependent upon the clinical hours associated with that evaluation. A minimum cumulative competency of 3.0 is required for the successful completion of this program.

1. **Not evident:** Skills are not evident most of the time. The student requires direct instruction to modify behavior and is unaware of the need to change. The clinical educator must model behavior and implement the skill required for the client to receive optimal care. Clinical educator provides numerous instructions and frequent modeling. (Skill is present <25% of the time).
2. **Emerging:** Skill is emerging but is inconsistent or inadequate. The student shows awareness of the need to change behavior with clinical educator input. Clinical educator frequently provides instructions and support for all aspects of case management and services. (Skill is present 26-50% of the time).
3. **Present:** Skill is present and needs further development, refinement, or consistency. The student is aware of the need to modify behavior but does not do this independently. Clinical educator provides ongoing monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. (Skill is present 51-75% of the time).
4. **Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. The student is aware and can modify behavior in-session and can self-evaluate. Problem-solving is independent. Clinical educator acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
5. **Consistent:** Skill is consistent and well developed. The student can modify their own behavior as needed and is an independent problem-solver. Students can maintain skills with other clients and in other settings when appropriate. Clinical educator serves as a consultant in areas where the student has less experience; Provides guidance on ideas initiated by the student (skill is present >90% of the time).

b. At the discretion of the clinical educator, an intervention plan to address specific skill deficiencies may be implemented even if the overall grade falls outside the range indicated below. Student concerns and desired learning outcomes at the clinical levels will be addressed through the intervention plan.

c. The Director of Clinical Education will review all graduate student final competencies at the end of each quarter. Additional opportunities for grand rounds or oral presentations of case studies, for example, may be part of the summative assessment.

4. Clinical grades and assessment
    a. Clinical practicum is a progressive activity. It is expected that a clinician will continue to develop new insights and skills. Therefore, the repetition of the same quality work in subsequent semesters will not ensure the same grade. In accordance with ASHA standards, growth is essential. The CALIPSO evaluation standards are structured to reflect this progress, and grades will be graduated across the quarters to reflect this growth in clinical skills.
    b. Final grades submitted for the quarter are at the discretion of the Director of Clinical Education and will be determined during a final grading meeting with all clinical educators at the end of each quarter. General grading scales aligned with the Clinical Performance Evaluation Score are listed below:

SLP 481 Practicum I Population A

A 3.66-5.00
A- 3.35-3.65
B+ 3.04-3.34
B 2.73-3.03
B- 2.50-2.72
C+ 1.00-2.49 (Intervention Plan)

SLP 483 Practicum III Population B

A 4.00-5.00
A- 3.66-3.99
B+ 3.35-3.65
B 3.04-3.34
B- 2.73-3.03
C+ 1.00-2.72 (Intervention Plan)

SLP 482 Practicum II Population A

A 4.00-5.00
A- 3.66-3.99
B+ 3.35-3.65
B 3.04-3.34
B- 2.73-3.03
C+ 1.00-2.72 (Intervention Plan)

SLP 484 Practicum IV Population B

A 4.27-5.00
A- 3.96-4.26
B+ 3.65- 3.95
B 3.34-3.64
B- 3.03-3.33
C+ 1.00-3.02 (Intervention Plan)

SLP 485 Practicum V Externship

A 4.27-5.00
A- 3.96-4.26
B+ 3.65- 3.95
B 3.34-3.64
B- 3.03-3.33
C+ 1.00-3.02 (Intervention Plan)

CLINICAL PRACTICUM EXPECTATIONS AND GUIDELINES

General Expectations:

- Work hard and demonstrate professional dedication toward your clients.
- Your professionalism, timeliness, collaboration, and open communication will create a solid foundation for clinical education.

- You are responsible for being prepared for your sessions, reviewing your clients' information, implementing sessions, completing paperwork following sessions, and attending team and supervisory meetings.
- You will receive written and/or verbal feedback about your sessions on an ongoing basis. In addition, clinical educators may use a variety of questions to develop your critical thinking skills. Your openness to receiving feedback focused on improving your clinical abilities is important to your growth as a clinician.
- You are expected to be available until the end of finals week and ensure that all paperwork is completed. Please refer to the Clinic Calendar for specific dates.

Documentation Deadlines:

Document	Deadline
Treatment Plans	**8:00 AM:** Three working days before the session
SOAP Notes	**24 hours** after the session
SOAP Note revisions	**24 hours** after feedback has been provided
Self-reflections	**Based on clinical educator expectations**
Diagnostic Reports	**First draft:** 3 working days after the evaluation **Second draft**: 2 working days after feedback has been provided **Subsequent drafts:** based on Clinical Educator expectations
Final Progress Reports	**Based on clinical educator expectations**

Absences due to illness and planned leaves:

- If a student clinician is ill with a fever over 100 degrees, has a contagious condition, diarrhea, vomiting, or bleeding from an open wound, they are prohibited from coming into the clinic. They may return to the clinic 24 hours after the condition resolves.
- Student clinicians need to contact the clinic at 773-325-7040 and their clinical educator as soon as they know that they will not be able to come to the clinic. The clinical educator will make the determination about whether the session should be cancelled or if a substitute clinician should be found. The clinical educator will make the decision regarding the session and will convey it to the client.
- Clinical Practicum is a Mon-Fri full time commitment outside of didactic coursework.
- Students are expected to be available for practicum during these hours, as client schedules change frequently. All practicum absences **excused** and **unexcused** must be cleared by

  the Director of Clinical Education. Clinical educators are **NOT** responsible for providing make-up opportunities, hours, or skill remediation for **unexcused** absences. Client schedules will **NOT** be disrupted due to **unexcused** absences.
- If a clinical educator is sick/away, the Director of Clinical Education (DCE)will find coverage for the session and let the student know about the coverage. If the Director of Clinical Education

(DCE) needs to cancel a session due the lack of supervisory coverage, they will contact the student via email.

Part V: Clinical Intervention Plans, Academic Probation, Withdrawal, and Leave of Absence

Intervention Plans: Intervention plans are designed to improve a student's knowledge and skills in a specific area(s) judged to fall below an acceptable level of minimum competence (C+ or lower grade). The procedures for implementing an intervention plan are outlined below.

1. **Clinical Educator identifies concerns**

SUBJECT: Intervention Plans

PURPOSE: 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.

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 Intervention Plan is a supportive process designed to enhance student success and is to be collaborative with the student.

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 in order to demonstrate competency in the area(s).

PROCEDURE:

I. Process of Initiation of an Areas of Study Requiring Attention

A. There are two ways to initiate the Areas of Study Requiring Attention process:

1. *Student initiated:*
   Students may self-identify areas in which they do not believe they are competent. A student discusses these concerns with either their instructor or advisor to develop a plan to address areas of need.
2. *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

establish an intervention plan identifying the knowledge or skills that have not been obtained and will recommend how the competency is to be met.

II. Intervention Severity

A. A minor intervention 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 intervention addresses a significant concern such as difficulties spanning more than one exam, assignment, course, instructor, or competency: or continuation of a previous intervention plan.

III. Process Regarding Academic Knowledge and Skills

1. These plans require notification of the graduate program director
2. A copy of the plan is signed by the initiator, the student, and the students' advisor.
3. An electronic copy is placed in the student's academic folder.
4. If the issue is related to clinic, the Director of Clinical Education receives a copy as well.
5. Completion of the plan is assessed by the faculty involved and noted in the student's academic folder.

IV. 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).

B. The DCE convenes with the faculty currently working with the student to develop the Areas of Study Requiring Attention intervention plan.

C. The DCE and Instructor meet 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 graduate program director, 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 DCE, Instructor and student reconvene at or before a determined date to assess the progress and determine whether the intervention plan has been achieved or further action needs to take place.

V. Graduate Assistantship (GA)

GA assignments will be reconsidered for students completing on an intervention plan that is not self-initiated.

VI. Components of an Intervention Plan

A. The student's name, advisor, term 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 in order to determine whether the outcome sufficiently demonstrates the successful completion of the competencies in question.

D. Recommendations
   1. Specific steps of action as to how the goals can be accomplished.
   2. 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 an intervention plan should not be more than a single quarter.

F. Signatures
   All of the individuals formulating the plan, including the student, are to sign the Intervention Plan.

G. Outcome and Performance
   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 intervention plan outcome include:

   1. Completed
   2. Continue plan
   3. Revise plan

   Options for evaluating the student's progress toward intervention 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).

VII. Time Constraints

A. A plan addressing the same competencies should not extend beyond two academic quarters. If issues are critical and remain a concern:

   1. The student will be informed of the strong likelihood that CCC may not be obtained.
   2. The student's options regarding program continuation will be reviewed with the student.
   3. Unsatisfactory completion of an intervention plan, 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.

2. Intervention Plans in Externships

a. Students who have satisfactorily completed Clinical Practicums I-IV, as demonstrated by receiving a quarter grade of B- or higher, will be permitted to complete the School and Medical Externships.

b. Once enrolled in School and Medical Externships, students will be expected continually to improve their clinical competence, behave professionally and ethically, and follow federal laws and uphold

policies and procedures specific to their externship site.

c. The DePaul University Speech Language Pathology Program's Intervention Plan for student clinicians will be shared with externship supervisors who may append, within reason, additional interventions specific to the externship site. Such additions will be noted in in the site's cooperative agreement that will be signed by the student clinician, the DCE, and the externship supervisor prior to the student clinician beginning their externship.

Academic Probation: If a graduate student is placed on academic probation by the university, the Director of Clinical Education (DCE)and graduate program coordinator will decide (in conjunction with the student) whether the student will be allowed to enroll in clinical experience.

Withdrawal from Clinical Experience: A student may request to withdraw from the clinical program.

1. Student's request to withdraw from the clinical program

a. The student's academic advisor, Director of Clinical Education and practicum/externship supervisor must approve all withdrawals from the clinical practicum or externships.
b. Requests to withdraw will be considered on an individual basis, but students will typically not be allowed to withdraw from assigned clinical experiences.
c. Acceptable reasons for withdrawal would include withdrawal from school or extended illness.
d. The program may not be able to provide a student with additional clinic experiences if they withdraw from clinical assignments.

Leave of Absence: A student may request a leave of absence.

1. Requesting a leave of absence

a. Students who need to interrupt their studies for personal, health or other reasons may request a leave of absence for up to one full year. The request should be made to the Program Director, Director of Clinical Education and the Admission, Progression and Retention Committee should be notified. Depending on circumstances and estimated length of absence, the Program Director or student's academic advisor may recommend additional action to complete the request process.

2. Returning to the program following a leave of absence

a. Students who wish to return to the program following a leave of absence will need to submit a written request for resuming coursework to the Admissions, Progression, and Retention Committee. It is the student's responsibility to send a copy of such request to the Program Director, the student's faculty advisor, and the Director of Clinical Education.
b. This written request should demonstrate the resolution of the extenuating circumstances contributing to the original need to leave the Speech Language Pathology Program.
c. This request for reinstatement must be made no less than 6 weeks prior to resuming the speech language pathology course sequence.
d. Students will be notified in writing regarding the decision concerning their re-entry to the program.
e. Individual assessment of current knowledge and clinical skills will be made prior to placement of the student in the appropriate level within the speech language pathology program.
f. Students who become "out of sequence students" due to withdrawal, or military/medical/family

leave of absence will be placed into a clinical rotation upon re-entry based upon space available and cannot be guaranteed placement in the next available clinical course needed. “Out of sequence students” cannot displace in-sequence students from a clinical spot.

3. **Leave of absence greater than 12 calendar months**
    a. Students who have taken a leave of absence from the program for greater than 12 calendar months must re-apply to the university. Their application will then be considered with all other qualified applicants applying for admission to the speech language pathology program.

4. **Withdrawing from core coursework**

a. A student who withdraws from a core speech language pathology course while in good standing cannot progress in the sequenced curriculum until that course has been successfully completed. In courses that contain both a clinical practicum and a lecture component, both course segments must be completed simultaneously. Exceptions may be identified and defined by the Admissions, Progressions and Retention Committee (APR) in consultation with the Program Director, the Director of Clinical Education and the course faculty.
b. A student who withdraws from a core speech language pathology course who is 'not in good standing' (with a grade of C+ or lower or on probation) at the time of withdrawal, will be referred to the Admissions, Progressions, and Retention Committee (APR). The APR will meet to review the student's past and current performance and to elicit recommendations from the course faculty. A representative of the APR committee may then meet with the course faculty, Program Director, Director of Clinical Education and the student to counsel the student and to establish a contract for academic improvement. Such students may not progress in the sequenced curriculum until the course has been retaken and successfully completed. In courses that contain both a clinical practicum and a didactic theory portion, both course segments must be completed simultaneously.
c. A student may withdraw from a core speech language pathology course 'not in good standing' (with a grade of C+ or lower) only once during their program of study. A second such withdrawal will result in dismissal from the program.
d. A student who has a grade of C+ or less at mid-quarter may be placed on contract for an intervention plan by the instructor. The student must satisfactorily fulfill all course and contract requirements by the end of the quarter of contract initiation in order to progress in the program.
e. A student currently enrolled in a degree program in which revisions are approved while their studies are in progress may elect to formally adopt the revised requirements.

Part VI: DePaul University's Speech Language Pathology Clinic Student Procedures

Communication

a. Students must use their DePaul email account for all communications. Email accounts such as Gmail, Hotmail, etc., are prohibited from use when communicating with DePaul faculty, staff, and students (when related to the clinic).
b. Student clinicians should report any changes in name, address, or phone to the Assistant Office Manager.
c. Campus and program communication is completed primarily through email. Students are encouraged to check email multiple times per day.
d. Client names or other identifying information should never be shared in email communication.

Titles/Credentials

a. Students should refer to themselves as student clinicians and should never misrepresent their level of training or experience.

b. Students should refer to faculty members and adjunct clinical educators as “Dr.” or "*Professor” as appropriate*.

Schedule

a. The DCE, and Assistant Office Manager, will maintain client records and the clinic’s schedule.
b. The Assistant Office Manager will notify students of their client schedule and assigned rooms.
c. The DCE will notify students of their clinical educators and course section assignment prior to registration.

Client Information

a. A digital intake questionnaire for an adult or child will be completed *prior to* the first appointment.
b. This form contains basic information about the client (e.g., name, phone number), client history, consents, and an authorization to release and obtain information.
c. A pdf of the intake questionnaire is uploaded into the client’s electronic medical record.

Clinic Information

a. All clients are provided with a Welcome Packet containing clinic policies and procedures for receiving care upon enrolling in services.

Clinic Rooms

a. Clinic rooms will be assigned by Assistant Office Manager. Room assignments will be coordinated with scheduled VALT recording.

Toys, and Room Sanitation Procedures

a. All toys and materials must be disinfected in the sanitation area after each session following the prescribed protocol.
b. Smaller soiled items should be placed in the cleaning bin in the sanitation area.
c. Large items, such as kitchen sets, must be thoroughly wiped with disinfectant wipes found in the cabinet in each clinic room.
d. Before leaving each therapy room, every surface must be disinfected with sanitation wipes provided in the room (i.e., tables, chairs, doorknobs, counters, and light switches).
e. Student clinicians must disinfect the clinic space before leaving and in time for the next session to begin.

Materials and Equipment

a. The file cabinets behind the reception area contain a library of assessment materials that students are likely to use in clinic or in courses. These materials cannot be taken from the clinic.
b. Clinic materials, such as games, toys, books, picture cards, and various other materials, are available on the shelves in the Resource Room and must be checked in/out.

c. Computers for student use are located in the clinic. Computers that are located in faculty/staff offices are not available to students.
d. All furniture should remain where it was originally placed. If you need to move furniture in the clinic, you must get permission from a clinical educator or the Director of Clinical Education.
e. Toys and materials must be cleaned and disinfected using the prescribed protocol before being put back into circulation.
f. Students are asked to report any materials or equipment that needs to be repaired or replaced to the DCE.

Dress Code

a. The clinic dress code includes a uniform of black pants with a black polo or white buttoned shirt.
b. Students will also wear a photo name badge issued by the clinic prior to beginning practicum.
    a. Lost or damaged name tags will be replaced for a nominal fee of $10 (paid by student).
c. Student clinicians should have hygiene appropriate for a clinic environment and should not wear perfumes or any strong scents (due to common allergies and reactions to scents).
d. Tattoos may require covering. Earrings, necklaces, and bracelets are permitted, but other body jewelry (tongue, eyebrow, etc.) should be removed. Students should be mindful of the type of jewelry they are wearing when working with young children.

Documentation & Privacy Practices

Clinic Note is the secure, web-based medical record system used in the clinic. Students complete ClinicNote training during the Fall Quarter. All clinic documentation is completed in Clinic Note via the computer workstations provided in the Student Workroom.

Information Sharing

a. Clients are provided with a HIPAA privacy notice. A release of information must be secured before files can be shared between professionals. Reports will be placed in the client's chart.
b. Student clinicians should not speak about their clients or otherwise make reference to their clients' goals, diagnoses, or other protected information. Students should not acknowledge providing care in any way for a client; this would be considered sharing protected health information.
c. When communicating about clients' progress or services to a client's family, conferences should take place in non-public areas (e.g., in a clinic room with a closed door).
d. Under no circumstances should images of clients or clients' identifying information ever be shared on any form of social or electronic media.
e. Students may not print any information from Clinic Note.

Restroom Breaks and Transfers

a. If a pediatric client needs assistance to use the bathroom, a parent should take them.
b. If a parent is not present, the clinician and the clinical educator should take the child to the restroom.
c. The clinician and clinical educator should wear gloves when cleaning up a child.

d. If a pediatric client is old enough and developmentally able to use the restroom by him or herself, the clinician should wait for the client in the hallway.
e. Clinicians, faculty and staff are not allowed to assist with transfers and toileting. A caregiver or family member of the individual receiving services must be present when the client needs physical assistance with transferring from wheelchair to chair, during ambulation in the clinic, or for bathroom assistance.

Interacting With Clients and Their Families

a. Student clinicians are expected to uphold the ASHA Code of Ethics in all interactions. Failure to do so may result in clinic grade deductions or expulsion from the program.
b. Families recognize student clinicians as professionals in training. Students must not misrepresent or over- represent qualifications. Students who engage in unsupervised or otherwise unauthorized practice unrelated to their clinical practicum or clinical coursework may be referred to the Illinois Department of Professional Regulation for possible disciplinary action.
c. Students must not accept gifts with significant monetary value from clients.
d. Students may not communicate via social networking sites with clients or clients' families.

Absences due to illness and planned leaves

a. If a student clinician is ill with a fever over 100 degrees, has a contagious condition, diarrhea, vomiting, or bleeding from an open wound, they are prohibited from coming into the clinic. They may return to the clinic 24 hours after the condition disappears.
b. Student clinicians need to contact the clinic at 773-325-7040 and their clinical educator as soon as they know that they will not be able to come to the clinic. The DCE, in conjunction with the clinical educator, will make the determination about whether the session should be cancelled or if a substitute clinician should be found. The clinical educator will make the decision regarding the session and will convey it to the client.
c. If a clinical educator is sick/away – the Director of Clinical Education (DCE)will find coverage for the session and let the student know about the coverage. If the DCE needs to cancel a session due the lack of supervisory coverage, they will contact the student via email.

Session Make-up Policy

a. If a client cancels, student clinicians should contact the clinical educator to find out if the session should be made up.

Infection Control

a. Students and clinical faculty must complete blood borne pathogens training.
b. Preventative measures:
    a. Handwashing
        i. Wash hands/use hand sanitizer before and after seeing a client
        ii. After removing gloves

iii. Wash with soap and water for 30 seconds or 60 seconds if contamination may have occurred

b. Gloves should be worn when:
    i. performing an oral mechanism evaluation
    ii. stimulating sounds in the oral mechanism
    iii. cleaning up blood, saliva, vomit, feces, or urine
    iv. working with a client with saliva management challenges
    v. working with a client with nonintact skin, open cuts, or sores
    vi. the clinician has nonintact skin, open cuts, or sores
    vii. Change gloves:
        1. after every use
        2. when torn
    viii. Discard gloves:
        1. in a wastebasket before exiting the room under normal circumstances
        2. in a red bag if contaminated with bodily fluids

c. Each therapy room contains a sanitizing kit that includes hand sanitizer, gloves, band-aids, facial tissues, paper towels, etc.
d. If objects are potentially contaminated:
    a. Immediately contact the clinical educator or the Director of Clinical Education (DCE)who may contact Facilities Services for assistance.
e. In the event of a blood spill from person to furnishings or the floor:
    a. Notify the Clinic Director, Assistant Office Manager or clinical educator who can contact Facilities Services.
    b. Do not clean spills on the floor or furniture, get help from facilities.

Parking

a. Parking permits are issued for clinic clients and guests.
b. Students are not permitted to park in the lot adjacent to the DePaul University's Speech Language Pathology Clinic unless they have purchased a permit directly from the university.

Recording and Viewing Clinic Sessions

a. Sessions will be recorded through our interactive viewing system (VALT).
b. The Assistant Office Manager will schedule all session recordings in VALT.
c. Caregivers may view the applicable session using the observation kiosks equipped with computers in the Family Viewing Room.

Part VII: DePaul University's Speech Language Pathology Clinic Client Policies and Procedures

Protected Health Information

DePaul University's Speech Language Pathology Clinic Health Information Privacy Practices

d. Client protected information is kept confidential under the guidelines of the Illinois Health Insurance Portability and Accountability Act.

Understanding Clinic Record/Information

a. At the DePaul University's Speech Language Pathology Clinic, a record of each visit is made. Typically, this record contains presenting concerns, evaluation results, diagnoses, treatment information, and a plan for future care or treatment. This information often referred to as a health or medical record, serves as:
   I. A basis for planning care and treatment.
   II. A means of communication among the many health professionals who contribute to the client's care.
   III. A legal document describing the care received.
   IV. A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Health Information Right

a. Although the health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to the client. Federal Law provides the client the right to:
   I. Request a restriction on certain uses and disclosures of information. The DePaul University Speech Language Pathology Clinic is not required to agree to a restriction, except in limited circumstances, such as for information gathered for judicial proceedings;
   II. Receive a paper copy of this notice, upon request and at any time, even if the client earlier agreed to receive this notice electronically;
   III. Inspect and obtain a copy of the health records;
   IV. Amend the health record if the client believes it is incorrect or incomplete. However, The DePaul University Speech Language Pathology Clinic is not required to amend the health information, and if a request is denied, the client will be provided with information about our denial and how the client can disagree with our denial;
   V. Obtain an accounting of disclosures of the health information;
   VI. Receive communications of protected health information from The DePaul University Speech Language Pathology Clinic by alternative means or at alternative locations. The clinic must accommodate reasonable requests.
   VII. Authorize use or disclosure of any protected health information by using the Authorization to Use or Disclosure Health Information form; and
   VIII. Revoke authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

a. The DePaul University Speech Language Pathology Clinic staff agrees to:
   I. Maintain the privacy of health information as required by law;
   II. Provide a Notice of our legal duties and privacy practice with respect to the information we collect and maintain;
   III. Abide by the terms of this Notice;
   IV. Provide notification if we are unable to agree to a requested restriction;
   V. Accommodate reasonable requests the client may have to communicate health information by alternative means or at alternative locations.

b. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a new revision on the DePaul University Speech and Language Program website. We will not use or disclose health information without written authorization, except as described in this notice.

Uses and/or Disclosures for Treatment and Health Care Operations without Written Authorization

1. The following areas describe the ways the DePaul University Speech Language Pathology Clinic may use or disclose health information. For each area, an example will be given. Not every use or disclosure in the respective areas will be listed; however, all the ways the DePaul University's Speech Language Pathology Clinic is permitted to use and disclose information will fall within one of these areas.
   a. We will use health information for treatment.
   For example, information obtained by the clinical educator and student clinician will be recorded in the client's file and used to determine the course of treatment that should work best.

   We will also provide the client's physician or subsequent healthcare provider with copies of various reports that should be of assistance in treatment during and once services are no longer being provided at the DePaul University's Speech Language Pathology Clinic.
   b. We will use health information for regular healthcare operations.

We may use and disclose medical information about the client for clinic operations. These uses and disclosures are necessary to operate the clinic and to make sure that all of our clients receive quality care. For example, we may use clinical information to review our treatment and services and to evaluate the performance of our staff in caring for the client. We also may combine information about many clients to decide what additional clinical services should be offered, what services are not needed, and whether new treatments are effective. We may disclose information to the professionals, staff, and students for review and learning purposes. We may combine the information with information from other clinical programs to compare how we are doing and to see where we can make improvements in the care and services we offer. We will remove information that identifies the client from this set of clinical information so others may use it to study healthcare and healthcare delivery without learning the name of the specific client.

Other Uses and Disclosures of Health Information Made without Authorization

a. Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.
b. Observation: Because the clinic is a training site for undergraduate students minoring in Speech Language Pathology and graduate students majoring in Speech Language Pathology, we may allow students to observe services provided to our clients.
c. Classroom Disclosures: As a teaching facility, we may disclose healthcare information in college classes. We will remove information that identifies the client from this set of information so students may use it to study healthcare delivery without knowing the specific client.
d. Public Health Risks: We may disclose clinical information about the client for public health activities.

   These activities generally include the following:

   I. To report child abuse or neglect; and
   II. To disclose health information to appropriate persons in order to prevent or lessen a seriousand imminent threat to the health or safety of a particular person or the general public.

e. Required by Law: We may disclose health information for law enforcement purposes, as required by law, or in response to a valid subpoena. Federal law makes provision for health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more client, workers or the public.

For Further Information or to Report a Problem

a. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your Protected Health Information, you may contact our Privacy Office. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Office for Civil Rights. We will not retaliate against you if you file a complaint with us or the Office for Civil Rights.

b. If a client or legal representative would like to act upon any of the health information rights, as provided herein, has any questions, or would like additional information, please contact the Privacy Officer/Director of Clinical Education (DCE)at 773-325-7040.

Notice of Receipt of Privacy Practices Form

This form will be signed by the client or guardian prior to initiation of services. See Appendix 3 for this form.

Client Consents

Application and Intake Packet: Adults and Children

a. This form will be distributed to the client/caregiver and is completed online via go.depaul.edu/slpclinic via the New Client tab.
b. The form contains the following consents and policies:
    I. Consent to be contacted via phone/text/email
    II. Consent for care
    III. Notice of information practices and privacy policy
    IV. Supervision of minors' policy
    V. Mobility transfers and restroom policy
    VI. Disability accommodations
    VII. Observation and recording policy
    VIII. Consent to be contacted for research policy
    IX. Authorization to release and obtain confidential information

Mandated Reporting of Suspected Abuse or Neglect

Reporting Suspected Child Abuse or Neglect

a. Clinical educators are required to report suspected child abuse or neglect by calling 1- 800-252-2873 or completing an online reporting form found at www.2illinois.gov.
b. Specific details are found here: https://www.childwelfare.gov/pubPDFs/manda.pdf
c. Student clinicians should contact a clinical educator immediately if there are signs of suspected abuse or neglect in a child with whom the student works. Signs may include the following:

PHYSICAL ABUSE

Physical characteristics:

- Unusual bruises or welts
- Injuries in the shape of objects (cords, belts)
- Injuries in various stages of healing or color patterns
- Unexplained burns on palms, soles, back, or buttocks
- Fractures that do not fit the explanation of the injury

Unexplained delay from when the injury occurred, and medical help sought Behavioral characteristics:

- Extremes in behavior, aggressiveness, or very withdrawn or shy
- Afraid to go home
- Frightened of parents or other adults
- Reports injury
- Poor self-image
- Destructive or delinquent behavior
- Drug or alcohol usage

NEGLECT

- Poor hygiene, odor, dirty clothing
- Inappropriately dressed for weather conditions
- Needs but is not provided medical or dental care or glasses
- Left unsupervised or alone for long periods
- States that parents are rarely around
- Constant hunger, begging for or steals food
- Extreme willingness to please
- Frequently absent from school
- Arrives early and stays late at school, play areas, or other people's homes
- Failure to thrive

SEXUAL ABUSE

- Venereal disease
- Complains of pain or swelling in genital areas
- Poor peer relationships
- Bruises, bleeding, or discharge in the vaginal or penile area
- Pregnancy
- Stained or bloody underclothes
- Refuses to partake in a gym or other physical exercise
- Acts seductively around others
- Runs away or is delinquent in behavior
- Regressive or childlike behavior
- A drastic change in school achievement

EMOTIONAL ABUSE

- Behind in normal growth or developmental stages
- Neglect
- Excessive anxiety
- Belittled or treated unfairly in the family
- Extremes in behavior from overly aggressive to passive, shy, or withdrawn
- Delinquent or destructive behavior
- Regressive behavior (e.g., sucking or rocking)
- Low self-esteem
- Child readily sets themselves up for failure
- Difficulty in verbalizing feelings
- Speaks about self negatively
- Tries to assume many adult roles

Part VIII: DePaul University's Speech Language Pathology Clinic Emergency Procedures

Emergency Procedures related to Evacuation, Tornado, Fire, Lockdown, Medical Emergency, and University Emergency

a. Evacuation maps: are mounted on the walls of all common areas and group spaces.
b. Tornado alarm: Clients, clients' family members, and students should be directed to the individual treatment rooms..
c. Fire alarm: If a fire alarm is sounded, all individuals should exit the building.
d. Lockdown: Lockdown: Clients, clients' family members, and students should move to individual treatment rooms.

- A lockdown response is needed if there is an actual or imminent crisis
- We will be notified of this situation by the DPU emergency notification system
- If the clinic is in session, all clients and family members/caregivers must be guided to come into the interior clinic area. This means that if you are with a client in a treatment room or anywhere else outside the clinic area, you need to bring your client and any individuals who accompanied them into our clinic area.
- After all the clients are inside clinic rooms, we will close and lock the doors to both entrances. Clients should be divided among the clinic rooms, and all lights should be turned off and clinic doors closed. We will resume regular operations once we receive the "all clear" message from the DPU emergency notification system.

e. Medical Emergency/Community Health Issue

- Report any serious injury or illness by first calling 911 immediately (9-911 from a department landline)
- The incident must then be reported to Public Safety at 773-325-7777.
- Contact your clinical educator or director of clinical education immediately
- There is an AED (automated external defibrillator) located in the admissions waiting lobby.
- Report Non-emergency injuries or illness to Campus Security at 773-325-7777
- Begin first aid (if qualified) or seek someone who can
- Campus Security Officers are trained in basic First Aid and CPR; however, do not wait to start necessary first aid treatment that you are qualified to offer
- Personal safety is your first priority
- Use protective equipment (protective gloves, safety glasses, CPR mask, etc.) before coming in contact with the victim's blood or other body fluids
- Community Health Problem Response will be coordinated by the DePaul Health and Medical Annex 773-325-7777
- (https://resources.depaul.edu/emergency-plan/emergency-plan-information/Campus/Pages/DisasterAnnex.aspx)

DePaul University's Speech Language Pathology Clinic **Evacuation Plan – See** [Section 2.3 of University Emergency Operations Plan]

Part IX: Licensure and ASHA Membership

Speech Language Pathology Professional Licensure for the State of Illinois

a. The Illinois Division of Financial and Professional Regulation (IDFPR) issues licenses for individuals to work within the field of Speech Language pathologists and audiologists in the state of Illinois.
b. A license is required of all master's degree Speech Language pathologists, associate's degree Speech Language pathologist assistants, and audiologists.
c. While most Speech Language pathologists working in the school setting hold a license issued by IDFPR, an unlicensed Speech Language pathologist who has an Educator License issued by ISBE can work in the schools.
d. A Speech Language pathologist who does not hold a license issued by IDFPR cannot bill Medicaid or private insurance or supervise an assistant or paraprofessional.
e. An audiologist or Speech Language pathology assistant who does not hold a license issued by IDFPR is unable to work in any setting within the state of Illinois.
f. IDFPR requires that Speech Language pathologists and audiologists complete 20 hours of continuing education for license renewal. Licenses are issued for two years and expire on October 31st of odd-numbered years.
g. Speech Language pathologist assistants must complete 10 hours of continuing education for license renewal. Licenses are issued for two years and expire on October 31st of odd-numbered years. Speech Language pathologist assistants must complete 10 hours of continuing education for license renewal.
h. For more information regarding Illinois licensure by IDFPR, please see the IDFPR website at https://www.idfpr.com/. This information was adapted from https://www.ishail.org/licensing-certification

Illinois State Board of Education Requirements

a. See www.isbe.net
b. The following information is adapted from isbe.net/Pages/PEL-School-Support-Ed-Lic.aspx
    I. Updated: August 2019
c. Speech Language Pathologist (non-teaching)(154)
d. 150 hours of supervised, school-based professional experience that consists of activities related to aspects of practice addressed in the content-area standard located in 25.250 and 23 Ill. Adm. Code 28 with respect to:
    I. planning and intervention the learning environment service delivery, professional conduct and ethics, and facilitation and advocacy
e. Specific Requirements:

I. The preparation program must hold accreditation or "accreditation candidate" by the Council on Academic Accreditation in Audiology and Speech Language Pathology of the American Speech and Hearing Association at the time the applicant completed the program (ASHA).
II. Must also hold a Speech Language Pathology license issued by the Illinois Department of Professional Regulation (IDPR)(may be a temporary license) or a Certificate of Clinical Competency in Speech Language Pathology from ASHA, and proof of application for the IDPR license.

ASHA Membership

Speech Language Pathology Pathway to Certification

(https://www.asha.org/uploadedFiles/Speech Language-Pathology-Pathway-to-Certification.pdf)

Step 1: Graduate. Earn your Master's degree from a CAA-accredited program.

Step 2: Praxis. Take and pass the Praxis Examination in Speech Language Pathology at any time before, during, or after applying.

Step 3: Apply. Submit your application for the Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP) to ASHA. Please read the current Speech Language pathology standards to be aware of any changes.

Step 4: Join. Choosing ASHA membership with your certification allows you to enjoy member benefits that support knowledge, learning, advocacy, and community.

Step 5: Clinical Fellowship. Select your mentor(s) and verify that they hold current ASHA certification. Successfully complete your Clinical Fellowship (CF) experience of at least 36 weeks and 1,260 hours.

Step 6: Submit Forms. Complete your Clinical Fellowship Report and Ratings Form (SLP-CF) with your mentor(s). Make sure they sign all required areas. Submit your SLPCF to ASHA.

Step 7: Review Period. The application review process can take up to 6 weeks from the date your last document is received. Certification is granted when all of your documents have been received and reviewed.

Step 8: Certified. Congratulations! You have been awarded the CCC-SLP, and your new ASHA card will be arriving soon. You may now use "CCC-SLP" after your signature.

Pro Tips:

- Save $225 on your first year of ASHA Membership and Certification by maintaining NSSLHA membership for two consecutive years. Find out how by visiting www.asha.org/Members/NSSLHA.
- Apply for ASHA certification with membership between May 1-August 31 to receive ASHA's Gift to the Grad offer and receive up to 20 months of membership for the price of 12 months.
- Verify that your Mentor is current by visiting www.asha.org/certification. Click on the Verify ASHA Certification button at the top of the page.

APPENDIX A: Overview of ASHA Information Related to Clinical Aspects of the Speech Language Pathology Program

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech Language Pathology

Effective Date: January 1, 2020

Introduction

The Council for Clinical Certification in Audiology and Speech Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech Language-Hearing Association (ASHA). The charges to the CFCC are to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information, and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Speech Language Pathology was conducted in 2017 under the auspices of the Council on Academic Accreditation in Audiology and Speech Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP) went into effect on January 1, 2020. View the SLP Standards Crosswalk [PDF] and consult Changes to Speech Language Pathology Standards for more specific information on how the standards will change.

Terminology

Clinical educator: Refers to and may be used interchangeably with supervisor, clinical instructor, and preceptor

Individual: Denotes clients, patients, students, and other recipients of services provided by the Speech Language pathologist.

Citation

Cite as: Council for Clinical Certification in Audiology and Speech Language Pathology of the American Speech Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Speech Language Pathology.* Retrieved from https://www.asha.org/certification/2020-SLP-Certification-Standards.

The Standards for the CCC-SLP are shown in bold. The CFCC implementation procedures follow each standard.

- Standard I—Degree
- Standard II—Education Program
- Standard III—Program of Study

- Standard IV—Knowledge Outcomes
- Standard V—Skills Outcomes
- Standard VI—Assessment
- Standard VII—Speech Language Pathology Clinical Fellowship
- Standard VIII—Maintenance of Certification

Standard I: Degree

The applicant for certification (hereafter, "applicant") must have a master's, doctoral, or other recognized post-baccalaureate degree.

Standard II: Education Program

All graduate coursework and graduate clinical experience required in Speech Language pathology must have been initiated and completed in a Speech Language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech Language Pathology (CAA).

Implementation: The graduate program of study must be initiated and completed in a CAA-accredited program or a program with candidacy status for CAA accreditation. The applicant's program director or official designee must complete and submit a program director verification form. Applicants must submit an official graduate transcript or a letter from the registrar that verifies the date on which the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the ASHA National Office no later than one (1) year from the date on which the application was received.

Verification of the applicant's graduate degree is required before the CCC-SLP can be awarded.

Applicants educated outside the United States or its territories must submit documentation that coursework was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic coursework and supervised clinical experience sufficient in-depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standards IV-A through IV-G and Standards V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA *Scope of Practice in Speech Language Pathology*.

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of statistics as well as the biological, physical, and social/behavioral sciences.

Implementation: Coursework in statistics as well as in biological, physical, and social/behavioral sciences that is specifically related to communication sciences and disorders (CSD) may not be applied for certification purposes to this category unless the course fulfills a general university requirement in the statistics, biology, physical science, or chemistry areas.

Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy, and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Chemistry and physics are important for the foundational understanding of the profession of Speech Language pathology. For all applicants who apply beginning January 1, 2020, courses that meet the physical science requirement must be in physics or chemistry. Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in physics or chemistry.

Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Coursework in research methodology in the absence of basic statistics cannot be used to fulfill this requirement.

Standard IV-B

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

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

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

- Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities
- Augmentative and alternative communication modalities

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

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

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

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

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

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

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect Speech Language pathology. Issues include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, educational, legal requirements or policies, and reimbursement procedures.

Standard IV-H

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

Standard V: Skills Outcomes

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

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

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

Standard V-B

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

1. Evaluation
    a. Conduct screening and prevention procedures, including prevention activities.
    b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
    c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
    d. Adapt evaluation procedures to meet the needs of individuals receiving services.
    e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
    f. Complete administrative and reporting functions necessary to support evaluation.
    g. Refer clients/patients for appropriate services.
2. Intervention
    a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
    b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.
    c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
    d. Measure and evaluate clients'/patients' performance and progress.
    e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needsof clients/patients.
    f. Complete administrative and reporting functions necessary to support intervention.
    g. Identify and refer clients/patients for services as appropriate.
3. Interaction and Personal Qualities
    a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, andrelevant others.

b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
c. Provide counseling regarding communication and swallowing disorders to clients/patients,family, caregivers, and relevant others.
d. Adhere to the ASHA *Code of Ethics*, and behave professionally.

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

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that the applicant can demonstrate skills across the

ASHA *Scope of Practice in Speech Language Pathology*. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA *Scope of Practice in Speech Language Pathology*.

These experiences allow students to:

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

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

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

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

Standard V-C

The applicant must complete a minimum of 400 clock hours of supervised clinical experience in the practice of Speech Language pathology. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided clinical observation hours generally precede direct contact with clients/patients. Examples of guided observations may include but are not limited to the following

activities: the debriefing ofa video recording with a clinical educator who holds the CCC-SLP, discussion of therapy or evaluation procedures that had been observed, debriefings of observations that meet course requirements, or written records of the observations. It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. It is encouraged that the student observes live and recorded sessions across settings with individuals receiving services with a variety of disorders and completes debriefing activities as described above.

The observation and direct client/patient contact hours must be within the ASHA *Scope of Practice in Speech Language Pathology* and must be under the supervision of a qualified professional who holds a current ASHA certification in the appropriate practice area. Guided clinical supervision may occur simultaneously during the student's observation or afterward through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes.

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

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the individual receiving services or the individual's family. Typically, only one student at a time should be working with a client in order to count the practicum hours. Several students working as a team may receive credit for the same session, depending on the specific responsibilities that each student is assigned when working directly with the individual receiving services. The applicant must maintain documentation of their time spent in supervised practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in Speech Language pathology by the CAA.

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

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification.

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

Implementation: Effective January 1, 2020, supervisors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real-time. A clinical educator must be available and on-site to consult with a student who is providing clinical services to the clinical educator's client.

Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

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

Standard V-F

Supervised practicum must include experience with individuals across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with individuals with various types and severities of communication and/or related disorders, differences, and disabilities.

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

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in Speech Language pathology.

Implementation: Results of the Praxis® Examination in Speech Language Pathology must be submitted directly to ASHA from the Educational Testing Service (ETS). The certification standards require that a passing exam score be earned no earlier than five years prior to the submission of the application and no later than two years following receipt of the application. If the exam is not successfully passed and reported within the 2-year application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, then the applicant will be required to reapply for certification under the standards in effect at that time.

Standard VII: Speech Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech Language Pathology Clinical Fellowship (CF).

Implementation: The CF experience may be initiated only after the completion of all graduate credit hours, academic coursework, and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date on

which the application for certification is received. Once the CF has been initiated, it must be completed within 48 months of the initiation date. For applicants completing multiple CFs, all CF experiences related to the application must be completed within 48 months of the date on which the first CF was initiated.

Applications will be closed for CFs that are not completed within the 48-month timeframe or not submitted to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and meet the standards in effect at the time of re-application. CF experiences more than five years old at the time of application will not be accepted.

The CF must be completed under the mentorship of a clinician who held the CCC-SLP throughout the duration of the fellowship and must meet the qualifications described in Standard VII-B. It is the Clinical Fellow's responsibility to identify a CF mentor who meets ASHA's certification standards. Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It is incumbent upon the Clinical Fellow to verify the mentoring SLP's status periodically throughout the CF experience. Family members or individuals related in any way to the Clinical Fellow may not serve as mentoring SLPs to that Clinical Fellow.

Standard VII-A: Clinical Fellowship Experience

The CF must consist of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in Speech Language pathology consistent with ASHA's current *Scope of Practice in Speech Language Pathology*. The CF must consist of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: At least 80% of the Clinical Fellow's major responsibilities during the CF experience must be in direct, in-person client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience should be at least 5 hours per week; anything less than that will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP.

Implementation: Effective January 1, 2020, CF mentors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and prior to mentoring the Clinical Fellow.

Direct observation must be in real-time. A mentor must be available to consult with the Clinical Fellow who is providing clinical services. Direct observation of clinical practicum is intended to provide

guidance and feedback and to facilitate the Clinical Fellow's independent use of essential clinical skills

Mentoring must include on-site, in-person observations and other monitoring activities, which may be executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Clinical Fellow, or evaluations by professional colleagues with whom the Clinical Fellow works. The CF mentor and the Clinical Fellow must participate in regularly scheduled formal evaluations of the Clinical Fellow's progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor.

The amount of direct supervision provided by the CF mentor must be commensurate with the Clinical Fellow's knowledge, skills, and experience and must not be less than the minimum required direct contact hours. Supervision must be sufficient to ensure the welfare of the individual(s) receiving services.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Mentoring must include on-site in-person observations; however, the use of real-time, interactive video and audio conferencing technology may be permitted as a form of observation, for which pre-approval must be obtained

Additionally, supervision must include 18 other monitoring activities. *Other monitoring activities* are defined as the evaluation of reports written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes. At least six other monitoring activities must be conducted during each third of the CF experience.

If the Clinical Fellow and their CF mentor want to use supervisory mechanisms other than those outlined above, they may submit a written request to the CFCC prior to initiating the CF. Written requests may be emailed to cfcc@asha.org or mailed to CFCC, c/o ASHA Certification, 2200 Research Blvd. #313, Rockville, MD 20850. Requests must include the reason for the alternative supervision and a detailed description of the supervision that would be provided (i.e., type, length, frequency, etc.), and the request must be co-signed by both the Clinical Fellow and the CF mentor. On a case-by-case basis, the CFCC will review the circumstances and may or may not approve the supervisory process to be conducted in other ways. Additional information may be requested by the CFCC prior to approving any request.

Standard VII-C: Clinical Fellowship Outcomes

The Clinical Fellow must demonstrate knowledge and skills consistent with the ability to practice independently.

Implementation: At the completion of the CF experience, the applicant must have acquired and demonstrated the ability to:

- Integrate and apply theoretical knowledge.

- Evaluate their strengths and identify their limitations.
- Refine clinical skills within the Scope of Practice in Speech Language Pathology; and
- Apply the ASHA *Code of Ethics* to independent professional practice.

In addition, upon completion of the CF, the applicant must demonstrate the ability to perform clinical activities accurately, consistently, and independently and seek guidance as necessary.

The CF mentor must document and verify a Clinical Fellow's clinical skills using the *Clinical Fellowship Report and Rating Form*, which includes the *Clinical Fellowship Skills Inventory* (CFSI), as soon as the Clinical Fellow successfully completes the CF experience. This report must be signed by both the Clinical Fellow and the CF mentor.

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the CCC- SLP.

Implementation: Clinicians, who hold the CCC-SLP, must accumulate and report 30 Certification Maintenance Hours (CMHs) (or 3.0 ASHA continuing education units [CEUs]) of professional development, which must include a minimum of 1 CMH (or 0.1 ASHA CEU) in ethics during every 3-year certification maintenance interval beginning with the 2020–2022 maintenance interval.

Intervals are continuous and begin January 1 of the year following the initial awarding of certification or the reinstatement of certification. Random audits of compliance are conducted.

Accrual of professional development hours, adherence to the ASHA *Code of Ethics*, submission of certification maintenance compliance documentation, and payment of annual membership dues and/or certification fees are required to maintain certification.

If maintenance of certification is not accomplished within the 3-year interval, then the certificate will expire. Those who wish to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

ASHA's Council on Academic Accreditation Speech Language Pathology Knowledge and Skills within the Curriculum

The graduate curriculum in Speech Language Pathology provides students the opportunity to acquire knowledge and skills across the Speech Language pathology curriculum, as required by the ASHA Council on Academic Accreditation. The knowledge and skills specified by CAA are categorized into six broad areas, including Professional Practice; Foundations of SLP Practice; Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences; Evaluation of Speech, Language, and Swallowing Disorders and Differences; Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms; and General Knowledge and Skills Applicable to Professional Practice. The specific knowledge and skills for each area follow.

1. Professional Practice Competencies
    a. Accountability
    b. Integrity
    c. Effective communication skills
    d. Clinical reasoning

e. Evidence-based practice
f. Concern for the individual served
g. Cultural competence
h. Professional duty
i. Collaborative practice

2. Foundations of Speech Language Pathology Practice
   a. Discipline of human communication sciences and disorders
   b. Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic, and cultural bases
   c. Ability to integrate information pertaining to normal and abnormal human development across the life span
   d. Nature of communications and swallowing processes to include knowledge of:
      i. Etiology of the disorders or differences
      ii. Characteristics of the disorders or differences
      iii. Underlying anatomical and physiological characteristics of the disorders or differences
      iv. Acoustic characteristics of the disorders or differences (where applicable)
      v. Psychological characteristics associated with the disorders or differences
      vi. Development nature of the disorders or differences
      vii. Linguistic characteristics of the disorders or differences (where applicable)
      viii. Cultural characteristics of the disorders or differences
   e. For the following elements:
      i. Articulation
      ii. Fluency
      iii. Voice and resonance, including respiration and phonation
      iv. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
      v. Hearing, including the impact on speech and language
      vi. Swallowing (oral, pharyngeal, esophageal, and related functions, including an oral function for feeding; orofacial myology)
      vii. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem-solving, executive functioning)
      viii. Social aspects of communication (e.g., behavioral and social skills affecting communication)
      ix. Augmentative and alternative communication

3. Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences
   a. Principles and methods of identification of communication and swallowing disorders and differences
   b. Principles and methods of prevention of communication and swallowing disorders

4. Evaluation of Speech, Language, and Swallowing Disorders and Differences

a. Articulation
b. Fluency
c. Voice and resonance, including respiration and phonation
d. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
e. Hearing, including the impact on speech and language
f. Swallowing (oral, pharyngeal, esophageal, and related functions, including an oral function for feeding; orofacial myology)
g. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem-solving, executive functioning)
h. Social aspects of communication (e.g., behavioral and social skills affecting communication)
i. Augmentative and alternative communication needs

5. Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms
    a. Intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment
    b. Intervention for disorders and differences of the following:
    c. Articulation
    d. Fluency
    e. Voice and resonance, including respiration and phonation
    f. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
    g. Hearing, including the impact on speech and language
    h. Swallowing (oral, pharyngeal, esophageal, and related functions, including an oral function for feeding; orofacial myology)
    i. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem-solving, executive functioning)
    j. Social aspects of communication (e.g., behavioral and social skills affecting communication)
    k. Augmentative and alternative communication needs
6. General Knowledge and Skills Applicable to Professional Practice
    a. Ethical conduct
    b. Integration and application of knowledge of the interdependence of speech, language, and hearing
    c. Engagement in contemporary professional issues and advocacy
    d. Processes of clinical education and supervision
    e. Professionalism and professional behavior in keeping with the expectations for a Speech Language pathologist

f. Interaction skills and personal qualities, including counseling and collaboration
g. Self-evaluation of the effectiveness of practice

APPENDIX B: Nondiscrimination Notification

DEPAUL UNIVERSITY

COLLEGE OF SCIENCE AND HEALTH

Speech Language Pathology Program

Non-discrimination Statement

Upon entering the DePaul University MS SLP Program, each student must sign the notification of the following non-discrimination statement.

NOTIFICATION TO STUDENTS REGARDING APPLICATION OF NON-DISCRIMINATION PRINCIPLES TO THE DEPAUL UNIVERSITY SPEECH LANGUAGE PATHOLOGY PROGRAM

DePaul University derives its title and fundamental mission from Saint Vincent de Paul, the founder of the Congregation of the Mission, a religious community whose members, Vincentians, established and continue to sponsor DePaul. Motivated by the example of Saint Vincent, who instilled a love of God by leading his contemporaries in serving urgent human needs, the DePaul community is above all characterized by ennobling the God-given dignity of each person. This religious personalism is manifested by the members of the DePaul community in a sensitivity to and care for the needs of each other and of those served, with a special concern for the deprived members of society. DePaul University emphasizes the development of a full range of human capabilities and appreciation of higher education as a means to engage cultural, social, religious, and ethical values in service to others (DePaul University Distinguishing Marks).

Additionally, the Speech Language Pathology Program abides by the ASHA Code of Ethics Nondiscrimination Statement and DePaul University's Anti-Discrimination and Anti-Harassment Policy (see Graduate Student Handbook).

The Speech Language Pathology Program provides opportunities for students to work effectively with a wide range of diverse clients, which includes diversity in race, color, ethnicity, religion, sex, gender, gender identity, sexual orientation, national origin, age, marital status, pregnancy, parental status, family relationship status, physical or mental disability, military status, or other status protected by local, state, or federal law, and applies these nondiscrimination policies to its program. Furthermore, the DePaul University's Speech Language Pathology Clinic is committed to providing an inclusive environment that respects the personal rights and dignity of each and every member of its community. Students in this program will be held accountable for these principles. Students should present, to a program administrator or academic advisor, concerns they have about the applicability of these policies to their training. The program administrators will consider religious accommodation requests on a case-by-case basis taking into account all the relevant circumstances in each case. If necessary, an intervention plan to address training in understanding ethical issues may be implemented.

My signature below indicates that I have read and understood this notification of nondiscrimination policies applicable to this program.

Printed Student Name	Signature	Date
Director of Clinical Education	Signature	Date

Appendix C: Supporting Student Success in the DePaul University Speech and Language Pathology Program (Essential Functions for Performance in Clinical Practicum)

DEPAUL UNIVERSITY
COLLEGE OF SCIENCE AND HEALTH
Speech Language Pathology Program

Supporting Student Success in the DePaul University Speech Language Pathology Program (Essential Functions for Performance in Clinical Practicums)

The DePaul University Master of Science Speech Language Pathology (SLP) Program has been accepted as a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech Language Pathology (CAA) and adheres to the standards set by the *American Speech Language-Hearing Association* (ASHA), including a code of ethics https://www.asha.org/Code-of-Ethics (2016). Faculty have a responsibility for the welfare of clients evaluated, treated, or otherwise affected by students enrolled in the SLP program. Thus, it is important that persons admitted, retained, and graduated possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice Speech Language pathology.

This document describes the program and campus-wide resources to support student success in our graduate program and also outlines the essential functions routinely performed by Speech Language pathologists. Upon successful completion of the Speech Language Pathology (SLP) Program, students should be able to demonstrate basic competencies in the essential functions routinely performed by practicing Speech Language pathologists across a variety of settings. Students who anticipate difficulty learning in either classroom or clinical settings are encouraged to contact the Program Director as soon as possible, as well as seek out other campus resources described below.

Campus Resources

Accommodating Disabilities

DePaul University is committed to providing students with disabilities equal access to DePaul's educational and co-curricular opportunities so that students may fully participate in the life of the university. The Center for Students with Disabilities (CSD) services are available to students with diverse physical, learning, medical, mental health, and sensory disabilities. The Center offers support to students to achieve their academic goals while promoting their independence. CSD is a resource to the many university departments that share the responsibility of supporting the members of our diverse learning community.

To learn more about resources available to students with disabilities, or to begin the accommodation request process, please visit the Center for Students with Disabilities website:

https://offices.depaul.edu/student-affairs/support-services/for-specific-populations/Pages/students-with-disabilities.aspx

Contact information for the Center for Students with Disabilities:

Lincoln Park Campus: Student Center 370, 773/325-1677
Loop Campus: Lewis Center 1420, 312/362-8002
Email: csd@depaul.edu

Determining appropriate and reasonable accommodations in a professional school program is an interactive and collaborative process involving the student, the Speech Language Pathology Program, the Center for Students with Disabilities (CSD), and the Office of the General Counsel re: ADA compliance. This document is to be re-visited periodically with input from all involved to ensure accuracy and compliance with the law.

Counseling Services

DePaul University and the Speech Language Pathology Program care about your mental health. University Counseling Services (UCS) offers primarily short-term counseling, but they do provide referrals to the community when students could benefit from longer-term services. UCS has a diverse, caring, and competent professional staff that works from a variety of theoretical perspectives. Some students find that talking to a counselor once is sufficient to resolve their immediate concern. Their counselors can help you in a variety of ways because they are excellent sounding boards, compassionate listeners, and skillful experts in the problems of living. If further services would be beneficial, these will be discussed, and recommendations will be made by the counselor. To learn more about counseling services at DePaul University, please visit the UCS website:

https://offices.depaul.edu/student-affairs/support-services/counseling/Pages/default.aspx

My Student Support Program

DePaul University has partnered with My Student Support Program (SSP) to provide mental health and well-being resources to all students with a call center and chat feature, 24 hours a day, seven days a week , and 365 days a year. To learn more about My SSP, please visit the website:

https://offices.depaul.edu/student-affairs/support-services/health-wellness/mental-well-being/Pages/my-ssp.aspx

Health and Wellness

Embracing a healthy lifestyle and creating a culture of health and well-being fosters personal and academic success. DePaul University offers many supports and resources on campus for individuals to create and sustain long-term behaviors.

To learn more about the resources available to support students in developing and maintaining long-term health and wellness, please visit the health and wellness website:

https://offices.depaul.edu/student-affairs/support-services/health-wellness/Pages/default.aspx

Language of Instruction

DePaul University promotes linguistic diversity and views the use of different languages and dialects among its students as an asset to our academic and professional community. Above all, the academic program will ensure that students are treated in a non-discriminatory manner. Please reference the Communication Proficiency Policy in the DePaul Clinic Handbook, which describes the oral and written expectations for service delivery with patients/clients.

Resolving Students' Concerns

The Dean of Students Office is a central location to which students can turn with problems they have been unable to resolve. The Dean of Students Office hears student concerns and helps students understand their options for resolving the concerns and/or locating appropriate services. To learn more about the Dean of Students Office, please visit their website:

http://offices.depaul.edu/student-affairs/about/departments/Pages/dos.aspx.

The University Ombudsperson is available to provide consultation about conflict resolution, clarify policies and procedures, and help find the right person or department to respond to questions. Students may also always choose to report concerns or misconduct through the University's confidential reporting mechanisms: 877.236.8390. To learn more about the University Ombudsperson, please visit their website:

https://compliance.depaul.edu/hotline/index.asp

Essential Functions Performed by Speech Language Pathologists

Graduate student clinicians develop required practical skills through experiences offered in on-campus and off-campus clinical settings with licensed and certified Speech Language pathologists and audiologists. Students develop knowledge and skills required for accurate administration of evaluation tools and accurate and safe use of diagnostic and treatment equipment and procedures. In the process, students sharpen their perceptual and technical skills required to perform the essential functions of state-of-the-art clinical practice.

A description of examples of essential functions routinely performed by practicing Speech Language pathologists across clinical settings is provided below. If students anticipate they may have difficulty developing competence in any of these essential functions to become a practicing Speech Language pathologist, they are encouraged to discuss the need for accommodations with their clinical educator as soon as possible.

Engaging in Professional Communication:

Practitioners must communicate professionally with patients and their family members/caregivers, colleagues, other professionals, and community or professional groups.

- Professionally manage interpersonal interactions across modalities by considering the communication needs and cultural values of the listener (e.g., face-to-face, web-based media, telephone, telehealth, and writing).
- Manage and create clinical records and communications (e.g., requesting, reading, and understanding client records, writing up clinical reports and contact notes).

- Access and use technology for clinical management (e.g., billing, charting, assessment and therapy tools).
- Adjust communication style and modalities to meet the needs of specific clients, family members/caregivers, and other persons served.

Managing Physical Environments:

Practitioners must efficiently manipulate patient-utilized equipment as well as clinical equipment, materials, and environments to adhere to assessment and treatment protocols and maintain the best therapeutic practice.

- Set up diagnostic and treatment spaces (e.g., arranging furniture, equipment, materials).
- Manipulate diagnostic and treatment instruments and tools accurately and efficiently (e.g., audiometers; test booklets and stimulus cards; otoscopes; tongue depressors).
- Manipulate patient-utilized equipment (e.g., assist clients in optimal positioning in the treatment room, set-up AAC devices).
- Meet the physical demands of practice across clinical settings.

Completing Informal Assessments

Practitioners engage in ongoing informal assessments with their clients.

- Make precise visual discriminations to identify and assess client behaviors and performance during formal and informal clinical tasks (e.g., vocal effort, attention and focus during listening tasks, eating and swallowing behaviors).
- Make precise auditory discriminations to differentiate the quality of clients' vocalizations, speech, language, cognition, and swallowing abilities (e.g., speech discrimination test scoring; vocal quality rating scales; speech and language targets).
- Make precise tactile discriminations of speech, hearing, and swallowing mechanisms (e.g., assessing jaw strength, laryngeal tension).

Taking Responsibility for Client Welfare:

Practitioners take primary responsibility in providing a safe and supportive environment for clients under their immediate care.

- Anticipate clients' needs to support their full participation in clinical sessions (e.g., observation room is available to caregivers, positive reinforcers are identified, visual supports are in place).
- Adapt clinical practices to promote clients' dignity and well-being (e.g., providing instructions in multiple formats; involving family as requested).
- Actively listening to clients' expectations and goals (e.g., ask questions and encourage open communication).
- Respond with empathy and compassion to the client's situation and concerns.
- Provide a safe environment for clients (e.g., child-proofing rooms, aware of any food allergies).
- Safely manage disruptive, unexpected, and potentially dangerous client behaviors (e.g., a child running from the room).
- Provide a safe environment for others when responding to emergency situations (e.g., fire or choking or other medical emergencies**,** the application of universal precautions).

Meeting Professional Expectations in Multiple Clinical Sites:

Practitioners maintain professional standards and adapt to the conditions and requirements of different working locations and environments. Graduate students will be assigned to both the DePaul University's Speech Language Pathology Clinic, community settings, and externship placements (e.g., hospitals, clinics, schools) during their program.

- Maintain ethical and legal standards of practice at all sites (e.g., ASHA Code of Ethics; Illinois State Licensure; ISBE).
- Access and maintain accurate, legible, and complete medical records in the modalities required by each site (e.g., billing, charting, therapy documentation).
- Sustain necessary physical activity levels as required for different service delivery settings and to meet the caseload and scheduling requirements for each site.
- Implement infection protocols and universal precautions as outlined by each site (e.g., wearing PPE; cleaning materials and equipment; disposing of waste appropriately).
- Manage time effectively to complete professional and technical tasks within the time constraints of a given setting (e.g., scheduling travel and set-up time between sessions; completing tasks within scheduled sessions).
- Arrange reliable transportation to all clinical assignments.
- Meet expectations for regular and reliable attendance and provision of services according to the scheduling and absence policies for each site.
- Minimize job-related stress by proactively addressing work concerns (e.g., discussing concerns with supervisor; negotiate workload).
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.

Intervention Plan Steps to Support Development of Essential Functions

Each quarter, this document will be reviewed with your clinical educator, both at midterm and at the end of the quarter. Progression with the essential functions will be tracked in CALIPSO. If deficiencies in essential function(s) are determined, an Intervention Plan will be implemented. Intervention plans are designed to support a student's development in an area that has been determined to be deficient. The clinical educator and/or the student may identify difficulty progressing in one or more of the essential functions. Difficulty progressing with the identified essential function(s) may be determined at any time during the quarter. Once a deficiency has been identified, the following steps will be implemented:

- The clinical educator, or the student, alerts the student's academic advisor and the Director of Clinical Education.
- A conference will be held with the student, clinical educator, Director of Clinical Education, and the student's advisor to review the concern(s) with the student and to determine a recommended course of action.
- An intervention plan with strategies for improvement will be written to support the student's achievement of the essential function(s) identified as deficient. The student may be directed to access campus resources as part of the Intervention Plan. A concrete timeline to address

the deficiencies is agreed upon, and signatures are obtained from the student, clinical educator, Director of Clinical Education, and the student's advisor. The plan will outline the activities and/or experiences the student must complete within the established timeline to demonstrate adequate improvement in the area of concern.

- The intervention plan must include measurable goals, the specification of persons who will be responsible for monitoring the plan to achieve each goal and specific consequences due to the student's failure to meet the plan. The development of the plan is a shared responsibility between students and faculty.
- Documentation of the meeting and the Intervention plan will be placed in the student's file on CALIPSO.
- All Intervention Plans are brought to the Admission, Progression & Retention Committee to monitor the consistent implementation of policies and procedures.
- Progress is monitored over the course of a quarter or as long as appropriate. The completed plan is again signed by all parties involved.
- The student must meet the intervention plan goals before progressing to the next clinical practicum assignment or externship placement.
- If the student is not meeting the goals within the specified timeline but is demonstrating progress, the length of their program may need to be extended to achieve the goals.
- If the student is not able to remediate the deficiency in the identified essential function(s), despite reasonable accommodations and reasonable levels of support from the faculty, the student will meet with the Program Director to identify a course of action that best supports the welfare of the student. Dismissal from the program may be necessary should fail to meet minimum competency in the essential function(s) jeopardizes the health and/or safety of the client(s).
- The student should present any concerns that they have about the identified deficiencies to the Program Director. The student should also utilize the Dean of Students Office and/or the University Ombudsperson at any time during this process as needed.

By signing below, I am confirming that I have read and understand this document, *Supporting Student Success in the DePaul University Speech Language Pathology Program (Essential Functions for Performance in Clinical Practicums)*

Printed Student Name	Signature	Date
Director of Clinical Education	Signature	Date

This signed document will be placed in the student's file in CALIPSO.

Appendix D: Externship Checklist

DePaul University Speech Language Pathology Program

Externship Checklist

Student's Name:_____

	Winter Quarter: Medical or School/Private Clinic (circle one)		Spring Quarter: Medical or School/Private Clinic (circle one)	
Activity (person/s responsible)	Comments/ Date Completed	Comments/ Date Completed	Comments/ Date Completed	Comments/ Date Completed
Director of Clinical Education (DCE) meets with faculty to discuss any student concerns which might impact externship site placements.				
DCE meets with each student during the first winter quarter to discuss the externship site setting options. The externship site descriptions, prerequisites, and requirements (e.g., interview required, observation required, prior medical placement required) will be discussed with the students.				
Distance and transportation are taken into account when discussing site setting preferences.				
Student submits top 5 preference site settings for each placement (Medical and School/Clinic).				
Externship assignments are made based on student preferences, appropriate match consistent with site prerequisites and requirements, and performance in the classroom and clinic.				
Student interviews for externship placement if required.				
DCE or Assistant Office Manager verify that Affiliation Agreement is up-do-date and that externship supervisors have a current IL-SLP license, PEL,				

CCC-SLP, and have completed two CEUs in clinical supervision.				
DCE or Assistant Office Manager verifies that student has completed all necessary background checks, training, immunizations, etc. for the sites.				
DCE makes pre-placement visit, zoom or phone call.				
DCE and student make final preparations for externship placement.				
Student and Externship Supervisor enter mid-quarter feedback into CALIPSO.				
DCE reviews mid-quarter feedback and caseload data and follows up if necessary. Intervention plan initiated for student not demonstrating adequate progress.				
DCE contacts externship supervisor by email and phone prior to week 5 of the quarter. Site visit is scheduled to observe and meet with student and externship supervisor.				
Student and externship supervisor enter end of quarter feedback into CALIPSO. Externship supervisor enters final grade.				
Final grades and feedback reviewed by DCE. Any concerns communicated to faculty and Program Director. Plan initiated for students who do not demonstrate adequate progress.				

Appendix E: DePaul Exposure Control Plan

DEPAUL UNIVERSITY

Exposure Control Plan

February 2019

TABLE OF CONTENTS

How does this ECP work?

Since DePaul is a large, diverse organization, some units (e.g., schools, departments) have their own exposure control plans, and others supplement the DePaul ECP with a customized Appendix A. Each unit must designate an Exposure Control Officer who has overall responsibility for implementing the ECP in their unit.

The DePaul ECP cannot serve as a complete ECP for any unit until it is accompanied by Appendix A.

1. Purpose and Scope

This exposure control plan ("DePaul ECP") has been developed to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." It is designed to assist DePaul University in implementing and ensuring compliance with the standard, thereby protecting our employees and students.

Occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane or parenteralcontact with blood or other potentially infectious materials (OPIM) that may result from the performance of an employee's duties. This plan applies to all employees with occupational exposure.

Part-time, temporary, contract and per diem personnel are covered by the OSHA standard and will be treated the same as other employees for the purposes of this plan.

2. Updates

Environmental Health & Safety (EHS) is responsible for implementation of the DePaul ECP. EHS will maintain, review and update the DePaul ECP at least annually. EHS will communicate updates to units that use the DePaul ECP in conjunction with Appendix A.

3. Compliance Methods

Please note that every section below may not apply to your unit.
Refer to Appendix A for unit-specific information.

Restrictions

Eating, drinking, applying cosmetics or lip balm, smoking and handling contact lenses is prohibited in work areas where there is a reasonable likelihood of exposure to blood/OPIM.

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or on counter tops orbench tops where blood/OPIM are present.

Mouth pipetting or suctioning of blood/OPIM is prohibited.

All procedures will be conducted in a manner that minimizes splashing, spraying, splattering and the generation of droplets of blood/OPIM.

Broken glassware must be handled by mechanical means (broom and dustpan, tongs, forceps, etc.)

Universal Precautions

Employees will be trained on and utilize universal precautions, an approach to infection control that involves treating all blood/OPIM as if they contain bloodborne pathogens.

Exposure Determination
See Appendix A – exposure determination is done at the unit level.

Engineering Controls
See Appendix A – engineering controls are specified at the unit level.

Work Practice Controls

Handwashing

Handwashing facilities are readily accessible.

If work is performed in areas without handwashing facilities, either an antiseptic cleanser in conjunctionwith clean cloth/paper towels or antiseptic towelettes must be provided. If these alternatives are used, hands must be washed with soap and water as soon as feasible.

Hands must also be washed after removing gloves and other personal protective equipment (PPE).

Handling and Transport
Blood/OPIM will be placed in a container that prevents leakage during collection, handling, processing, storage and transport. Containers used for this purpose will be labeled and closed prior to handling. Anyblood/OPIM specimens that could puncture their container will be placed within a puncture resistant secondary container.

Contaminated Equipment
If equipment is contaminated with blood/OPIM, it will be examined and decontaminated prior to servicing or shipping. If portions cannot be decontaminated, the equipment must be labeled as biohazardous, and the label must specify which portions remain contaminated. This must be communicated to anyone involved in handling, servicing or shipping the equipment.

Contaminated Laundry
If laundry becomes soiled with blood/OPIM or may contain sharps (objects that can penetrate the skin), it must only be handled with proper PPE and placed in a leakproof, labeled or color-coded bag or container prior to transport off-site for proper laundering, or immediately disposed of in a biohazardouswaste container (see Biohazardous Waste section below).

Housekeeping
All facilities will be cleaned according to DePaul's custodial services as coordinated by Facility Operations.

Decontamination
All contaminated work surfaces will be decontaminated:

- After completion of procedures
- Immediately or as soon as feasible after any spill of blood/OPIM
- At the end of the workday if the surface may have become contaminated since the last cleaning

Sharps Management

A sharp is any object that can penetrate the skin. A sharp is contaminated if it has potentially/definitelycome into contact with blood/OPIM.

Contaminated sharps must not be bent, recapped, removed, sheared or purposely broken.

Contaminated sharps are considered biohazardous waste, and must be placed into a biohazardous sharps container as soon as possible after use.

Biohazardous sharps containers must be closable, puncture resistant and leakproof on the sides and bottom. They must be located as near to their area of use as possible, always kept upright and monitoredregularly to avoid overfilling.

If sharps will be decontaminated for reuse, they must be placed in appropriate containers until decontaminated. They must not be stored or processed in a manner that requires employees to reach byhand into the containers.

The following items must always be disposed of in a biohazardous sharps container, *even if unused*:

- Needles
- Hypodermic or intravenous syringes
- Scalpel blades

Biohazardous Waste

DePaul uses the term biohazardous waste to refer to items considered "regulated waste" by OSHA and "potentially infectious medical waste" by the Illinois EPA (please see Appendix B for the full definition).

OSHA

- Liquid or semi-liquid blood/OPIM
- Contaminated items that would release blood/OPIM in a liquid or semi-liquid state if compressed
- Items that are caked with dried blood/OPIM and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood/OPIM

IL EPA

- The following types of waste generated in connection with the diagnosis, treatment (i.e. provision of medical services) or immunization of human beings or animals, research pertaining to the provision of medical services or the provision or testing of biologicals:
- Cultures and stocks
- Human pathological wastes
- Human blood and blood products
- Used sharps
- Animal waste
- Isolation waste
- Unused sharps (needles, hypodermic or intravenous syringes and scalpel blades)

Biohazardous waste containers must be closable, constructed to contain all contents and prevent leakageand closed prior to removal to prevent spillage or protrusion of contents during handling.

EHS can provide departments with a variety of biohazardous waste containers that are available from DePaul's vendor.

Labeling

All biohazardous waste containers, refrigerators/freezers containing blood/OPIM and other containers used to store, transport or ship blood/OPIM must be labeled as “biohazard” or “biohazardous” and include the universal biohazard symbol. Red bags or red containers may be substituted for labels.

Personnel are to notify EHS if they discover items without proper labels.

Personal Protective Equipment (PPE)

PPE is provided at no cost to employees. The Exposure Control Officer ensures PPE is available and thatemployees are trained in its proper use.

The following procedures related to PPE must be followed:

- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood/OPIM, and when handling or touching contaminated items or surfaces.
- Replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters or droplets ofblood/OPIM pose a hazard to the eye, nose or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood/OPIM, in such away as to avoid contact with the outer surface.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised.
    - Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing or deterioration.
- Remove PPE immediately if it becomes contaminated, and always before leaving the work area.

4. Hepatitis B Vaccination

The hepatitis B vaccination series is available at no cost to all employees with occupational exposure. Vaccination must be offered after initial BBP training and within 10 business days of initial assignment topositions with occupational exposure.

Vaccination costs are covered by the unit. The Office of Research Services will cover the costs for individuals requiring vaccination as part of IRB, IBC or IACUC protocols.

BBP training includes up to date information on hepatitis B vaccination, including the safety, benefits, efficacy, methods of administration and availability of the series.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series
- Antibody testing reveals that the employee is immune
- Medical evaluation shows that vaccination is contraindicated

After BBP training, employees must complete a Hepatitis B Vaccination Acceptance/Declination Statement (Appendix C). Employees who decline vaccination may request and obtain it at any time whilethey have occupational exposure.

If vaccination is accepted, a pre-vaccination medical evaluation will be provided by a licensed healthcareprofessional at Presence Sage Medical Group. The first inoculation will be given following the evaluationas long as the vaccine is not contraindicated.

The healthcare professional will provide a written opinion which is limited to whether the hepatitis B vaccination is indicated for the employee and if they received it. EHS will provide the employee with a copy of this written opinion within 15 business days of the completion of their evaluation.

5. Exposure Incident Reporting

If an exposure incident occurs, contact Public Safety immediately. Public Safety will facilitate transportation to the nearest emergency room where post-exposure evaluation and follow up will be performed.

Public Safety will promptly report all exposure incidents to EHS, who will ensure that an Exposure Incident Report is completed.

If the incident involves a percutaneous injury from a contaminated sharp, EHS will ensure it is recordedon the Sharps Injury Log described in Section 8.0.

6. 6.0 Post-Exposure Evaluation and Follow Up

EHS will ensure that post-exposure evaluation includes:

- Documentation of the routes of exposure and the circumstances under which the incidentoccurred.
- Identification and documentation of the source individual (unless such identification isinfeasible or prohibited by state or local law).
- Obtaining consent and making arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity (if they are already known to be HIV, HCVand/or HBV positive, new testing need not be performed).
- Documenting that the source individual's test results were conveyed to the employee'shealthcare provider.
- Assuring that the exposed employee is provided with the source individual's test results andinformation about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (i.e., laws protecting confidentiality).
- Collecting the exposed employee's blood (with consent) as soon as feasible after the exposureincident and testing it for HIV, HCV and HBV serological status.

If the employee does not give consent for HIV serological testing during collection of blood for baselinetesting, the baseline blood sample will be preserved for at least 90 calendar days. If the exposed employee elects to have the baseline sample tested during this waiting period, testing should be performed as soon as feasible.

Administration of Post-Exposure Evaluation and Follow Up

EHS ensures that the healthcare professional(s) performing post-exposure evaluation receive:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- The results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The healthcare professional will provide a written opinion which is limited to a statement that the employee has been informed of the results of their evaluation and that the employee has been told aboutany medical conditions resulting from exposure to blood/OPIM which require further evaluation or treatment. EHS will provide the employee with a copy of this written opinion within 15 business days ofthe completion of their evaluation.

7. BBP Training

Those with occupational exposure receive initial and annual training delivered by EHS. Training may beaccessed at any time at ehs.depaul.edu. Training is accompanied by a quiz which upon successful completion is retained as the training record.

8. Recordkeeping

Training Records

Training records are kept for at least three years by EHS. Employees may request a copy of their trainingrecords from EHS who will provide a copy within 15 business days.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
These records are kept for least the duration of employment plus 30 years.
Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 business days. Such requests should be directed to EHS.

OSHA Recordkeeping

Exposure incidents are evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Compliance & Risk Management and EHS.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Appendix F: Compliance Methods

Attach your unit specific information here

Appendix G: Illinois EPA PIMW Definition

Title 35, Subtitle M, Chapter I, Subchapter B, Section 1420.102:

"POTENTIALLY INFECTIOUS MEDICAL WASTE" OR "PIMW" MEANS THE FOLLOWING TYPES OF WASTE GENERATED IN CONNECTION WITH THE DIAGNOSIS, TREATMENT (I.E., PROVISION OF MEDICAL SERVICES), OR IMMUNIZATION OF HUMAN BEINGS OR ANIMALS; RESEARCH PERTAININGTO THE PROVISION OF MEDICAL SERVICES; OR THE PROVISION OR TESTING OF BIOLOGICALS:

CULTURES AND STOCKS. THIS WASTE SHALL INCLUDE BUT NOT BE LIMITED TO CULTURES AND STOCKS OF AGENTS INFECTIOUS TO HUMANS, AND ASSOCIATED BIOLOGICALS; CULTURES FROM MEDICAL OR PATHOLOGICAL LABORATORIES; CULTURES AND STOCKS OF INFECTIOUS AGENTS FROM RESEARCH AND INDUSTRIAL LABORATORIES; WASTES FROM THE PRODUCTION OFBIOLOGICALS; DISCARDED LIVE OR ATTENUATED VACCINES; OR CULTURE DISHES AND DEVICES USED TO TRANSFER, INOCULATE, OR MIX CULTURES.

HUMAN PATHOLOGICAL WASTES. THIS WASTE SHALL INCLUDETISSUE, ORGANS, AND BODY PARTS (EXCEPT TEETH AND THE CONTIGUOUS STRUCTURES OF BONE AND GUM), BODY FLUIDS THAT ARE REMOVED DURING SURGERY, AUTOPSY, OR OTHER MEDICAL PROCEDURES; OR SPECIMENS OF BODY FLUIDS AND THEIR CONTAINERS.

HUMAN BLOOD AND BLOOD PRODUCTS. THIS WASTE SHALL INCLUDE DISCARDED HUMAN BLOOD, BLOOD COMPONENTS (E.G.,SERUM AND PLASMA), OR SATURATED MATERIAL CONTAINING FREE FLOWING BLOOD OR BLOOD COMPONENTS.

USED SHARPS. THIS WASTE SHALL INCLUDE BUT NOT BE LIMITEDTO DISCARDED SHARPS USED IN ANIMAL OR HUMAN PATIENT CARE, MEDICAL RESEARCH, OR CLINICAL OR PHARMACEUTICAL LABORATORIES; HYPODERMIC, INTRAVENOUS, OR OTHER MEDICAL NEEDLES; HYPODERMIC OR INTRAVENOUS SYRINGES; PASTEUR PIPETTES; SCALPEL BLADES; OR BLOOD VIALS. THIS WASTE SHALL ALSO INCLUDE BUT NOT BE LIMITED TO OTHER TYPES OF BROKEN OR UNBROKEN GLASS (INCLUDING SLIDES ANDCOVER SLIPS) IN CONTACT WITH INFECTIOUS AGENTS.

ANIMAL WASTE. ANIMAL WASTE MEANS DISCARDED MATERIALS,INCLUDING CARCASSES, BODY PARTS, BODY FLUIDS, BLOOD, OR BEDDING ORIGINATING FROM ANIMALS INOCULATED DURING RESEARCH, PRODUCTION OF BIOLOGICALS, OR PHARMACEUTICALTESTING WITH AGENTS INFECTIOUS TO HUMANS.

ISOLATION WASTE. THIS WASTE SHALL INCLUDE DISCARDED MATERIALS CONTAMINATED WITH BLOOD, EXCRETIONS,

EXUDATES, AND SECRETIONS FROM HUMANS THAT ARE ISOLATEDTO PROTECT OTHERS FROM HIGHLY COMMUNICABLE DISEASES.

"HIGHLY COMMUNICABLE DISEASES" MEANS THOSE DISEASESIDENTIFIED BY THE BOARD IN RULES ADOPTED UNDER SUBSECTION (E) OF SECTION 56.2 OF THE ACT. (See Section 1420.102 of this Part.)

UNUSED SHARPS. THIS WASTE SHALL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING UNUSED, DISCARDED SHARPS: HYPODERMIC, INTRAVENOUS, OR OTHER NEEDLES; HYPODERMICOR INTRAVENOUS SYRINGES; OR SCALPEL BLADES.

Appendix H: Program History

Date	Revision Number	Brief Description of Changes	Review Completed by
May 2015	1	Cleaned up format	J. Graham
May 2016	2	Phone numbers	J. Graham
February 2019	3	Restructured program	K. Abma