

2024-2025

# Graduate Student Handbook



Communication  
Sciences and  
Disorders

After reading this handbook, you must complete the Graduate Student Handbook attestation assignment in the “2024 Incoming cohorts: Blue & Orange” module in the CSD Graduate Program Canvas site by the assigned date and time.

\*\* Please note that this table of contents is clickable. \*\*

## Contents

<b>INTRODUCTION</b>	<b>5</b>
<b>THE GRADUATE PROGRAM IN COMMUNICATION DISORDERS</b>	<b>5</b>
Program Faculty	6
Program Director	6
Program Faculty	6
Guidelines for Planning Time in Graduate School	6
A Simple Rule Regarding Priorities	7
<b>PROGRAM POLICIES AND PROCEDURES</b>	<b>7</b>
Equal Rights	7
The University of Virginia Honor System	7
Open, Honest, and Safe Communication	8
Questions, Suggestions, Concerns, and Complaints	8
Email Communication	8
Communication Screenings	9
CPR Certification, Health Insurance, TB Test, Hepatitis B Virus and Other Vaccinations	9
Writing Style	9
National Student Speech-Language-Hearing Association (NSSLHA)	9
Financial Assistance	10
Anticipated Expenses	10
Student Wage Employees	10
Financial Aid	11
Students with Special Needs	11
Library Facilities	11
Emergency Procedures	11
Evacuation Preparedness	11
Shelter in Place or Evacuate	12
UVA Alerts – Emergency Text Messaging	12
<b>CENTRAL ROLE OF LEARNING &amp; PERFORMANCE OBJECTIVES IN A CLINICAL CURRICULUM</b>	<b>12</b>
Learning and Performance Objectives	12
Progress in Mastering the Set of Learning and Performance Objectives	13
Learning and Performance Objectives and Beginning Clinicians	13
Learning and Performance Objectives in the Greater Context	13
Learning and Performance Objectives and Improvement Plans	13
The Nature of Improvement Plans	13
Lack of Progress in Mastering the Learning and Performance Objectives	14
The Nature of Insufficient Clinical Progress	14
Our Approach to Managing Insufficient Progress	14
Policy: Insufficient Progress in Accomplishing Performance Objectives in Clinical Assignments	15
Policy: Insufficient Progress in Accomplishing Learning Objectives in Academic Classes	16
<b>ACADEMIC REQUIREMENTS</b>	<b>16</b>
Overview of Calendars	16

Undergraduate Course Requirements.....	16
Master’s Degree Curricula .....	16
Pre-Professional Courses Requirement for the Graduate Degree.....	16
Pre-Professional Courses List .....	17
Required Courses .....	17
Part-Time Study.....	18
Comprehensive Examination.....	18
Advising .....	18
Academic Advising .....	18
Pre-Professional Coursework.....	18
Professional Coursework .....	18
Enrolling for an Academic Overload.....	19
A Grade of Incomplete.....	19
Passing and Failing Grades.....	19
Appealing an Advising Decision .....	19
Progress Monitoring.....	20
Dismissal from the Program .....	21
Poor Academic/Clinical Performance.....	21
Unprofessional or Unethical Conduct .....	21
<b>CLINICAL REQUIREMENTS.....</b>	<b>21</b>
Clinical Calendar .....	21
General Clinical Practicum Policies .....	21
Professional Definition, Identity, and Conduct .....	21
Some General Matters Regarding Clinical Practicum and Supervision.....	21
Clinical Education, Clinical Learning, and Clinical Supervision .....	22
Basic Tenets of Professionalism .....	23
Code of Ethics.....	24
Scope of Practice in Speech-Language Pathology.....	24
Philosophy of Clinical Supervision .....	24
Clinical Supervision.....	25
Evaluation of Associate Clinicians and Clinic Grades.....	25
Clinical Practicum Assessment .....	25
Performance Objectives Associated with all Clinical Practicum Activities .....	25
Clinical Contact Clock Hours.....	27
Observation Hours.....	28
Direct Clinical Contact Hours .....	28
What to Count as Clinical Clock Hours.....	28
Weekly Report of Contact Hours for ASHA Certification .....	29
Final Summary Report of Contact Hours for ASHA Certification in SLP .....	29
On-Site Practicum in the Sheila C. Johnson Center for Human Services .....	30
SJC Clinical Supervisors.....	30
SJC Hours and Clinical Appointments .....	30
SJC Clinic Operations .....	30
Dress Code for Clinical Practice .....	31
Policies & Procedures for the SJC .....	32
Expectations for the SJC Clinical Practicum.....	32
Clinical Externships and Internship Overview.....	34
Standardized Cases via Computer-Based Simulation Training.....	35

<b>BECOMING CREDENTIALLED TO PRACTICE SLP .....</b>	<b>35</b>
ASHA Membership and Certification Manual.....	36
Obtaining the Certificate of Clinical Competence from ASHA .....	36
Virginia State Licensure in Speech-Language Pathology .....	38
Continuing Education and Maintaining Licensure in Virginia.....	38
<b>APPENDIX A.....</b>	<b>39</b>
Core Functions.....	39
Communication.....	39
Motor .....	39
Sensory.....	39
Intellectual/Cognitive .....	40
Interpersonal .....	40
Cultural Responsiveness .....	40
<b>APPENDIX B .....</b>	<b>42</b>
“Blue” Curriculum 2024-2025.....	42
<b>APPENDIX C .....</b>	<b>43</b>
“Orange” Curriculum 2024-2025.....	43
<b>APPENDIX D.....</b>	<b>44</b>
CALIPSO 6-Point Rating Scale at UVA.....	44

# CSD GRADUATE STUDENT HANDBOOK

2024-2025

## Introduction

This Handbook provides students enrolled in the master's degree program with important information about the Communication Sciences and Disorders Program (CSD). We refer to the Graduate Student Handbook frequently and often use the abbreviation: GSH. Study its contents carefully, as it will answer most of your questions. The academic and clinical requirements included in this edition of the Handbook will guide your day-to-day activities in our graduate program. Each year, the Handbook is revised. In future years, you will be bound by new editions of the Handbook in terms of changes to existing policies and procedures in the Communication Sciences and Disorders Program and the UVA Speech-Language-Hearing Center. Comments about how the Handbook might be improved are certainly welcome.

Occasionally, a new or revised policy must go into effect immediately. When that happens, you will be notified.

Program policies and procedures supplement those of the University of Virginia (UVA) and the School of Education and Human Development (EHD), rather than supersede them. Students enrolled in the Communication Sciences and Disorders Program are subject to the policies specified in the School section of the Graduate Record (<http://records.ureg.virginia.edu/index.php>); the Undergraduate Record is the default on this page; you must select the Grad Record in the selection box near the top of the page. Each student must assume responsibility for meeting all deadlines (including those pertaining to registration and fees) pursuant to their graduation.

Associate Clinicians (ACs) are required to comply with all aspects of this Handbook.

## The Graduate Program in Communication Disorders

At their inception, the Communication Sciences and Disorders Program and the University of Virginia Speech-Language-Hearing Center (UVA SLHC) were products of the vision and imagination of two men: Dr. Karl Wallace, Professor of Speech, and Dr. Fletcher D. Woodward, Professor of Otolaryngology. In 1941, their efforts led the Board of Visitors to establish an academic program in speech pathology and audiology and a center for clinical instruction and public service. At the time of its founding, the Speech-Language-Hearing Center was the only one of its kind between Washington, D.C., and Alabama.

The Communication Sciences and Disorders Program offers a baccalaureate degree (B.S.Ed.) in communication disorders, a master's degree (M.Ed.) in speech-language pathology, and a doctoral (Ph.D.) degree in speech-language pathology. Completion of the master's degree program fulfills academic and clinical requirements for obtaining professional credentials in speech-language pathology from the Virginia Board of Audiology and Speech-Language Pathology and the American Speech-Language-Hearing Association (ASHA). The master's degree program is accredited by ASHA's Council on Academic Accreditation in Audiology and Speech Language Pathology (CAA).

Students entering the master's degree program with bachelor's degrees in Communication Sciences and Disorders (CSD) typically complete academic and clinical training in 5-6 semesters. Students entering without undergraduate training in CSD typically require 7-8 semesters to complete all requirements.

Graduates of the M.Ed. curriculum are prepared to practice in a wide variety of professional settings, including hospitals; public and private schools; rehabilitation centers; community clinics; university clinics; federal, state and local government service programs; private health care agencies; and private practices. Graduates are prepared to work with the wide variety of communicative disorders that affect individuals of all ages and cultural backgrounds.

Today, Speech Language Pathology (SLP) and Audiology services are provided through the Sheila C. Johnson Center (SJC). Graduate students provide SLP services under the supervision of licensed and certified supervisors. Further clinical education is provided through externship experiences in settings throughout central Virginia and the United States. In the final semester, clinical education culminates in a full-time clinical internship.

## Program Faculty

### Program Director

LaVae M. Hoffman, Ph.D., CCC-SLP	Speech-Language Pathology	Program Director/Associate Professor
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### Program Faculty

Claire Barbao, M.A., CCC-SLP	Speech-Language Pathology	Clinical Supervisor
Michaela DuBay, Ph.D., CCC-SP	Speech-Language Pathology	Assistant Professor
Filip T. Loncke, Ph.D.	Speech Science/Psycholinguistics	Professor
Margaret Halinski, Au.D., CCC-AuD	Audiology	Clinical Assistant Professor
Amber Handon, M.Ed., CCC-SL	Speech-Language Pathology	Academic Program Officer
Jane C. Hilton, Ph.D., CCC-SLP	Speech-Language Pathology	Clinical Associate Professor
Kazlin Mason, Ph.D., CCC-SLP	Speech-Language Pathology	Assistant Professor
Rebecca Rehm, M.S., CCC-SLP	Speech-Language Pathology	Clinical Supervisor
Randall R. Robey, Ph.D., CCC-SLP	Speech-Language Pathology	Associate Professor
Jaimee Traub, M.S., CCC-SLP	Speech-Language Pathology	SJC Director of SLP Clinical Services & Training

## Guidelines for Planning Time in Graduate School

Graduate courses are intensive, and students are asked to carefully consider the advisability of making extracurricular commitments. For a general sense of commitment, consider the following guidelines:

1. One semester hour (s.h.) of academic credit requires 1 hour per week in lecture and the expectation of 3 hours of preparation outside of class (i.e., reports, reading, assignments, etc.). Thus, a 1-hour academic credit will take approximately 4 clock hours per week or 60 clock hours per semester. Most graduate courses are 3 credit hours. Therefore, a general rule of thumb is that each 3-credit course will require, on average, at least 12 clock hours each week. Some students have learning styles that require more time than average. Consequently, every week of the graduate program requires a substantial amount of time, energy, and effort.
2. One semester hour of clinical credit typically requires at least 5 hours per week. This may include practicum seminar experience, direct client services, consultation with the student's supervisor, report writing, test scoring, etc. Students typically need to spend more than this amount of time while initially acquiring core clinical competencies in SJC and when undertaking new clinical assignments. Thus,
  - a. During initial training in SJC, students typically need to devote 6 to 15 hours per week to their practicum activities and are enrolled in 1 to 2 credits of EDHS 8691 per semester according to the Blue/Orange curricular path. Students who experience difficulties will need to devote more time each week to their initial clinical training.
  - b. During clinical externships (EDHS 8170, 4 credits per semester) it is expected that at least 20 clock hours will be devoted to the clinical assignment each week.
  - c. During the internship semester (EDHS 8800, 9 credits during the final semester) it is expected that at least 45 clock hours will be devoted to the clinical placement each week.

3. The full-time graduate course load during fall and spring semesters is 12 to 17 credit hours. Thus, students will need to devote a minimum of 57 to 75 hours each week to their academic and clinical courses.
  - a. Note that when students are registered for 17 credits, only 13.5 hours per week will be spent in-class with the instructor. The remaining 61+ hours per week of expected study must be governed independently by the student.
  - b. From the very first day, graduate study requires exceptionally well-developed skills in time-management and self-regulated learning. Success depends on deploying these abilities in combination with keen intellect, cognitive flexibility, desire to learn and grow, and emotional-social maturity.

## A Simple Rule Regarding Priorities

*In a clinical training program, no activity, be it a job or any other sort of outside commitment, takes precedence over a clinical assignment. Clinical assignments must command highest priority.*

- A student who does not accept a clinic assignment (for any reason), forfeits the expectation of graduating on time and may not be offered another assignment until every other student has received one. A student failing to meet a standing clinical obligation also forfeits the expectation of graduating on time.
- Nothing is more important for students in a clinical education program than opportunities to practice the profession.

## Program Policies and Procedures

### Equal Rights

The University of Virginia (UVA) does not discriminate on the basis of age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, pregnancy (including childbirth and related conditions), race, religion, sex, sexual orientation, veteran status, and family medical or genetic information, in its programs and activities as required by Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990, as amended, Section 504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, Age Discrimination Act of 1975, Governor's Executive Order Number One (2018), and other applicable statutes and University policies. UVA prohibits sexual and gender-based harassment, including sexual assault, and other forms of interpersonal violence.

The Communication Sciences and Disorders Program at UVA is committed to protecting the safety, welfare, and rights of all students, clients, faculty, staff, and community members. Concerns about safety, welfare, and/or rights should be brought to the attention of a program member: such as professor, clinical supervisor, placement coordinator, program director, or department chair.

At the university level, complaints of discrimination, harassment, and retaliation may be directed to the UVA Office for Equal Opportunity and Civil Rights at [UVAEOCR@virginia.edu](mailto:UVAEOCR@virginia.edu). [Complaint procedures](#) may be found on the [UVA Office for Equal Opportunity and Civil Rights website](#). Complaints may also be filed with the [Department of Education Office for Civil Rights](#), [Equal Employment Opportunity Commission](#), [Commonwealth of Virginia Division of Human Rights](#), and the [Department of Human Resources Management](#).

### The University of Virginia Honor System

- Honor is one of the most cherished traditions at the University of Virginia. The Honor Code is an enormously important and serious matter within the Communication Sciences and Disorders Program at the University of Virginia.
- Within the spirit of individual and collective honor, the faculty and students of the Communication Sciences and Disorders Program form a Community of Trust. Becoming a member in our community-of-trust means carrying out an ongoing commitment to one another: we each refrain from dishonorable conduct (i.e., lying, cheating and stealing). We can, and do, trust one another. The University of Virginia Honor System is entirely student-run.
- As a graduate and a professional degree program, the notion of dishonorable conduct within the Communication Sciences and Disorders Program extends to encompass (a) academic fraud (see <http://honor.virginia.edu/academic-fraud> ), (b) unethical conduct, and (c) unprofessional conduct.



- As a student at the University of Virginia, you will be asked to write and sign the Honor Pledge on exams and assignments, just as generations of students have done before you. The Honor Pledge is:

“On my honor as a student, I have neither given nor received aid on this exam/assignment.” (Signature)

## Open, Honest, and Safe Communication

In a program of study that focuses on communication it is extremely important that we all model open, honest, and safe communication.

The most important step in resolving serious questions is always prevention through open, straightforward, and non-threatening communication leading to positive and productive problem solving.

Faculty members hold three important concerns above all others: (1) the welfare of clinic clients, (2) your preparation for a career in SLP as an alum of the University of Virginia, and (3) the future and well-being of the Communication Sciences & Disorders Program at the University of Virginia. If some aspect of the Program needs to be changed to better serve those interests, it is certainly important that we examine options for making such a change.

We encourage you to become our partners in resolving any unforeseen difficulties through a productive, positive, and goal-oriented process leading to positive solutions that serve the best interests of your career and the best interests our Program.

## Questions, Suggestions, Concerns, and Complaints

1. **First Step:** The first step in resolving a question, a concern, a suggestion, or a complaint is open communication. A student who is not sanguine with some aspect of the Program should first have a discussion with the faculty member most directly involved with that aspect of the Program and explore options for a satisfactory resolution. An unsatisfactory outcome can always be brought before the next-higher administrative level.
2. **Second Step:** If, after discussing the concern with the program faculty member involved, a successful resolution is not forthcoming, a student should speak with the Program Director, Dr. LaVae Hoffman.
3. **Third Step:** If, after discussing the concern with the Program Director, the issue remains unresolved, the student could bring the matter to the attention of the Chair of the Department of Human Services, Dr. Scott Gest.
4. **Fourth Step:** If, after discussing the concern with the Department Chair, the issue remains unresolved, the student could bring the matter to the attention of the Assistant Dean for Undergraduate and Graduate Studies, Dr. Catherine Brighton.

A problem requiring the attention of the Council on Academic Accreditation in Audiology and Speech Language Pathology should be directed to:

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology  
 American Speech-Language-Hearing Association  
 2200 Research Boulevard, #310  
 Rockville, MD 20850

## Email Communication

- Email is the primary, and oftentimes the sole, means for communicating essential information within the Communication Sciences and Disorders Program, the School of Education and Human Development, and the University. It is very important to understand that messages from the Program concerning, for example, grades, clinical hours, clinical responsibilities, comprehensive exams and eligibility for graduation will be sent only through email. Email messages from the Program, School, and University are sent to your University account. Students may have email forwarded from their University accounts to private accounts; however, email from the Program, School and University will be sent only to University accounts. Once the University account has been established, it is the student's responsibility to check for communication from the Program, School, and University on a regular daily basis.

- If you have a change in mailing address, phone number, email address, etc., it is your responsibility to send changes to your Academic Advisor and the department office.

## Communication Screenings

- Speech, language, and hearing screenings are required for all incoming students. Informal screenings will be conducted during clinic orientation. Formal screenings, including hearing screenings, will be scheduled and provided at no cost. Students are encouraged to pursue any recommendations for follow-up made as a result of the screening and any subsequent communication evaluation.
- Because oral communication skills are essential for clinical practice in speech-language pathology, students must demonstrate proficiency before they can begin clinical assignments. Students whose communication skills do not allow them to complete all practicum requirements may not be eligible to apply for ASHA certification. Students who initially are ineligible for practicum assignments may opt to engage in a treatment program to improve their oral communication skills in the SJC. If proficiency can be demonstrated following treatment, the student will be able to complete practicum requirements and apply for ASHA certification following graduation.

## CPR Certification, Health Insurance, TB Test, Hepatitis B Virus and Other Vaccinations

- Current information about UVA pre-entrance requirements, including vaccines, can be found on the UVA website [Pre-Entrance Health Requirements | Student Health and Wellness \(virginia.edu\)](https://www.virginia.edu/student-health/pre-entrance-health-requirements)
- Healthcare professionals who are not correctly and currently immunized pose a significant health risk to their patients, to their co-workers, and to themselves. Most school and adult practicum sites require evidence of complete and current immunizations (e.g., measles, mumps, rubella, polio, hepatitis B, chicken pox, COVID, as well as yearly TB tests and influenza shots).
- Also please note that a large number of practicum sites presently require that the students have, at the student's expense, a physical examination (including TB test and/or chest x-ray, a rubella titer, etc.). Many facilities require immunization for HPV or a signed refusal for the series. In some cases, a formal application for a religious exemption may be possible. However, that possibility, the application process, and the criteria to be met are solely governed and decided within each agency.
- As a result, the Program cannot guarantee that a student who is not currently and properly immunized will (1) graduate on time, if at all, or (2) satisfy the ASHA minimum on clinical clock hours for certification.
- Finally, please note that proof of health insurance coverage is also required by some facilities.

## Writing Style

- For the American Speech-Language-Hearing Association, the official guide to writing style is the 7th Edition of the Publication Manual of the American Psychological Association (<https://apastyle.apa.org/>). By extension, the APA Pub Manual is the writing guide for the Communication Sciences and Disorders Program. Many basic elements of the Manual are available online. Hard copies are available through the UVA Bookstore.

## National Student Speech-Language-Hearing Association (NSSLHA)

- The National Student Speech-Language-Hearing Association (NSSLHA) is a national organization that promotes professional interest among university students in speech-language pathology and audiology. Two kinds of memberships are available: membership in the national association and membership in the local UVA Chapter.
- Joining the National Student Speech-Language-Hearing Association (NSSLHA) is a Program requirement for graduate students. A national membership allows access to ASHA web resources required for classes and clinic.
  - National dues were \$60.00 at the time of publication of this Handbook. Go to this site for current information: [National NSSLHA Membership](https://www.nsslha.org/membership). Purchase *after* September 1 for the best deal.
  - National membership enables students to access ASHA and NSSLHA journals.
  - Further, two years of NSSLHA membership substantially reduces the initial ASHA membership fee.
  - Applications for national membership are available online.

- The local UVA NSSLHA Chapter is a student-run organization that holds business/informational/social meetings, is involved in fundraising and charitable work, and organizes social events. All undergraduate and graduate students in the Communication Sciences and Disorders Program are eligible for membership.
  - Local chapter dues are separate from national NSSLHA membership. In the past, local dues have been around \$40.00 per year. Because the local chapter is a student-run organization, dues are not determined by the program and are subject to change irrespective of the publication of this Handbook.
  - All graduate and undergraduate students are encouraged to participate in the UVA NSSLHA Chapter, but membership in the local chapter is optional for graduate students.
- Chapter officers (e.g., President-elect, Secretary, Treasurer, etc.) are elected each year from the undergraduate membership.
- One program faculty member serves as an advisor to the local NSSLHA chapter and liaison to the faculty and University.

## Financial Assistance

### Anticipated Expenses

- Tuition
- Room and Board. Housing is always an expense during internships/externships.
- UVA Human Resources (HR) will conduct a background check for all students prior to entering the SJC clinic. There is no cost for the student for this background check. Externships and Internships may also require a new or updated background check different from the UVA HR background check. In this case, the student is financially responsible. Drug testing may also be required for externships and internships and is the responsibility of the student.
- CALIPSO is an online program used to track and document clinical experiences, including clinical training clock hours. There is a one-time fee of \$125 that covers the period you are enrolled in the program plus one additional year following your graduation.
- Joining the National Student Speech-Language-Hearing Association (NSSLHA) and maintaining membership throughout the duration of the graduate training program is a Program requirement. Many clinical and academic assignments require access to the “Members Only” ASHA web pages. Further information about joining the local UVA Chapter will be provided to the incoming cohort from the NSSLHA Chapter officers.
- A few supplies are required of each student. These following items must be in your possession when you see a client.
  - Stopwatch (or a stopwatch app)
  - Digital audio recorder
  - Pen Light
  - USB thumb drive
  - Lanyard for your ID Card
- Access to a car is a necessity for commuting to and from internship/externship sites.
- Clinical rotations beyond SJC have additional requirements that must be completed before an external placement can begin, such as updated criminal background checks &/or drug testing, Cardio-Pulmonary Resuscitation (CPR) certification, &/or health status including TB testing, Hepatitis B series, vaccinations, etc. These “on-boarding” requirements vary across agencies and institutions. In each case, the student is responsible for completing all on-boarding activities and must pay for any associated costs.

### Student Wage Employees

- Student Wage Employees (SWEs) make valuable contributions to the Program, as well as to the work of individual faculty members and supervisors. Program operations and faculty productivity depend on the efforts of SWEs. Therefore, it is important that SWEs treat their work assignments responsibly, just as they would any other job. For example, SWEs should expect to work the full number of hours they have committed to work each week. If SWEs are expected to work on a fixed schedule, they should report reliably and on-time. Typically, SWEs are expected to work from beginning of classes through to clinic closing. Program student wage position assignments are made for a single academic year and do not extend into the summer. Students are eligible for

program student wage positions only during the *in-house* portion of their program of study. Essentially, this means that students who are enrolled in the Blue curriculum are eligible to work as a wage employee during their first academic year (first fall and first spring semesters). Students who are enrolled in the Orange curriculum are eligible for paid work positions during their first and second academic years (fall and spring semesters only).

## Financial Aid

- The University offers financial assistance to graduate students through a variety of programs: student wage employment, fellowships, assistantships, work-study plans, loans, etc.
- Student Financial Services provides detailed information about each of these programs, including the criteria for awards, application procedures and filing deadlines (<http://sfs.virginia.edu>).
- Typically, with satisfactory progress and the availability of funds, students are eligible for internal financial support on a competing basis. Student-wage employment is awarded on a yearly basis. Students are eligible for student-wage employment in the fall and spring semesters (not summers) and only during the *in-house* phase of their graduate programs.
- The ASHA website includes information about numerous sources of financial aid (<http://www.asha.org/students/financial-aid> ).
- Every year, the Communication Disorders Foundation of Virginia (<http://www.cdfvirginia.org/>) offers scholarships to graduate students in Communication Disorders who are attending a university in Virginia. The application deadline is usually in the spring of each year; but be sure to check.

## Students with Special Needs

- The student must provide documentation of the disability to the UVA Student Disability Access Center (SDAC) (<https://www.studenthealth.virginia.edu/sdac> ). SDAC will contact the instructor(s) with suggestions for accommodations.
- It is then the student's responsibility to proactively communicate with the instructor of record for each course to establish a plan for accommodation. Any student who has a documented disability that might interfere with performance in courses or clinical practicum should schedule a private meeting at the beginning of each semester with the instructor of record for each enrolled course.

## Library Facilities

- Most journal articles are available on-line through the UVA Library. Some books and journals relevant to our field will be found in Edgar Shannon Library. Many other journals and texts will be found in the Health Sciences Library, the Science and Engineering Library, and Shannon Library. Library hours are posted on the web. Information about the UVA Library system (composed of 12 libraries) can be found at <http://www.lib.virginia.edu/>

## Emergency Procedures

### Evacuation Preparedness

- Emergency preparedness and emergency responses are detailed in the Emergency Information web page: <https://uvaemergency.virginia.edu/> and the Emergency Planning page: <https://uvaemergency.virginia.edu/plans>
- Emergency evacuation maps are posted in Bavaro and Ridley Halls, as well as the Dell buildings. Ensure that you are aware of the evacuation route whenever you enter any building on- or off-Grounds.
- **When Calling 911 for any sort of emergency, be prepared to provide the following information:**

The Street Address: 417 Emmet Street South

The office number or exact location on the floor

## Shelter in Place or Evacuate

- The University will tell us how to respond to an emergency situation. Sometimes, that direction is to shelter-in-place and that is what we will do. In other situations, the University may direct us to evacuate the building.

## UVA Alerts – Emergency Text Messaging

- The University of Virginia employs an emergency notification service called UVA Alerts as a tool for reaching students, faculty, and staff in critical emergency situations. The UVA Alerts service is designed for students, faculty, and staff who will be affected directly by an emergency on the University Grounds or nearby areas. Members of the University community may register for UVA Alerts at [UVA Alerts | Emergency Management \(virginia.edu\)](#). Some frequently asked questions about this service are provided below:
- Why should I get UVA Alerts?
  - Text messaging is more reliable in emergency situations when communication systems reach high capacity. Text messages will get through when phone calls won't.
  - You will receive alerts through your smartphone anywhere, even when you do not have access to a computer.
- What will the UVA Alerts tell me?
  - A short text message will state the type of threat and indicate suggested action. For instance, in the case of a chemical spill: "CHEMICAL SPILL ON GROUNDS. AVOID (LOCATION).
  - DETAILS AT WWW.VIRGINIA.EDU." Because the messages must be brief, you may be directed to go to the University's Web site ([www.virginia.edu](http://www.virginia.edu)) where details will be available.
- How many UVA Alerts text messages will I receive?
  - The exact number of UVA Alerts messages is difficult to predict, but there should be very few. There will be occasional tests of the system, but the aim is to alert you only to emergency situations in which there is an imminent threat to public safety. You will receive messages within seconds of their transmission. If your cell phone is turned off when a text message is sent, you will receive it after you turn your cell phone on, but only if you do so within seven days from the original transmission.
- What do I need to get UVA Alerts and how much does it cost?
  - All you need is a cell phone with text messaging capabilities. There is no charge to users for signing up. Individual cell phone plans will apply normal charges for the text messages.
  - Note: All landlines, most Tracfones, and some pay-as-you-go phones will not register on the UVA Alerts system. This is a limitation of the phone providers.
- How do I sign up for UVA Alerts?
  - To register, you do need to have your cell phone handy. Complete the New User Signup Form. On the form you will be asked to create a password for your UVA Alerts account and provide your mobile phone number and carrier information. After submitting the form, you will receive a text message that will include a 4-digit validation code. You must enter the validation code on the confirmation web page and click the "Validate" button. You will then automatically be forwarded to a "Thank You" page. Once validated, you may login to your UVA Alerts account and enter your preferred email address and additional mobile phone number (e.g., a parent's mobile phone number).
- *An important reminder: The UVA Web site is the primary and most complete resource for current emergency information. The UVA Alerts text messaging service is just one of the methods the University will use to communicate emergency information. If appropriate, global emails, the telephone switchboard, flyers, local media and other communication tools will also be used.*

## Central Role of Learning & Performance Objectives in a Clinical Curriculum

### Learning and Performance Objectives

Mastering the full set of clinical competencies in the SLP Scope of Practice is the primary objective in obtaining the clinical degree (M.Ed.). Those competencies are operationalized in our curriculum as learning objectives or clinical

performance objectives. We use the overarching term “performance objectives” to emphasize that you must demonstrate, or perform, SLP clinical competencies with your supervisors while working with clients.

We teach and assess each of the learning and performance objectives throughout the curriculum. Satisfaction of each learning and performance objective is systematically tracked for each student through CALIPSO which serves as the archival source for ASHA certification.

## Progress in Mastering the Set of Learning and Performance Objectives

### Learning and Performance Objectives and Beginning Clinicians

- Building your clinical skills is like any other learning experience: it takes practice; it takes reflection; it takes more practice. The first time any of us try a new skill, our performance is never the best performance we eventually achieve. That learning curve is normal and when we see it, we understand it for what it is. Importantly though, we won't ignore a sub-standard performance (for whatever reason). Rather, we will always address it in the spirit of fostering further development – and never in the spirit of fault finding.
- Fostering or facilitating the clinical growth of any student is an individualized enterprise. Supervisors consider the learning status and the learning needs of each student on a case-by-case basis. Therefore, how a supervisor responds to one student likely differs from how that same supervisor responds to another student. Ultimately,
  - a Supervisor may clarify expectations, perhaps make a reading assignment, maybe make an observation assignment, assign some other learning experience, implement other learning strategies/styles, engage in a roleplaying exercise, demonstrate the expected behavior, ask a series of Socratic questions, or respond in some other fashion/approach that the supervisor deems appropriate for that student, that client, and that situation.
  - As always, your questions are essential in this growth process.

### Learning and Performance Objectives in the Greater Context

- Recall though that our primary objective is to ensure that before graduation every student becomes an independent entry-level clinician capable of (a) making high-stakes clinical decisions and (b) implementing those decisions safely and competently. Clinical growth is both the fundamental and the premium necessity for completing the degree on schedule. The learning curve is steep and the calendar for on-time graduation is relatively brief.
- CALIPSO systematically tracks your academic and clinical activities. As such, it provides you with current information about your progression through your program of study. Access your “Knowledge and Skills Acquisition (KASA) Form” and “Clinical Education Checklist” in CALIPSO to monitor your individual progress. Every element on these forms must be completed prior to graduation. Without the signature of the Program Director attesting to the successful completion of all components of your training program, certification is not possible. Therefore, a demonstrated lack of progress in mastering the learning and performance objectives makes it impossible for an individual to become a Speech-Language Pathologist since these are the very skills required for that career.

### Learning and Performance Objectives and Improvement Plans

- If a student is truly struggling with one or more learning or performance objective(s), we must create, implement, and assess an Improvement Plan. These plans are not necessary for most students, but when a student is not growing within the usual trajectory, an improvement plan offers an important support.

*Improvement plans are a means for faculty members to assure the complete and timely growth of each student in a structured and systematic fashion, as well as for students to have a clear understanding of the areas in which they are not demonstrated adequate growth and how they can rectify a deficit.*
- Several of our alumni successfully completed an Improvement Plan at some point.

### The Nature of Improvement Plans

- When a performance objective is not successfully demonstrated in the normal course of events, an instructor (1) creates an Improvement Plan, (2) establishes a criterion for a successful completion, (3) establishes a calendar for completing the plan, (4) implements the plan, (5) re-assesses the performance objective, and (6) reports the results to the faculty.

- a. In academic classes, a student must demonstrate the successful completion of a failed learning or performance objective by the last day of classes in the following semester. Sooner is better. The form of demonstration is the prerogative of the instructor and is not necessarily the same instructional or assessment means as required in class. Failure to complete the plan on schedule suspends clinical privileges until a satisfactory performance is demonstrated.
- b. In any clinic assignment, the supervisor(s) define a deadline for completing an Improvement Plan within the same semester. The schedule may consist of a few days or weeks.
- c. Once a deficient skill has been identified and an individualized learning path has been explicated in an improvement plan, most students make efficient and rapid progress in demonstrating acquisition of the necessary skill(s). Continued difficulty mastering a skill for which an improvement plan has been developed is often an indicator that the career path might not be a good fit for the student. An initial improvement plan provides the opportunity for a student to acquire important skills with additional support and guidance. However, if a student struggles to meet the learning challenges within the improvement plan, or requires more than one improvement plan, the probability of successfully completing the graduate program decreases significantly.
- d. Performance on all already-completed performance objectives continue to be monitored throughout the program for each student. A less than satisfactory performance on a learning or performance objective that has already been established initiates a personalized Improvement Plan for that student. In effect, instruction for achieving the performance objective is started over.

## Lack of Progress in Mastering the Learning and Performance Objectives

### The Nature of Insufficient Clinical Progress

- Once in a while, a student struggles far in excess of (a) typical start-up challenges or (b) an initial need for an Improvement Plan.
- For example, a student might struggle with ...
  - understanding or recalling basic clinical knowledge,
  - translating book knowledge to clinical planning, decisions, and actions, delivering services at the speed required in clinical practice,
  - understanding -- in-the-moment -- when a plan is no longer appropriate,
  - appropriately adapting -- in-the-moment -- when a plan is no longer appropriate,
  - relating appropriately to clients or family members in an interpersonal sense or communicating effectively with clients or family members.
- Most often, a student demonstrating one or more of these struggles is ultimately successful in overcoming their clinical-learning challenges.
- But not everyone is cut out to become a successful clinician. For instance, someone who cannot retain and translate academic content into moment-by-moment decisions and actions while working with a client cannot meet the required standards of clinical practice. Likewise, someone who is painfully shy, just cannot remain painfully shy and become a successful clinician.
  - It is certainly possible for people who have naturally introverted personalities to become successful speech language clinicians. This does, however, require the rapid development of a clinical persona (interactive style) which the associate clinician can deploy for the purposes of meeting their clients' clinical needs. SLPs activate their own social strengths to help clients develop improved communication abilities. Therapeutic services require clinicians to have interactive skills that are well-developed enough to ensure that the associate clinician is primarily focused on the clients' needs rather than the associate clinician's own personal comfort.

### Our Approach to Managing Insufficient Progress

- There is only one criterion for success in clinic: independent clinically competent performance. That is, a student must independently demonstrate the necessary skill set.
- For a student who is not achieving the expected clinical performance growth trajectory, we provide two streams of information and support.

- First, we provide our very best collective efforts in supporting a student to bring about the necessary clinical growth.
- Second, based upon our observations, we provide our frank and honest estimate of how long it might take to achieve the performance-objective expectations.
- Importantly, although the schedule may be open to alteration, the criteria for success cannot be adjusted. The only variable open to manipulation is time-to-completion.
- We begin providing both streams of support and information as early as possible. It's important that a student understands the situation, understands the criteria on performance expectations, understands the path forward, and, when necessary, understands the possible costs of extending their Program of Study (e.g., time and tuition).

### Policy: Insufficient Progress in Accomplishing Performance Objectives in Clinical Assignments

1. During clinical training, unsatisfactory performance necessitates the implementation of an Improvement Plan.
2. During clinical training, failure to complete one or more goals on an Improvement Plan(s) by the end of the semester results in:
  - a. A failing grade. This places the student on academic warning (a.k.a., “academic probation”).
  - b. Clinical clock hours that were obtained during substandard clinical performances are removed from the student’s clock hour record and cannot be counted for ASHA endorsement.
  - c. A required repetition of the same type of clinical assignment. In most cases, this will lengthen the student’s program of study.
  - d. A passing grade on the second attempt removes the failing grade as a factor in determining student status (i.e., the student is no longer on academic warning.)
  - e. A concurrent second failure, however, leads to dismissal from the Program. The broader policy in this handbook clarifies that a second concurrent course failure, whether academic &/or clinical, leads to dismissal.
3. When repeating a clinical assignment in a new semester, a student must enroll in the clinical course specified by the Clinical Training Team (CTT).
4. When the failed assignment was an externship or internship, the subsequent enrollment may be a repetition of the same type of off-site clinical assignment or it could be a return to the SJC Clinic, as determined by the External Placement Coordinator(s) in collaboration with the Clinical Training Team.
5. A student who withdraws from a clinical enrollment must repeat the same type of clinical assignment in the following semester.
  - a. Substandard clinical performance at the time of withdrawal, as documented on CALIPSO assessments or session feedback, will void clinical clock hours associated with the assignment.
  - b. The Clinical Training Team will review the student’s clinical performance at the time of the withdrawal to determine whether the clock hours associated with the assignment may be retained or must be voided. External Placement Coordinator(s) will collaborate in this decision when the placement was outside of SJC.
6. In the event that a student is terminated by an off-site clinical-placement institution, a failing grade results.
  - a. If it becomes necessary to end a practicum assignment and remove a student from a site because of professional, ethical, or competency-based reasons, the final clinical grade will be fail/unsatisfactory.
  - b. Furthermore...
    - i. Clinical clock hours obtained under substandard clinical performances are not counted for ASHA endorsement.
    - ii. The student must enroll for a clinical assignment determined by the Clinical Training Team. The repetition likely requires an extension of the Program of Study. A passing grade on the second attempt removes the failing grade as a factor in determining student status (i.e., probationary).
- Underpinning all of this section in the Handbook is the fact that the M.Ed. degree in SLP is a clinical degree and a prerequisite for achieving ASHA certification. There is no non-clinical option for the M.Ed. A non-clinical master’s degree in SLP, or some other alternative to the SLP degree, just doesn’t exist in the School of Education and Human Development. When mastering the performance objectives on a realistic and reasonable trajectory becomes unlikely, faculty members initiate career counseling and/or refer the student to career counseling services at the University. A student may withdraw from the University or explore changing programs of study.



- The most important step in resolving serious questions is always prevention through open, straightforward, and non-threatening communication leading to positive and productive problem solving.
- Faculty members hold three important concerns above all others: (1) the welfare of clinic patients, (2) your preparation for a career in SLP as an alum of the University of Virginia, and (3) the future and well-being of the Communication Sciences and Disorders Program at the University of Virginia. If some aspect of the Program needs to be changed to better serve those three interests, it is certainly important that we examine options for making such a change.
- We encourage you to become our partners in resolving any unforeseen difficulties through a productive, positive, and goal-oriented process leading to positive solutions that serve the best interests of your career and the best interests our Program.

### Policy: Insufficient Progress in Accomplishing Learning Objectives in Academic Classes

- A student must demonstrate successful completion of a failed learning objective by the last day of classes in the following semester. The form of demonstration is the prerogative of the instructor and is not necessarily the same instructional or assessment means as required in class. Failure to do so suspends clinical privileges until satisfactory performance is demonstrated.
- Performances on previously completed learning and performance objectives are monitored throughout the program for each student. A less-than-satisfactory performance on an objective at any point initiates a personalized Improvement Plan for that student. All Improvement Plans are monitored until satisfactory performance is demonstrated.

## Academic Requirements

### Overview of Calendars

Two very important points:

1. Importantly, the Clinic Calendar and the Academic Calendar may differ slightly. Pay careful attention to each.
  - a. For all SJC clinic matters, follow the Clinical Calendar, as found in the EDHS 8691 Canvas site.
  - b. For all academic matters, follow the information in your course syllabi and the UVA Academic Calendar as can be accessed via the University Registrar website at <https://www2.virginia.edu/registrar/calendar.html>.
2. In addition, you must follow the timeline of steps and due dates for establishing externships and internships. This information can be found in the CSD Off-Grounds Placements Canvas site.

### Undergraduate Course Requirements

To be eligible to begin the graduate program of study, students must have successfully completed the undergraduate college-level coursework required for ASHA certification.

- A review of official transcripts prior to enrolling in the graduate program must confirm that the student has passed, with a B- grade or better, a 3-credit course in each of the following subjects:
  - Biology
  - Physics or Chemistry
  - Social or Behavioral Science
  - Statistics
- Coursework from massive open online courses (MOOCs) cannot be accepted to fulfill this requirement.
- A student who has not completed one or more of these courses may defer enrollment for one academic year. Deficiencies beyond that time will require the student to re-apply for admission to the graduate program in a future year.

### Master's Degree Curricula

#### Pre-Professional Courses Requirement for the Graduate Degree

- The following pre-professional courses may be taken prior to, or concurrent with, graduate courses.

- Students may wish to take pre-professional courses prior to their first Fall Semester at the University of Virginia. UVA titles and course numbers are listed here but equivalent coursework may be accepted, as determined by the student's advisor.
- Decisions of this nature can be made only by the assigned advisor (in concert with academic advising policies). To substitute for a UVA pre-professional course, a grade of B- or better is required.
- Students with undergraduate degrees in communication sciences and disorders who enter the graduate program without having taken and passed (with a grade of B- or better) the equivalent of all UVA pre-professional courses must do so at the graduate level. Adding courses to the graduate curriculum may extend a student's program.

## Pre-Professional Courses List

Course #	Course	Credit Hours
EDHS 4020	Clinical Phonetics	3
EDHS 4030	Introduction to Speech and Hearing Science	3
EDHS 4040	Anatomy and Physiology of the Speech and Hearing Mechanisms	3
EDHS 4050	Introduction to Audiology	3
<b>TOTAL</b>		<b>12</b>

## Required Courses

Course #	Course	Credit Hours
EDHS 4020	Clinical Phonetics	3
EDHS 4030	Introduction to Speech and Hearing Science	3
EDHS 4040	Anatomy and Physiology of the Speech and Hearing Mechanisms	3
EDHS 4050	Introduction to Audiology	3
EDHS 7020	Evidence-Based Practice	2
EDHS 7040	Cognitive Linguistic Development	3
EDHS 7060	Disorders of Phonology and Articulation	3
EDHS 7080	Disorders of Fluency	3
EDHS 7090	Disorders of Voice	3
EDHS 7120	Prevention, Assessment, Intervention I	3
EDHS 7140	Autism and Related Disorders	2
EDHS 7180	Habilitative Audiology 1	3
EDHS 7190	Neuroanatomy and Neurophysiology of Communication, Swallowing, & Cognition	3
EDHS 8020	Disorders of Communication: Augmentative and Alternative Systems	3
EDHS 8030	Neurogenic Communication Disorders	3
EDHS 8090	Disorders of Language I	3
EDHS 8100	Disorders of Language II	3
EDHS 8120	Disorders of Communication Based in Cognitive Dysfunction: Adults	3
EDHS 8130	Dysphagia	3
EDHS 8150	Clinical Seminars	2
EDHS 8170	Clinical Externship in Speech-Language Pathology: Adult & Low Incidence	4
EDHS 8170	Clinical Externship in Speech-Language Pathology: School	4
EDHS 8691	Clinical Practicum Communication Disorders (Blue = 4 credits, Orange = 5 credits)	4 or 5
EDHS 8800	Clinical Internship in Speech-Language Pathology	9
EDHS 8801	Speech Language Pathology Capstone	3
<b>Total maximum</b>		<b>82</b>

\*\*See Appendices B and C for Blue Path and Orange Path specific curricula\*\*

## Part-Time Study

- Only in extenuating cases is part-time status possible. The Advisor and Program Director must agree to a request for part-time status. Courses, however, are only offered when normally scheduled. Part-time students must enroll in a minimum of two courses each consecutive semester and complete the degree within a period of five years. Further, students need to make themselves available for all clinical assignments (UVA SJC, two externships and one internship). The times at which courses are offered cannot be changed to accommodate part-time students.

## Comprehensive Examination

- Students register for 3 credits of EDHS 8801 SLP Capstone during the final semester of the program for the purpose of preparing for and completing Comprehensive Examinations and meeting certification verification requirements.
- The Comprehensive Examinations occur in two parts. First, students must obtain a passing score on the Praxis Examination. A passing Praxis score makes a student eligible to take the Program Comprehensive Examination. Passing both parts of the comprehensive exam is required for graduation. Completing clinical training across the lifespan and the breadth of the scope of practice in speech language pathology is also required prior to graduation. Students are expected to have successfully completed at least 375 direct contact hours of clinical training by the end of classes and must have submitted all documentation by the announced due dates to be eligible for graduation.

## Advising

### Academic Advising

- Incoming students receive preliminary advising materials during the summer. The advisor creates the student's Program of Study. A copy is given to the student and a copy is kept in the student's advising file. The student may then register for Fall Semester classes. Students are encouraged to schedule meetings with their advisors in each subsequent semester. Students who wish to consider the thesis option should discuss this with the academic advisor.
- Only a student's academic advisor can make decisions regarding a student's academic program, and all decisions must be consistent with established academic policies.

### Pre-Professional Coursework

- For students entering the graduate program with undergraduate preparation in communication sciences and disorders (CSD), courses in Basic Human Communication Processes may fulfill pre-professional coursework requirements at UVA. For example, courses in Anatomy and Physiology of the Speech and Hearing Mechanisms, Phonetics, Speech and Hearing Science, and Audiology that are judged by the student's academic advisor to be equivalent to UVA 4000-level courses will be accepted. A college level course in statistics may also be accepted. Decisions are made by the student's advisor during the advising period that precedes the beginning of Fall Semester classes. A course from another university cannot substitute for a UVA pre-professional course unless the student earned a grade of B- or better. Students with undergraduate degrees in CSD who enter the graduate program without having taken and passed (with a grade of B- or better) the equivalent of all pre-professional courses must do so at the graduate level, however this may necessitate a longer Program of Study.
- When developing a student's Program of Study, the following requirements will be observed:
  - A course in Hearing Science or a course in Speech Science cannot replace EDHS 4030, Introduction to Speech and Hearing Science. Students must have taken a course or courses that cover both areas.
  - Students must have taken a college-level statistics course.
  - EDHS 4050 Introduction to Audiology (or equivalent) is a prerequisite for EDHS 7180; these courses cannot be taken concurrently.

### Professional Coursework

- Graduate-level courses completed at other ASHA-accredited programs in CSD may be accepted as replacements for up to six credit hours of Professional Coursework (i.e., 7000- and 8000- level courses at UVA), contingent upon approval from the student's academic advisor and the UVA course instructor. Decisions are

made during the advising period that precedes the first day of classes. The student must have earned a grade of B- or better in the course proposed as a replacement and provide a course syllabus, catalog description, and evidence of the course's graduate status.

- Policy and practice concerning independent studies (i.e., enrollments in EDHS 7993) are consistent with the requirements of the School of Education and Human Development. Students who are considering an independent study should note that:
  - Only under exceptional circumstances will a student be permitted to take an independent study in lieu of a regularly scheduled course.
  - For an EDHS 7993 enrollment to be considered, workload, content, and evaluation criteria must be equivalent to those of the regularly scheduled course. The student is responsible for developing a written proposal that includes specific details required for the Independent Study Contract.
  - Approval is based on an assessment of the student's proposed plan of study (i.e., title, credit hours, instructor, dates of course, topics/content, description of learning activities, readings, evaluation criteria, etc.) and the faculty member's projected workload.
  - Enrollment requires the approval of the prospective instructor, the student's advisor, and the Program Director.
  - Once approved, an Independent Study Contract is must be completed and submitted in accordance with EHD instructions.

### Enrolling for an Academic Overload

- Students seeking an overload enrollment (i.e.,  $\geq 18$  credit hours) must petition the Associate Dean for Academic Affairs of the School. Before the petition moves forward, the request must be approved by the Academic Advisor.

### A Grade of Incomplete

- A grade of 'incomplete' (INC) is issued when an instructor decides that there is just cause for extending the deadline to submit all course requirements.
- A grade of INC cannot be issued to avoid a failing grade. An INC may not be used to allow a student to "raise a grade" past the end of a semester.
- Once an INC is issued, the requirements need to be completed as soon as possible. An INC is permanently converted to an F after 200 calendar days, or sooner, as per EHD standard procedures.
- Once the requirements are completed, the instructor will issue whatever grade has been earned.

### Passing and Failing Grades

- A grade of B- or better is a passing grade. Grades of C+ or lower constitute failing grades.
- **Academic Courses:** A failing grade in an academic course means that the course must be retaken (as a new and separate enrollment) and passed when next offered. It is not possible for students who fail an academic course to retake the course as an independent study. Failing an academic course usually lengthens the student's program of study.
- **Clinical Courses:** A failing grade in a clinical course means (a) the clinical enrollment must be re-taken covering the same type of clinical setting/assignment (as a new and separate enrollment), (b) that the clinical clock hours will not be endorsed to ASHA, and (c) graduation is likely set back by a semester or more. A student who is terminated by an externship or internship site will receive a grade of fail/unsatisfactory.
- **Academic/Clinical Standing:** A student who is passing courses and completing Learning and Performance Objectives on schedule is said to be in Good Academic/Clinical Standing. A student who receives a failing grade in an academic or clinical course is on Academic Warning. A student receiving a passing grade on a second attempt at a previously failed course is re-instated to Good Academic/Clinical Standing.

### Appealing an Advising Decision

- A primary goal in advising is to make advising decisions as consistent as possible from situation to situation and from student to student – thereby assuring fairness to all. Hopefully, all advising decisions work well for both students and faculty. However, students have certain rights and we want you to be aware of them.

- A student wishing to petition for exception to an academic policy should make the case to the advisor who will bring the matter before the entire faculty for a decision.
- A student wishing to appeal an advising decision should make the case to the Program Director.
- A student wishing to appeal a decision made at the Program level should speak with the EDHS Department Chair, Dr. Scott Gest.
- A student wishing to inquire about an accreditation matter should contact the Council on Academic Accreditation in Audiology and Speech Language Pathology:

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology  
 American Speech-Language-Hearing Association  
 2200 Research Boulevard, #310  
 Rockville, MD 20850

## Progress Monitoring

- The M.Ed. is an advanced academic degree that includes a clinical training component. To complete the degree, students must achieve rapid and continual development of concepts and clinical skills throughout the duration of the program of study. Each student is responsible for monitoring their own academic and clinical development in collaboration with Program faculty.
  - CALIPSO provides complete and current records of each student's progress through the coursework and clinical training experiences that lead to graduation and preparation for a career as a practitioner in speech language pathology.
    - Knowledge and Skills: Progress through the academic curriculum is updated by the program director after each semester in the KASA Courses section of CALIPSO.
    - Clinical Training: Progress in the acquisition and performance of clinical skills is documented within CALIPSO through evaluations that are submitted by each student (self-assessments) and clinical supervisor at midterm and the end of every semester during every clinical rotation, both internal and external. Clinical clock hours are also submitted by students and approved by supervisors within CALIPSO.
  - Each student is responsible for accessing CALIPSO records on a continuing basis to monitor their progress throughout their programs of study. Complete step by step instructions and video tutorials are provided within CALIPSO. As always, faculty and supervisors are available and willing to assist any student who encounters difficulty.
- Program faculty meet at least once each month to collectively serve the ongoing needs of the program and its students. A standing item on the agenda each month is the discussion of student progress. Individual students are identified for the purpose of highlighting exceptionally good performance or addressing concerns related to inadequate performance. In this manner, the academic and clinical components of our training program remain united in our efforts to support student achievement.
- The Clinical Training Team (CTT) meets on regular basis to review the acquisition of core competencies of all students who are completing clinical rotations in SJC. External Placements Coordinators consult with CTT regarding external placement assignments and students' continuing development of clinical skills in Off Grounds rotations.
- Faculty often copy one another on emails. We have a complex program and faculty fill multiple roles and responsibilities. We keep one another updated on a continual basis to promote a coordinated student experience.
- The purpose of these activities is to identify any possible early-warning signs that may jeopardize success in (a) the classroom, (b) clinic, (c) offsite placements, or (d) your career. In our experience, all occurrences of serious problems have been preceded by early indicators.
- Thus, our objectives are to (1) identify, as early as possible, any matter that might be a precursor to a larger concern down the road, and (2) to intervene as thoughtfully, as discretely, and as early as possible in order to provide the greatest opportunity for student success.

## Dismissal from the Program

Two policies govern dismissal from the Program: (1) poor academic/clinical performance, and (2) unprofessional or unethical conduct. A description of each follows below.

### Poor Academic/Clinical Performance

A student receiving a second failing course grade, that is two concurrent failing grades, is dismissed from the Program.

### Unprofessional or Unethical Conduct

Unprofessional or unethical conduct would be grounds for dismissal. Examples include:

- Unprofessional or unethical conduct, for any reason, interfering with the clinical management of an individual having a communication disorder.
- Unprofessional or unethical conduct, for any reason, interfering with professional relationships with clients, colleagues, instructors, or Off-Grounds supervisors.
- Lying, cheating, or stealing

## Clinical Requirements

### Clinical Calendar

- a. SJC clinic beginning and ending dates correspond with the UVA calendar. Consult the syllabus for EDHS 8691, available in the course Canvas site.
- b. Although external placements also begin and end with the UVA calendar, holidays are determined by the external agency.

## General Clinical Practicum Policies

### Professional Definition, Identity, and Conduct

- The professional title of students assigned to clinical duties is Associate Clinician.
- Your UVA email account must be used for all communications during your program of study. As such, any email automatic signature that you set up must be accurate and appropriate for a professional environment. An appropriate email signature of students would be:

FirstName LastName, B.A. (or bachelor's degree designator)  
Associate Clinician, Communication Sciences and Disorders Program  
University of Virginia

It would also be appropriate to simply sign your full name. Alternatively, you may sign your full name followed by a comma and "graduate student".

- Do not include "Class of" or expected graduation date.
- Do not refer to yourself as a "candidate" for a degree.
- Please adhere to professional business writing standards when sending emails to professors and clinical supervisors. At a minimum, that means that you should not begin your email with "Hey" "Howdy" "What's up" or sign off with "Peace" "later" "luv" or other colloquial expressions.
- Associate Clinicians are expected to conduct themselves as professionals. It is required that they will dress in a manner appropriate to professional contact with the public (see Dress Code section). Formal address (Dr., Mx., Mr., Ms., Mrs., Miss) is always used.
- Associate Clinicians and all students observing clinical operations are bound by the ASHA Code of Ethics <http://www.asha.org/Code-of-Ethics/>

### Some General Matters Regarding Clinical Practicum and Supervision

- Clinical practica are an essential component of graduate education in speech-language pathology. Clinical practice is not only the opportunity to apply theoretical knowledge acquired in academic courses, it is the training ground for mastering the full skill set required for clinical practice, including interpersonal

communication, writing skills, professional conduct, behavior management, evidence-based practice, as well as business related aspects of speech-language pathology such as billing and reimbursement.

- At UVA, the first 15 - 35 hours of every student's clinical training take place in the SJC. During this initial training, associate clinicians must acquire core clinical competencies. During this *in-house* period, students are also completing academic coursework on the Grounds of UVA. Once the introductory training is completed under the supervision of UVA SJC clinical supervisors and a student is judged clinically competent by UVA clinical supervisors, rotations in offsite facilities begin.
- After acquiring basic core clinical competencies in SJC, each student is required to complete at least two externships (EHDS 8170). One of these externships takes place in a public school and the other is fulfilled via clinical training using standardized cases involving services for adults, as well as low incidence disorders with pediatric and adult clients.
- Following the successful completion of both required externship rotations, each student completes one full-time semester-long internship (EHDS 8800) during their final semester.
- Associate Clinicians in the SJC are carefully supervised. At the supervisor's discretion, the nature and amount of clinical supervision will be adjusted according to the experience and ability of the Associate Clinician.
- Decisions regarding client evaluation and management shall be implemented or communicated to the client only after approval by supervisor.
- The supervisor must approve termination of therapy.
- Students should expect regular feedback from their supervisors. Feedback may be delivered in verbal or written modalities. The purpose of feedback is to identify areas of performance that offer growth opportunities for the associate clinician.
  - a. When supervisors highlight portions of a clinical session that should be improved, they are supporting your success by providing guidance that can only be obtained from a seasoned professional.
  - b. Every professional begins as a novice. Supervisors' feedback shines a light on where you can improve your skills in order to move you toward independent clinical competence.
  - c. If you have questions, schedule a meeting with your supervisor.
- Supervisory conferences may be scheduled by either the supervisor or the Associate Clinician.
- Cell phones should not be used to view the time while in a treatment room. Cell phones must be turned off when working with clients/family members.
- Students should have a watch, or some means of tracking elapsed seconds and minutes. This is a necessary component of collecting session data.
- Diagnostic and therapy sessions begin promptly at the scheduled time.
- Tardiness or failing to show up for a scheduled appointment with a client or supervisor is unprofessional and unacceptable clinical conduct. The supervisor and/or clinic director will follow up with the student to examine the cause and seek solutions. Difficulties with timeliness will be reflected in the student's clinical evaluation(s).
- Associate Clinicians are responsible for returning all diagnostic and therapy materials to their designated locations.
- Nonfunctional equipment should be reported immediately to the supervisor.
- Students are responsible for using appropriate procedures to clean the equipment, materials, and environment (see Infection Control,).

### Clinical Education, Clinical Learning, and Clinical Supervision

- Different Supervisors have different views regarding supervision and different methods regarding Speech-Language Pathology.

**That is true of every clinic and every university.**

- To ensure equity and fairness to all students, we systematize many of our supervisory processes. Beyond that though, there is sometimes more than one efficacious means to a common end. A professional fact of life is that you will be dealing with different supervisory styles and expectations in just about every setting in which you practice. Manage it and try to benefit from different learning opportunities.

- Different Associate Clinicians have different clinical learning needs and strengths. Furthermore, not everyone learns the same way. For educators and supervisors, that is a fact of professional life; a part of our job is to work with different students in different ways to establish clinical competency. That means that the assignment of a client to an Associate Clinician is calibrated to that student's level of progress and current goals.
- We have three overriding goals in working with Associate Clinicians: (1) protect the welfare of our clients, (2) meet the learning needs of each graduate student to help them master all of the clinical competencies, and (3) treat all Associate Clinicians as equitably and fairly as possible.
- The fundamental point is that clinical training is not like manufacturing cars on an assembly line; it is not a matter of identical input equals identical output and, therefore, teaching actions will rarely be identical across students and supervisors. Each graduate student brings unique strengths and needs to the process. Providing a good clinical education for each individual student in a diverse group of learners is enormously complex. Faculty members meet continuously in regularly scheduled and ad hoc meetings to make certain we are getting it right for each individual.
- There is another very important factor at play in all of this: privacy. The background issues pertaining to each student are strictly a matter of privacy. We hold that privacy paramount. We will fashion interventions/lessons/activities on an individual basis, and we will implement them as discretely as possible. However, in the middle of a client session, an intervention is necessarily public. We will do that with a goal of upholding the dignity of every student. What we won't do is to publicly justify the reasons for one intervention or another and/or violate the privacy of confidential information. We ask that you also respect those boundaries and focus only on your own clinical education.
- The take-home messages are: (a) don't compare your experience with the experience of another student, and (b) don't compare the two different learning experiences that you may witness for two different students around you.
- Of course, we strive for consistency for all. Equally important though, when it comes to clinical education, we strive for fairness for each.

### Basic Tenets of Professionalism

- Taken from: Chial, M. R., 1998. Conveying expectations about professional behavior *Audiology Today*, 10, 25.
- When this article appeared in 1998, it instantly became legend. You will find it in just about every clinical education program. It has stood the test of time because every professional was once a novice, starting right where you are now, and had to learn these exact things:
  - You show up.
  - You show up on time.
  - You show up prepared.
  - You show up in a frame of mind appropriate to the professional task.
  - You show up properly attired.
  - You accept the idea that "on time," "prepared," "appropriate," and "properly" are defined by the situations, by the nature of the task, or by another person.
  - You accept that your first duty is to the ultimate welfare of the persons served by your profession, and that "ultimate welfare" is a complex mix of desires, wants, needs, abilities and capacities.
  - You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.
  - You place the importance of professional duties, tasks and problem solving above your own convenience.
  - You strive to work effectively with others for the benefit of the person served. This means you pursue professional duties, tasks and problem solving in ways that make it easier (not harder) for others to accomplish their work.
  - You properly credit others for their work.
  - You sign your work.



- You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.
- You do what you say you will do. By the time you said you would do it. To the extent you said you would do it. And to the degree of quality you said you would do it.
- You take active responsibility for expanding the limits of our knowledge, understanding and skill.
- You vigorously seek and tell the truth, including those truths that may be less than flattering to you.
- You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.
- You value the resources required to perform professional duties, tasks, and problem solving, including your time and that of others.
- You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.
- You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long they are not objectively harmful to the persons served.
- When you attempt a task for the second time, you seek to do it better than you did it the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practices.
- You accept the imperfections of the world in ways that do not compromise the interests of those you serve, or your own pursuit of excellence.
- You base your opinions, actions and relations with others upon sound empirical evidence, and upon examined personal values consistent with the above.
- You expect all of the above from other professionals.

## Code of Ethics

- Carefully read the ASHA Code of Ethics at: <http://www.asha.org/Code-of-Ethics/>

## Scope of Practice in Speech-Language Pathology

- Review the ASHA Scope of Practice in Speech-Language Pathology at: <http://www.asha.org/policy/SP2016-00343/>

## Philosophy of Clinical Supervision

- The supervisors and faculty of the Communication Sciences and Disorders Program at the University of Virginia are proud of their crucial role in student training/education. Although educational backgrounds, work experiences, and interests vary among them, we are united in the philosophy of clinical supervision.
- Clinical supervision is a process in which both supervisor and supervisee are active participants in the development of an independent, autonomous professional who will be able to provide the full range of services in speech-language pathology to clients of all ages and in all clinical settings. The supervisory process encompasses three stages:
  1. the evaluation-feedback stage in which the supervisor generates most of the input for clinical behavior;
  2. the transitional stage in which there is a collaborative problem-solving approach to analyzing and modifying clinician behavior; and
  3. the self-supervision stage in which the supervisee effectively manages their own clinical behavior, using the supervisor and other resources in a consultative manner.
- At every stage of supervision, the relationship between supervisor and supervisee should be a positive, constructive experience for both participants, and there should be open communication about the nature of the relationship. When a supervisee has multiple clinical assignments, there may be involvement at more than one stage at any given time. However, by the end of the clinical training program, a supervisee should be functioning predominantly at the self-supervision stage.
- Clinical supervision maintains a commitment to high standards, with emphasis on responsibility to clients. To achieve these standards, there should be a close working relationship between clinical and academic segments

of the training program and compliance with policies set forth by the ASHA's CAA and principles of the ASHA Code of Ethics.

## Clinical Supervision

- Each graduate student in the Communication Sciences and Disorders Program is assigned to an Academic Advisor who assists in planning the academic program of studies that will fulfill departmental requirements for graduation. Clinical advising is the responsibility of the supervisors and the Clinical Training Team. The student retains the same Academic Advisor throughout the period of graduate training, but clinical supervisors will change throughout the course of study. A student may also have more than one supervisor at one time depending on clinical assignment/site(s).

## Evaluation of Associate Clinicians and Clinic Grades

Student clinical performance is evaluated at mid-semester and the end of every semester. The first semester of in-house clinical training will initially deploy an evaluation system that is designed for the novice learner. Thereafter, clinical training will transition to the use of the evaluation form in CALIPSO, which will then serve as the means of evaluating student clinical performance for the duration of the program of study. The CALIPSO assessment form has four numeric sections:

- Evaluation Skills
- Treatment Skills
- Additional Clinical Skills
- Professional Practice, Interaction, and Personal Qualities

The CALIPSO performance rating scale at UVA ranges from 1 to 6 points, as described in Appendix D. Students who earn final semester scores between 4.0 and 6.0 for all measured skills are developing clinical skills as expected and are progressing satisfactorily. Course syllabi for clinical placements (EDHS 8691, 8170, & 8800) delineate performance expectations at each stage of clinical training, along with the associated criteria for earning course credit.

## Clinical Practicum Assessment

- During every clinical rotation, student performance is continually monitored during each clinical intervention session and assessment/evaluation in which the student participates. The documents used for intervention and diagnostic feedback are completed and provided by your primary Supervisor. Verbal feedback may also be provided.
- In addition, formal evaluations of the associate clinician's clinical skills will occur twice during the semester (to coincide with mid-terms and finals). These evaluations will be completed by your primary supervisor and will be finalized using CALIPSO. Evaluation of student performance is based on students achieving the minimum performance objectives outlined in the Graduate Student Handbook and the following category ratings which are tied to ASHA Performance Objectives within the CALIPSO system (see below).
- Ratings are made to evaluate clinician's mastery of the performance objectives for the current semester and their current caseload.

## Performance Objectives Associated with all Clinical Practicum Activities

Note: these skills are subject to change when CFCC regulations are updated: consult the ASHA website as needed.

### Evaluation Skills

1. Conducts screening and prevention procedures, including prevention activities (CFCC V-B, 1 a)
2. Demonstrates current knowledge of the principles and methods of prevention and assessment, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates (CFCC IV-D)
3. Collects case history information and integrates information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals (CFCC V-B, 1 b)
4. Selects appropriate evaluation procedures (CFCC V-B, 1 c)
5. Administers non-standardized and standardized tests correctly (CFCC V-B, 1 c)

6. Adapts evaluation procedures to meet the needs of individuals receiving services (CFCC V-B, 1d)
7. Demonstrates knowledge of communication and swallowing disorders and differences (CFCC IV-C)
8. Interprets, integrates, and synthesizes all information to develop diagnoses (CFCC V-B, 1e)
9. Interprets, integrates, and synthesizes all information to make appropriate recommendations for intervention (CFCC V-B, 1e)
10. Completes administrative and reporting functions necessary to support evaluation (CFCC V-B, 1f)
11. Refers clients/patients for appropriate services (CFCC V-B, 1g)

### **Treatment Skills**

1. Develops setting-appropriate intervention plans with measurable and achievable goals that meets client/patient needs, demonstrating knowledge of the principles of intervention and including consideration of anatomical/physiological, developmental, and linguistic cultural correlates. Collaborates with clients/patients and relevant others in the planning process (CFCC IV-D, V-B, 2a)
2. Implements intervention plans that involve clients/patients and relevant others in the intervention process (CFCC V-B, 2b)
3. Selects or develops and uses appropriate materials and instrumentation (CFCC V-B, 2c)
4. Measures and evaluates clients'/patients' performance and progress (CFCC V-B, 2d)
5. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (CFCC V-B, 2e)
6. Completes administrative and reporting functions necessary to support intervention (CFCC V-B, 2f)
7. Identifies and refers patients for services as appropriate (CFCC V-B, 2g)

### **Additional Clinical Skills**

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

### **Professional Practice, Interaction and Personal Qualities**

1. Demonstrates knowledge of basic human communication and swallowing processes. Demonstrates the ability to integrate information pertaining to normal and abnormal human development across the life span (CFCC IV-B; CAA 3.1.6B)
2. Demonstrates knowledge of processes used in research and integrates research principles into evidence-based clinical practice (CFCC IV-F; CAA 3.1.1B Evidenced-Based Practice)
3. Demonstrates knowledge of contemporary professional issues that affect Speech-Language Pathology (CFCC IV-G; CAA 3.1.1B)
4. Demonstrates knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice (CFCC IV-H)
5. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others (CFCC V-B, 3a; CAA 3.1.1B Effective Communication Skills, CAA 3.1.6B)
6. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (CFCC V-B, 3c; CAA 3.1.6B)
7. Manages the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice (CFCC V-B, 3b; CAA 3.1.1B)

8. Demonstrates skills in oral and other forms of communication sufficient for entry into professional practice (CFCC V-A)
9. Demonstrates skills in written communication sufficient for entry into professional practice (CFCC V-A)
10. Demonstrates knowledge of standards of ethical conduct, behaves professionally and protects client welfare (CFCC IV-E, V-B, 3d; CAA 3.1.1B-Accountability; 3.8B)
11. Demonstrates an understanding of the effects of own actions and makes appropriate changes as needed (CAA 3.1.1B - Accountability)
12. Demonstrates professionalism (CAA 3.1.1B - Professional Duty, 3.1.6B)

### Plus

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

\*And other ASHA performance objectives not listed as determined to be appropriate by the supervisor.

## Clinical Contact Clock Hours

ASHA requires that the applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech- language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client contact working with clients representing the broad spectrum of ages, backgrounds, and communication disorders. “Working” with these clients entails screenings, assessments, treatments, as well as counseling sessions centering on rehabilitation and prevention. The introductory portion of the 375 clock hours come from working in the SJC where we establish core clinical competencies that make you eligible for assignments in clinical externships and a final clinical internship.

## Observation Hours

- Observation hours precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology.
- For certification purposes, observation experiences must be under the direction of a qualified supervisor who holds current ASHA certification in the appropriate practice area. The applicant must maintain documentation of time spent in supervised observation, verified by the Program.
- If a student has completed the 25 hours of clinical observation prior to coming to UVA.,
  - the student must present the signed copies documenting the experiences as indicated on the Canvas site assignment. These documents **must** have the ASHA number and signature of the supervising SLP.
  - Once uploaded to the Canvas site, students must record the 25 observation hours in CALIPSO and submit to the SJC Director of Clinical Training and Services for approval. These observation hours are required for ASHA certification.
- If a student has not completed the 25 hours of clinical observation prior to coming UVA.,
  - The students will obtain observation hours at UVA and must record the hours each week using the online documentation system CALIPSO. These observation hours are submitted to the Supervisor of record for the client observed.

## Direct Clinical Contact Hours

- The 375 hours of direct client contact should be distributed with clients across the lifespan and across the scope of practice in speech-language pathology. Our students typically graduate having accrued more client contact hours than the minimum required by ASHA.
- Students are assigned practicum only after they have acquired a sufficient knowledge base to qualify for such experiences. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum. 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 client or client's family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, students may receive credit for the time each student spent in providing the service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time they actually provided services – that is, 30 and 45 minutes respectively, not 75 minutes each.

## What to Count as Clinical Clock Hours

From: Hegde and Davis, *Clinical Methods and Practicum in Speech-Language Pathology*, 4th ed.; Thomson Delmar Learning, 2005, p. 31-33.

Sometimes there is confusion on what types of activities can be counted as clinical clock hours and what category the clock hours should be counted under. Use the following guidelines in recording your clock hours.

1. Count clock hours earned in conjunction with a class assignment and during clinical practicum. For example, if as part of a class assignment in a course on aphasia, you are required to evaluate a client with aphasia, you may earn diagnostic clock hours even when not enrolled in clinical practicum. However, to earn those hours, your practicum assignment must be pre-approved, and you must be supervised by an individual who holds a CCC in speech-language pathology.
2. Count clock hours spent on screening and assessments of communication and swallowing disorders. Typically, the Associate Clinician may screen individuals at local preschools, area public and private schools, health fairs, and the university clinic. Speech, language, and swallowing screenings may be performed at facilities serving the elderly. Evaluations will likely be part of your experience at any clinical site. Evaluation hours may be earned while you are enrolled in a section of the clinic designated solely for diagnostics. Formal re-evaluations may also be counted. For example, you also may acquire diagnostic hours as part of the assessment of your clients at the beginning of a treatment period. Re-administering specific tests or other assessment procedures at the end of treatment to document the status of the client also may be counted as

evaluation hours. However, administering probes during the treatment period should not be counted as evaluation hours. Time spent administering probes should be counted with treatment hours.

3. Count clock hours spent counseling or training family members. Such counseling, of course, is closely related to the swallowing or communicative disorder of the client. For example, providing treatment for a client with a diagnosis of aphasia might include not only direct language intervention with a client, but also sharing information with the client's family. It might be necessary for you to explain to the family members what aphasia means and how they can help the client regain some of the lost communicative behaviors. Or, your articulation treatment for a preschool child might include a home training program. In that case, you need to train the parents to ensure that they are able to carry out the home assignments.
4. Count clock hours spent in obtaining or giving assessment and treatment information. You can count the time you spend taking a case history and interviewing the client or the client's family, or both. You can also count the time you spend discussing your diagnosis and recommendations with the client or client's family.
5. Count clock hours spent during the treatment and evaluation of a variety of disorders. You will work with clients of varying ages who exhibit different communicative and swallowing disorders. In your adult practicum site you will gain experience in evaluating and treating swallowing disorders. You will also evaluate and treat clients with such disorders as aphasia, dysarthria, and other neurological disorders. Working with school-age clients, you will evaluate and treat disorders of fluency, articulation, hearing, voice, and language. You may work with infants and toddlers who have speech, language, hearing, or swallowing and feeding problems secondary to genetic syndromes or other risk factors. Each site will offer different learning opportunities, so learn as much as you can at each site.
6. Count time spent on certain clinically related activities. These include activities performed to prevent communicative disorders or to develop, maintain, or maximize communication skills. For example, in certain settings the team of professionals providing rehabilitation services for a client may meet to discuss the client's treatment, progress, prognosis for further gains, and recommendations for future treatment. Also, you may be in a setting where you will train certain staff members to communicate more effectively with your client and to assist your client in communicating more effectively with the staff.
7. Do not count preparation time as clinical clock hours. Although you will spend much time in gathering materials or ideas, writing reports and lesson plans, scoring tests, or transcribing language samples, you cannot count clock hours spent on these activities.
8. Remember that most clinical practicum clock hours are earned for direct client contact time only. Your supervisor will answer any questions you have regarding how to count, record, or report your clinical hours.

## Weekly Report of Contact Hours for ASHA Certification

- CALIPSO is an online clinic documentation system used to track clinical experiences during your program at UVA. This system is the basis for certifying that you have accumulated sufficient clinical hours to satisfy requirements for UVA graduation and ASHA certification.
- Log on to CALIPSO weekly and record the hours you earned for that week. Specific procedures will be reviewed during the weekly Practicum Seminar while enrolled in EDHS 8691. Once you have entered your hours, an email is automatically generated and sent to the Supervisor you designated. The Supervisor will then go into the system and approve the hours.
- Please record your hours by Friday by 5:00 PM. Failure to register hours on CALIPSO according to prescribed timelines may result in hours not being counted. Program faculty need current information on accumulated hours to manage all clinical assignments.
- The number of direct clinical clock hours should be entered in the appropriate columns. If less than one hour was accrued, the exact number of minutes should be entered. In the comments section, please provide the client code for the hours you are submitting. If you have acquired supervised undergraduate hours, provide the supporting documentation to the SJC Director of Clinical Training and Services.

## Final Summary Report of Contact Hours for ASHA Certification in SLP

- The final report of all clinical hours is available through CALIPSO at any point in the program (for you to monitor), and for one year following graduation.

## On-Site Practicum in the Sheila C. Johnson Center for Human Services

### SJC Clinical Supervisors

Jaimee Traub, M.S., CCC-SLP	Speech-Language Pathology	Clinical Supervisor & SJC Director of SLP Clinical Services & Training
Claire Barbao, M.A., CCC-SLP	Speech-Language Pathology	Clinical Supervisor
Margaret Halinski, Au.D., CCC-AUD	Audiology	Clinical Assistant Professor
Amber Handon, M.Ed., CCC-SLP	Speech-Language Pathology	Academic Program Officer
Jane C. Hilton, Ph.D., CCC-SLP	Speech-Language Pathology	Clinical Associate Professor
Rebecca Rehm, M.S., CCC-SLP	Speech-Language Pathology	Clinical Supervisor
Taryn Roth, M.SC., CCC-SLP	Speech-Language Pathology	Clinical Supervisor

- Ms. Handon and Ms. Rehm also serve as our External Placement Coordinators for school placements.
- Ms. Handon and Ms. Traub also serve as our CALIPSO administrators and the External Placement Coordinators for non-school placements.
- From time to time, students may also be supervised by academic faculty members holding the SLP-CCC credential.

### SJC Hours and Clinical Appointments

- The SJC is open Monday through Friday from 8:00 a.m. to 5:00 p.m.
- To ensure appropriate delivery of clinical services to our clients and appropriate education for our students, students are expected to be available for clinic assignments Monday through Friday.
- Clinical assignments are made by the SJC Director of Clinical Training and Services, in collaboration with Clinical Supervisors. Initial clinical assignments are made based on a combination of Associate Clinician schedules, supervisor schedules, coursework completion and individual training needs. Opportunities for Associate Clinicians to make choices in adding new clinical assignments based on areas of interest are presented mid-semester, only after initial assignments have been made.
- The minimum unit of service is 25 minutes. All sessions begin on the hour or on the half-hour.
- All Associate Clinicians are expected to remain available through the last scheduled day of clinic each academic semester. Because the clinic is open 12-months/year, clinical experiences are available between semesters on a voluntary basis. Clinic dates are posted on Canvas.
- Clinical assignments are subject to change throughout the semester. The SJC Director of Clinical Services and Training must approve all changes.
- The supervisor is responsible for ensuring appropriate cancellation and re-scheduling of appointments, if necessary.

### SJC Clinic Operations

- Supervisors and/or Associate Clinicians are responsible for obtaining signature from parents/guardians on the HIPAA forms, Release of Information forms, and Consent Form (see the next page) for treatment, observation, and recording when services are initiated. Please refer to the consent forms before recording sessions.
- All information pertaining to a client is private and confidential. Students must carefully follow clinical supervisor instructions about handling client information, including evaluation and progress reports; correspondence to and from clients and/or their families and other professionals; pre-evaluation information (e.g., referral information, test results from other agencies, completed case history forms); test forms and any other materials containing identifying information.
- Clinical faculty mailboxes are located in SJC Room 033 for students to leave messages.

- Students needing supplies for clinic should discuss the need with their supervisor. General office and/or cleaning supplies can be obtained from the front desk.
- At the end of each session, the Associate Clinician is responsible for ensuring that all furniture in the room is returned to the appropriate location and that the quality improvement tracker has been initialed and completed on the wall.
- All questions pertaining to client fees should be directed to the supervisor.
- All students have access to the clinic scheduling and electronic medical records program upon completion of the necessary HIPAA and technology training requirements.
- Students are alerted to diagnostic and therapy assignments, as well as client cancellations, through email. Students should check email several times each day.

## Dress Code for Clinical Practice

### 1. Reason for Policy

Dress code and grooming standards are imperative in presenting a professional appearance. The SJC dress code applies to all clinical training programs and individuals working in the clinic.

### 2. Policy Statement

All SJC faculty, staff, and students are expected to dress in attire that presents a clean, professional appearance at all times when in the clinical spaces. Personal hygiene and grooming must also reflect professionalism in clinical spaces. Clothing and grooming styles dictated by religion or ethnicity are exempt from this policy. Clinicians should be aware that they are visible from cameras that view from different angles and should choose clothing accordingly. It is the supervisor's decision whether to allow a student to proceed with a scheduled session/meeting when the dress code has been violated. Students should also be aware that many offsite facilities have dress codes that are more stringent/specific. It is the student's responsibility to ask the off-site supervisor to review the code with them.

### 3. Scope

The dress code applies to all students who are currently treating clients/research subjects in the SJC or are observing client sessions.

The dress code must be followed when in visible clinical spaces to include:

- the "hard side" hallway
- the "soft side" hallway
- the front desk/client waiting room area.

Students are allowed to work in the student room without needing to be in dress code.

### 4. Procedures

The SJC dress code includes the following guidelines:

- UVA ID badge must be worn in clear sight at all times
- Clothes must be neat and clean with the proper fit and length. This includes dresses and skirts that when measured from a seated position, are no shorter than four (4) inches from the front of the knee to the bottom hem of the dress or skirt. Clothing must be free of rips and must not be sheer or revealing in nature (e.g. no torn jeans, spaghetti straps, halters or midriff tops)
- No t-shirts with advertisements, sayings or logos
- No denim blue jeans or shorts
- No sports attire (including exercise clothing, hats, sports sandals or athletic shoes)
- Tattoos that are perceived as offensive, hostile, or that diminish the effectiveness of professionalism, must be covered and not visible to staff, clients or visitors.
- Scented personal products (fragrances, cologne, and lotions) should be minimally noticeable and not a distraction to others.
- Hair, including facial hair, must not be wet and should be styled in a professional manner.



SJC supervisors will communicate with any students who are deemed in violation of the dress code.

## Policies & Procedures for the SJC

The SJC has a Canvas site titled “Sheila C Johnson Center New Students” in which clinic-wide topics are covered, including:

- Mandatory Privacy and Information Security
- Emergency Preparedness
- Confidentiality Agreement Form
- HIPAA
- Mandatory Information Security Awareness Training
- All Clinic Standard Operating Procedures
- Connecting to the SJC Secure Bavaro Network, Printer access and tech problem solving
- Training videos for EMR and camera system

It is each student’s responsibility to complete assignments through this Canvas site as requested by the Clinic Administrator.

## Expectations for the SJC Clinical Practicum

### *Working with your SJC Supervisor*

- We are available for unscheduled student meetings during our weekly drop-in office hours. Office hours are posted on our doors and are on Canvas and Dr. Chrono. Please use these meetings for quick questions that will not take more than 10 minutes. It is expected that all students enrolled in EDHS 8691 will attend office hours at least twice each month to maintain a high standard of client care and clinical training.
- If you are unable to attend any of the office hours during a given week but need to schedule a meeting, please use Dr. Chrono to set a meeting time, then email the supervisor to confirm that the time is mutually convenient. Label the appointment to include your last name.
- ASHA requires that we supervise at least 25% of the total direct time you are with your clients in both evaluation and treatment sessions. The 25% supervision requirement is over the course of the semester, not necessarily each session. That is a minimum requirement. In actuality, we strive for much more.
- Your supervisor is always happy to come into a session to model skills or offer support. Please do not hesitate to ask. There are times when your supervisor will join the session to better hear your client or to offer support in the moment.
- Medicaid and Medicare require a supervisor to be present in 100% of all sessions. Your supervisor will communicate with you about a client that is billed under Medicaid or Medicare.
- You can assume your lesson plans are approved if you do not receive them back with edits. If there is an issue, we will email you your edits. Please adhere to the official SJC lesson plan template, found on Canvas.
- Because we are continually attending to multiple needs, we may not be available for questions immediately prior to your session. Please plan ahead and make an appointment to meet, should you feel the need to, prior to your session. For Monday clients, we encourage you to contact your supervisor with questions by the Thursday before your next session. Fridays are often entirely filled with meetings.

### *Recording therapy and diagnostic sessions*

- Evaluations should always be recorded via the camera system to ensure accurate data collection and behavioral observations.
- Therapy sessions can be recorded as needed but it is not a requirement.
- You may choose to record a session to review your own performance or to double check data collection.
- Your supervisor may also request that you record your session.
- Note: recording ability and guidelines may be different for sessions held over Zoom.

### *Client cancellations/Missed sessions*

- When a client cancels or does not show up for sessions, please change the appointment status in Dr. Chrono to reflect the cancellation. Please ensure any billing charges are removed from a missed appointment.
- When the SJC is closed due to holidays, please remind your clients of the closing a week prior to the date.
- Rarely does the SJC close due to inclement weather; however, in the event this is necessary, and you have a scheduled client, contact your supervisor for instructions. SJC closes when the University closes. Refer to the UVA website for closings.

### *Timelines and Deadlines for SJC Clinical Practicum*

- Provide lesson plans via email 24 hours prior to treatment sessions and 48 hours prior to diagnostic sessions (this means Thursday or Friday for Monday appointment).
- Arrive at least 15 minutes prior to your in-person treatment sessions
- Arrive at least 30 minutes prior to your in-person diagnostic sessions
- Develop a treatment plan for new clients; due to client/caregiver by the 4<sup>th</sup> treatment session
- Before each session, ACs should check Dr. Chrono to monitor when the client's status has been moved from "Established Client" to "Checked In." The clinician can then be greeted in the waiting room and the session can begin.
- After each session: All ACs are expected to mark the appointment status as "Complete" in Dr. Chrono and ensure that the diagnostic codes and billing codes are appropriately entered.
- SOAP notes should be completed within the Dr. Chrono template as soon as possible, but at the latest by noon the next day.
- Progress and Discharge reports, as appropriate, are sent to the family via Dr. Chrono on the final session of the semester.
- Submit CALIPSO hours weekly by Friday at 5pm (you can submit at any time during the week). Include the client code and session date in the Comments box.

### *Documentation in the Clinic*

- Please proofread all documents, including punctuation and grammar, prior to turning in the first draft document.
- Include your name and credentials at the bottom of each SOAP note.
- When submitting evaluation report drafts via email, label the document and the email subject the same, starting with the session date and your last name, the type of document (e.g. 5 4 2020 Smith evaluation report).
- Multiple edits are common in the clinic. Tx plans, Progress Reports and Evaluation Reports tend to take more time. Remember that the number of edits required directly impacts the writing performance objectives on the midterm and final Clinical Practicum Evaluation. In SOAP notes, any corrections or suggestions for wording should be consistently implemented from that point forward.
- Your supervisor will tell you when an evaluation report is approved. After your supervisor approves any document, please bring your supervisor all of the completed protocols for review and scanning.
- Use only **black ink** in the clinic.
- Printing: Printing amounts and costs are monitored by the SJC Clinical Director of Training and Services. Color printing is only permitted after receiving supervisor permission. Black and white copies should be directly related to clinic assignments (e.g. not academic or personal).

### *How-To Guides & Additional Information for the SJC Clinical Practicum*

There is a comprehensive "SLP Clinic Resource" Canvas site that contains important training materials necessary for completion of the on-site SJC Clinical Practicum. These files include:

- Information on specific disorders and developmental milestones
- A full clinic calendar and master schedule
- Information on infection control and universal precautions
- Clinic documentation templates and example reports

- “How-to” guides and step-by-step procedures for treatment sessions, evaluations, and Dr. Chrono.
- All necessary forms for completion of clinical practice in SJC
- Resources to support evidence-based practice (EBP)

All students should become familiar with the contents of the “SLP Clinic Resource” Canvas site that supplements the clinical training experience.

## Clinical Externships and Internship Overview

- ASHA stipulates that graduate programs must ensure all graduate students understand the various models of delivery of speech-language pathology services (e.g., hospital, private practice, education, etc.). Certification standards also require that students acquire the ability to integrate information pertaining to normal and abnormal human development across the life span and the full scope of practice in speech language pathology. To fulfill these standards, students must complete placements that offer them exposure to a variety of populations, settings, and supervisors.
- Clinical practica are foundational to developing the necessary skills to become an SLP. The first experiences a student gains are in the Sheila Johnson Center (SJC) in the School of Education and Human Development (EHD). Upon successful completion of these SJC-supervised experiences, a student will complete two externships (one at a public school and one with standardized cases that include adults and individuals with low incidence disorders) and a final internship. These experiences provide practice in a variety of clinical settings with clients across the lifespan who present a variety of communication disorders spanning the breadth of our Scope of Practice. Externships and internships are essential for meeting ASHA requirements for the Certificate of Clinical Competence in Speech-Language Pathology (CCC- SLP).
- The purposes of clinical externships and internships include:
  - Increase a student’s level of experience and independence in providing clinical services. Offsite Supervisors expect students to arrive with core clinical skills (established in SJC).
  - Provide enriching clinical experiences across the depth and breadth of the profession.
  - Contribute to the required direct clinical contact hours needed before graduation to meet ASHA certification requirements.
- The Program Director (Dr. Hoffman) leads the External Placement Team and serves as the instructor of record for all students during all external placement enrollments (EDHS 8170, 8800, & 5993). Ms. Traub and Ms. Rehm are the coordinators for externship and internship placements and interface with students and agencies throughout the planning phases. During AY 24-25 Ms. Handon will begin assuming some of these responsibilities. Mr. Ryan Mehring provides assistance in developing contractual agreements between UVA and outside agencies for both school and non-school placements. By collaborating with Ms. Rehm (public school) and Ms. Traub (non-school) Ms. Handon will make placement assignments for student externship and internship experiences with consultation from the Clinical Training Team (“CTT” is composed of the SJC SLP clinical supervisors and the SJC Director of SLP Clinical Training and Services, in consultation with Placement Coordinators).
- After students complete the *in-house* portion of their program of study, externships and internships can be geographically located anywhere in the United States. Indeed, the central Virginia region has limited options for offsite placements. Therefore, we encourage students to plan for external placements that are far away from central Virginia, especially when seeking placement in health care facilities. Students may wish to consider geographic locations in which they may want to be employed in the future, and/or places where family or friends could provide lodging while completing an externship or internship.
- We begin working collaboratively with students in September to establish their external placements. For students who are enrolled in the Blue curriculum, this means that they will submit preferences for their school externship shortly after orientation in August. Students who are enrolled in the Orange curriculum will submit their preferences later in the first year of the graduate program.
- After students have successfully completed one public school externship and the standardized cases externship, the internship placement may be in the setting of their choice.

- Specific instructions and detailed information including timelines, due dates, etc. can be found in the CSD Off-Grounds Placements Canvas site.

## Standardized Cases via Computer-Based Simulation Training

In addition to building core competencies in SJC and completing external placements, the sequence of clinical training in our program includes standardized cases to ensure that every student meets the certification requirements of training across the lifespan and full scope of practice in speech language pathology. Standardized cases are completed via computer-based simulation training during one summer within each curricular track. Students on the Blue pathway are enrolled during only one summer and will not yet have had three disorders courses. Therefore, students on the Blue pathway will complete the remaining sequence of curated standard cases during J-Term of their second year in the graduate program. Students on the Orange pathway complete all standard cases during the second summer of their graduate programs. ASHA certification requirements allow up to 75 clock hours to be earned through simulation training experiences. Students in our program will complete at least 70 hours toward their required 375 minimum clock hours by participating computer-based simulation training during their program of study to ensure that every student engages in clinical training in basic services for adults and individuals of all ages who have low incidence disorders. The timing of simulation training is specifically curated according to the academic course and clinical training sequence.

- Clinical training using standardized cases via computer-based simulation is provided to our students at no additional cost and is supervised by simulation training experts who hold the CCC-SLP. Detailed instructions for registration and participation are provided in a dedicated Canvas site to which students will be invited at the appropriate time in their program.
- Standardized clinical training using computer-based simulation ensures that every student has guided practice in making clinical decisions regarding disorders and populations that they may not encounter by chance during their clinical rotations.
- Computer-based simulation opportunities are carefully curated and offered to students at specific points in their sequence of academic and clinical training. It is not an option to complete the training at a different time during their program of study.
- Each round of training is offered only once to each student. There is no opportunity to repeat the training following unsatisfactory performance.
- Successfully completing all standardized cases, in addition to the in-person clinical rotation sequence, ensures that the participating student meets ASHA certification requirements of training across the lifespan and the full scope of practice in speech language pathology. This is a requirement for graduation as part of the capstone course in the last semester of the program (EDHS 8801).
- Like all clinical training experiences, students are evaluated using the CALIPSO assessment, including the SJC scoring scale and performance requirements.
- Satisfactory performance as measured on the CALIPSO assessments is required to earn the simulation training clinical clock hours in addition to the performance accuracy criterion when working through each case. Unsatisfactory performance voids the clinical clock hours for that round of training.
- Failure to successfully complete the standardized cases may delay or prevent graduation.

## Becoming Credentialed to Practice SLP

- There are **two credentials** needed for practicing speech-language pathology in the state of Virginia:
  1. State licensure through the Virginia Department of Health Professions to practice in public and/or private settings.
  2. The Certificate of Clinical Competence (CCC-SLP) awarded by ASHA.
- The procedures for obtaining these credentials differ in purpose, requirements, and continuing education standards. Students are responsible for understanding, meeting and applying for the appropriate credentials.

## ASHA Membership and Certification Manual

- The ASHA Membership and Certification Manual is available through the ASHA website: <http://www.asha.org/certification/>. There, you will find information about how to apply for:
  - The National Examination your Clinical Fellowship
  - Your Certificate of Clinical Competence ASHA membership...when the time comes! (i.e., after graduating)

## Obtaining the Certificate of Clinical Competence from ASHA

- The Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) is the national standard in credentialing speech-language pathologists.
- General information regarding certification is available at <http://www.asha.org/certification/>.
- Here is a step-by-step overview of becoming a credentialed and practicing SLP:
  1. Complete academic coursework and clinical practica as stated in the Standards and Implementation Procedures for the Certificate of Clinical Competence:
    - a. The 2020 standards for the CCC-SLP are available online at <https://www.asha.org/Certification/2020-SLP-Certification-Standards/>
    - b. Please review the ASHA requirements carefully.
    - c. The UVA general sequence draws directly from the ASHA Standards:
      - i. Complete and pass academic courses and clinical practica at the SJC
      - ii. Complete and pass two off-site clinical practica:
        1. one semester of EDHS 8170 in the public schools
        2. one semester of EDHS 8170 with standardized cases: successfully complete all standard cases via computer-based simulation training to ensure guided practice making clinical decisions regarding services for adults, and individuals of all ages who have low incidence disorders
      - iii. Complete and pass the full-time off-site clinical internship during the final semester
  2. Apply to receive your graduate degree before the due date announced by the UVA School of Education and Human Development.
  3. Pass the Praxis Examination in Speech-Language Pathology
    - a. The PRAXIS II Exam (speech-language Pathology) is a specialty area test administered by the Educational Testing Service (ETS). Exam registration booklets are available in the School of Education and Human Development Admissions Office. To register online, information is available at <http://www.ets.org/praxis/>.
    - b. ASHA's website contains information related to this exam [Praxis Exam Scores \(asha.org\)](http://www.asha.org/praxis-exam-scores)
    - c. The test can be taken on assigned dates during the year at UVA and other locations. Students are responsible for making arrangements to take this exam. A preparation booklet is available for purchase at <https://www.ets.org/s/praxis/pdf/5330.pdf>
    - d. When registering, be sure to:
      - i. List the Communication Sciences and Disorders Program at UVA as a score recipient.
      - ii. List ASHA as a score recipient.
      - iii. Consider listing the licensing entity in the state(s) that you plan to work as a score recipient.
  4. Pass UVA CSD Comprehensive Exams
  5. Pass UVA SLP Capstone course (EDHS 8801: requires fulfilling ASHA certification requirements of training across the lifespan and full scope of practice in SLP)
  6. Graduate from UVA's CSD program with a master's degree.
  7. Contact your state licensing agency to determine their requirements for persons completing the clinical fellowship experience.
  8. Apply to ASHA for Membership and Certification:
    - a. Application form and instructions for application are available at: [Speech-Language Pathology and Audiology Certification \(asha.org\)](http://www.asha.org/speech-language-pathology-and-audiology-certification)

- b. If a student has already taken and passed the PRAXIS exam, but did not originally list ASHA as a score recipient, she/he must now request that ETS send a copy of your score to ASHA. Only scores received directly from ETS will be accepted for certification. Note that the score you submit for certification must have been taken no more than 5 years prior to your ASHA certification application.
- 9. Begin the Clinical Fellowship (CF)
  - a. The CF is a period of paid employment. The CF is completed according to specific ASHA guidelines under the supervision of an individual who holds the Certificate of Clinical Competence in speech-language pathology. Students are responsible for procuring a CF placement.
  - b. Prior to beginning the CF, students should verify the supervisor's current ASHA certification status by contacting the ASHA Action Center (800-498-2071). The supervisor must maintain current certification status throughout the CF in order for the CF experience to be accepted by ASHA. Students should review detailed information to learn more about the CF available online [A Guide to the ASHA Clinical Fellowship Experience](#)
- 10. Submit the Clinical Fellowship Report
  - a. Upon completion of the CF, submit to ASHA the Speech-Language Pathology Clinical Fellowship (SLPCF) Report and Rating Form signed by both the CF and the CF supervisor.
- Continuing Education Requirements for Maintaining the CCC-SLP
  - ASHA has established Certification Maintenance Standards requiring certificate holders to earn 30 Certification Maintenance Hours (CMHs) or 3.0 ASHA Continuing Education Units (CEUs) of professional development during 3-year certification maintenance intervals in order to maintain the CCC. Further information is available at [Requirements for Maintaining Your ASHA Certification](#)

# SPEECH-LANGUAGE PATHOLOGY PATHWAY TO CERTIFICATION



Save \$225 on your first year of ASHA Membership and Certification by maintaining NSSLHA membership for 2 consecutive years. Find out how by visiting [www.asha.org/Members/NSSLHA](http://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](http://www.asha.org/certification). Click on the Verify ASHA Certification button at the top of the page.



Note: Timeline corresponds to the UVA MSed in SLP graduate program of study.



For more information about Certification visit our website: [www.asha.org/certification](http://www.asha.org/certification) // E-mail Us: [certification@asha.org](mailto:certification@asha.org)  
 For more information about Membership visit our website: [www.asha.org/benefits](http://www.asha.org/benefits) // E-mail Us: [membership@asha.org](mailto:membership@asha.org)  
 Call the ASHA Action Center: 800-498-2071

## Virginia State Licensure in Speech-Language Pathology

- Licensure to practice in Virginia is governed by the Virginia Board of Audiology & Speech-Language Pathology. Application criteria, forms, and procedures are found at <http://www.dhp.virginia.gov/Boards/aslp/>.
- Additional resources for SLPs practicing in Virginia Schools are found at [Speech-Language Impairment | Virginia Department of Education](#)
- Helpful checklists are found at <http://www.dhp.virginia.gov/Boards/aslp/PractitionerResources/Forms/>

## Continuing Education and Maintaining Licensure in Virginia

The state of Virginia requires continuing competency activity for license renewal. The Virginia Board of Audiology and Speech-Language Pathology requires 10 contact hours of continuing education every year. However, speech-language pathologists in Virginia are advocating for recognition of ASHA continuing education and certification maintenance (i.e., if the license holder is a current ASHA member with the CCC-SLP and this ASHA certification is maintained, then no additional documentation/paperwork would be required at the state level).

# Appendix A

## Core Functions

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

For the sake of this document, the term “core functions” refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations necessary to ensure equitable access. The document intentionally does not address how stated core functions are demonstrated, recognizing that there are multiple ways an individual can successfully meet the demands of clinical education and practice. The determination of possible accommodations exemplified in this document varies from institution to institution based on numerous factors not covered in the scope of this document. The degree to which accommodations are determined is under the governance of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973. It is the responsibility of the institution and the individual to work together to identify possible services and accommodations.

To ensure the integrity of the messaging in this document, a glossary of terms is included at the end of the document.

## Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

## Motor

Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

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

## Sensory

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies



include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

## Intellectual/Cognitive

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs. Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies

- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

## Interpersonal

Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

## Cultural Responsiveness

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

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

This document should be considered a living document and therefore reviewed by CAPCSD at regular intervals to ensure that current terminology, practice, and ideas are reflected.

## Glossary

- **Cultural responsiveness** involves “understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction” (ASHA, 2017) and includes “incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices”.
- **Evidence-based practice** involves “integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (*Evidence- Based Practice in Psychology*, n.d.).

American Speech-Language-Hearing Association. (n.d.). *Cultural responsiveness* [Practice Portal <https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/>]

*Evidence-Based Practice in Psychology*. (n.d.). <https://www.apa.org>. Retrieved March 3, 2023, from <https://www.apa.org/practice/resources/evidence>

Approved by the CAPCSD Board of Directors, April 3, 2023

Reference update April 25, 2023

# Appendix B

## “Blue” Curriculum 2024-2025

(standard pathway for students who have the pre-professional background courses completed)

<b>First Fall</b>	<b>In-house</b> (Phase 1) period begins in August	
EDHS 7040	Cognitive and Linguistic Development	3
EDHS 7060	Disorders of Phonology and Articulation	3
EDHS 7120	Prevention, Intervention, Assessment	3
EDHS 7190	Neuroanatomy & Neurophysiology of Communication, Swallowing, & Cognition	3
EDHS 8090	Disorders of Language I	3
EDHS 8691	Clinical Practicum: Communication Disorders [in Sheila Johnson Center (SJC)]	2
		<hr/>
		17
<b>First Spring</b>	<b>In-house</b> (Phase 1) period ends in May	
EDHS 7020	Evidence Based Practice	2
EDHS 7140	Autism and Related Disorders	2
EDHS 8030	Neurogenic Communication Disorders	3
EDHS 8100	Disorders of Language II	3
EDHS 8130	Dysphagia	3
EDHS 8150	Clinical Seminars	2
EDHS 8691	Clinical Practicum: Communication Disorders (in SJC)	2
		<hr/>
		17
<b>First Summer</b>	<b>Externship</b> (Phase 2) period begins, anywhere in the United States	
EDHS 7080	Disorders of Fluency (online course)	3
EDHS 8120	Disorders of Communication Based in Cognitive Dysfunction II (online course)	3
EDHS 8170	Clinical Externship in SLP: Adult Cases – standardized simulation training	4
(EDHS 5993)	( <b>Elective</b> Independent Study: in-person placement, 10+ miles outside of C’ville*)	(2)
		<hr/>
		10 (12)
<b>Second Fall</b>	<b>Externship</b> (Phase 2) period continues, anywhere in the United States	
EDHS 7090	Disorders of Voice (online course)	3
EDHS 7180	Habilitative Audiology 1 (online course)	3
EDHS 8020	Disorders of Communication: Augmentative and Alternative Systems (online course)	3
EDHS 8170	Clinical Externship in SLP: Public School (3 days/week)	4
		<hr/>
		13
Jan J-Term	Standardized simulation training: Voice & AAC Cases (required for EDHS 8801)	
<b>Second Spring</b>	<b>Internship</b> (Phase 3) semester, anywhere in the United States	
EDHS 8800	Clinical Internship in Speech-Language Pathology	9
EDHS 8801	Speech-Language Pathology Capstone	3
		<hr/>
		12
	(if elective credits taken, total credits = 71)	
	* elective credits incur additional tuition costs	
	<b>Required Total</b>	<b>69</b>

# Appendix C

## “Orange” Curriculum 2024-2025

(out-of-field students still needing pre-professional courses)

<b>First Fall</b>	<b>In-house</b> (Phase 1) period begins in August	
EDHS 4020	Clinical Phonetics	3
EDHS 4050	Introduction to Audiology	3
EDHS 7040	Cognitive and Linguistic Development	3
EDHS 7060	Disorders of Phonology and Articulation	3
EDHS 8090	Disorders of Language I	3
		<hr/>
		<b>15</b>
<b>First Spring</b>	<b>In-house</b> (Phase 1)	
EDHS 4030	Speech and Hearing Science	3
EDHS 4040	Anatomy and Physiology of the Speech and Hearing Mechanisms	3
EDHS 7020	Evidence Based Practice	2
EDHS 7120	Prevention, Intervention, Assessment	3
EDHS 7140	Autism and Related Disorders	2
EDHS 8100	Disorders of Language II	3
EDHS 8691	Clinical Practicum: Communication Disorders (in SJC)	1
		<hr/>
		<b>17</b>
<b>First Summer</b>	<b>In-house</b> (Phase 1)	
EDHS 7080	Disorders of Fluency (online course)	3
EDHS 8691	Clinical Practicum: Communication Disorders (in SJC, 5 days/week)	2
		<hr/>
		<b>5</b>
<b>Second Fall</b>	<b>In-house</b> (Phase 1)	
EDHS 7090	Disorders of Voice (online course)	3
EDHS 7180	Habilitative Audiology 1 (online course)	3
EDHS 7190	Neuroanatomy & Neurophysiology of Communication, Swallowing, & Cognition	3
EDHS 8020	Disorders of Communication: Augmentative and Alternative Systems (online course)	3
EDHS 8691	Clinical Practicum: Communication Disorders (in SJC)	2
		<hr/>
		<b>14</b>
<b>Second Spring</b>	<b>Externship</b> (Phase 2) period begins in January. <i>In-house</i> period ends in May	
EDHS 8030	Neurogenic Communication Disorders	3
EDHS 8130	Dysphagia	3
EDHS 8150	Clinical Seminar	2
EDHS 8170	Clinical Externship in SLP: Public school (3 days/week, in central Virginia)	4
		<hr/>
		<b>12</b>
<b>2<sup>nd</sup> Summer</b>	<b>Externship</b> (Phase 2) period continues, anywhere in the United States	
EDHS 8120	Disorders of Communication Based in Cognitive Dysfunction II (online course)	3
EDHS 8170	Clinical Externship in SLP: standardized simulation training	4
(EDHS 5993)	(Elective Independent Study: in-person placement, 10+ miles outside of C'ville*)	(2)
		<hr/>
		<b>7 (9)</b>
<b>Third Fall</b>	<b>Internship</b> (Phase 3) semester, anywhere in the United States	
EDHS 8800	Clinical Internship in Speech-Language Pathology	9
EDHS 8801	Speech-Language Pathology Capstone	3
		<hr/>
		<b>12</b>

(if elective credits taken, total credits = 84)

\* elective credits incur additional tuition costs

**Required Total 82**

## Appendix D

### CALIPSO 6-Point Rating Scale at UVA

- 1.0 **Not Evident:** The clinical skill/behavior is not demonstrated by the student. Student requires direct instruction to modify behavior and performance does not change. Supervisor/clinical educator must model behavior and implement the skill required for the client to receive optimal care. Supervisor/clinical educator provides numerous instructions and frequent modeling. (Skill is present 0% of the time).
- 2.00 **Early Emerging:** The clinical skill/behavior is early emerging and not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor/clinical educator must model behavior and implement the skill required for the client to receive optimal care. Supervisor/clinical educator provides numerous instructions and frequent modeling. Critical thinking/problem solving is early emerging. Student primarily observes and states facts. (Skill is present 1-25% of the time).
- 3.00 **Emerging/Inconsistent:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor/clinical educator input. Supervisor/clinical educator frequently provides instruction and support for all aspects of case management and services. Critical thinking/problem solving is emerging. The student is beginning to identify problems. (Skill is present 26-50% of the time).
- 4.00 **Present:** Skill is present and needs further development. Student is aware of the need to modify behavior, but does not make changes independently. Supervisor/clinical educator provides ongoing monitoring and feedback; focusing on increasing student's critical thinking on how/when to improve skill. Critical thinking/problem solving is developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (Skill is present 51-75% of the time).
- 5.00 **Developed/Refining:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in the session, and can self-evaluate. Supervisor/clinical educator acts as a collaborator to plan and suggest possible alternatives. Critical thinking/problem solving is refining. The student analyzes problems and more consistently reaches appropriate conclusions. (Skill is present 76-90% of the time).
- 6.00 **Independent:** Skill is consistent and well-developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor/clinical educator serves as a consultant in areas where the student has less experience. The supervisor provides guidance on ideas initiated by the student. Critical thinking/problem solving is independent. The student identifies and analyzes problems, reaches appropriate conclusions and adequately communicates to others. (Skill is present >90% of the time).

