



The University of Akron
School of Speech-Language
Pathology and Audiology

Speech-Language Pathology Adult Medical Externship Handbook

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Purpose of the Adult Medical Externship Experience

The purpose of the externship experience is to provide graduate clinicians with an opportunity to extend their academic and clinical training outside of the setting of The School of Speech-Language Pathology and Audiology.

The University of Akron Liaison to the Extern Sites

The Speech-Language Pathology Clinic Director, Medical Externship Coordinator, and/or Distance Learning Coordinator serve as the liaison between The School of Speech-Language Pathology and Audiology and the externship sites for the graduate clinicians in Speech-Language Pathology. All matters related to the externship experience should be brought to the attention of the appropriate coordinator.

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Graduate Clinician Preparation Prior to Beginning the Externship

Prior to beginning the externship experience, graduate clinicians will have completed at least two semesters of graduate coursework and approximately 100-150 hours of clinical experience. See Course of Study for a listing of all courses.

Before enrolling in externship, graduate clinicians will have gained the theoretical base necessary to understand the communication disorders they will be encountering. They will have observed and directly worked with several clients of various ages, presenting a wide range of communication disorder types and levels of severity. Graduate clinicians will have had practical experiences selecting and implementing diagnostic, intervention, data collection, and report writing procedures. Finally, they will be aware of the resources they can use for clinical decision-making and problem solving. All of these basic experiences serve to prepare graduate clinicians for advanced clinical preparation in the university clinic and at the off-campus externship site.

Each graduate clinician is covered with professional liability insurance provided through the University. This certificate is renewed annually through the Office of Risk Management at The University of Akron. A copy of the certificate of insurance is provided upon request.

How Graduate Clinicians are Assigned to an Extern Site

The University of Akron School of Speech-Language Pathology and Audiology maintains Affiliation Agreements with hundreds of medical centers, hospitals, clinics, private practices, schools and community organizations in order to provide our graduate clinicians with a wide variety of clinical experiences.

The externship experiences typically take place during the graduate clinician's final two semesters in the graduate program. There are exceptions to this sequence for graduate clinicians who participate in special training grant programs or for graduate clinicians who are off-sequence in the program. The coordinator and students work collaboratively to arrange clinical placements in their communities depending upon the graduate clinician's individual training needs as well as upon his/her level of training and competence.

A student who declines a clinical rotation that has been secured for them for any reason may be asked to participate in the process for obtaining a new placement. This includes activities such as researching alternative sites and sharing contact information with the placement coordinators and/or contacting sites directly to make requests. By choosing to decline a placement, the student understands that the placement coordinators must prioritize contacting sites for other students who do not yet have placements secured for the designated semester. Similarly, the student understands that by declining a placement, they risk the possibility of delayed graduation should an alternative site not become scheduled during that same semester.

Goals of the Externship Experience

There are several goals to the externship experience:

1. To gain competency with communication disorders, service delivery models, and case management procedures that may not be available at The University of Akron

2. To enable graduate clinicians to experience and better understand the demands and responsibilities unique to the particular work settings
3. To provide graduate clinicians with experiences they need for future employment
4. To gain competency working with specific client populations in accordance with ASHA standards
5. To enable graduate clinicians to gain the clinical hours needed to meet the requirements for the certification and licensure
6. To maintain professional clinical collaboration and interaction between The University of Akron and the extern facility
7. To prepare the graduate clinicians for their Clinical Fellowship following graduation

The Supervisor's Role

The extern supervisor *must* hold the Certificate of Clinical Competence from The American Speech-Language-Hearing Association *and be licensed* by The Ohio Speech and Hearing Professionals Board or the state in which s/he practices in speech-language pathology. Effective January 2, 2020, all supervisors must complete a one-time, 2 hours of supervision training prior to supervising a graduate clinician. Additionally, supervisors must have completed 9 months of full time clinical post-certification prior to supervising a graduate clinician.

To assure a quality clinical learning experience for graduate clinicians, we suggest that supervisors:

- Create a positive learning environment that fosters the graduate clinician's professional and personal growth
- Establish and maintain an effective working relationship with the supervisee
- Orient the graduate clinician to the facility
- Provide the graduate clinician with instructional materials, access to the records, facilities, and facility policies
- Assist the supervisee in developing clinical goals and objectives
- Demonstrate clinical methods and participate with the supervisee in the clinical process
- Assist the supervisee in developing and refining assessment skills
- Assist the supervisee in developing and refining practice management skills
- Assist the supervisee in developing and refining therapeutic skills
- Assist the supervisee in analyzing assessment and treatment sessions
- Assist the supervisee in the development and maintenance of clinical records (e.g. medical records, ETR, IEP or IFSP)
- Assist the supervisee in preparing, executing, and analyzing interprofessional/team interactions
- Assist the supervisee in self-evaluation of clinical performance
- Assist the supervisee in developing skills of verbal counseling and communication with team members
- Share information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice
- Model and facilitate professional conduct
- Demonstrate research skills in the clinical or supervisory processes
- Complete on-going clinical performance evaluations to include, but not limited to, midterm and final

Suggestions for the Supervisor of Graduate Clinician

Observation by the Supervisor:

ASHA requires that a supervisor must provide a minimum of 25% direct supervision of the graduate clinician with each client during evaluation and treatment. In addition, the amount of direct supervision must be commensurate with the graduate clinician's knowledge, skills, and experience, as well as, third party payors/intermediaries' requirements. Please maintain this schedule throughout the graduate clinician's extern experience to assure awareness of the graduate clinician's performance and competence. Documentation of supervision will be completed through the Calipso management system.

Expectations:

Problems sometimes arise because of confusion regarding the graduate clinicians' and/or supervisor's expectation for one another. Please take some time at the initiation of the externship to discuss and clarify your expectation for the graduate clinician along with his/her expectations for you. This simple suggestion may alleviate problems in the future. Encourage the graduate clinician to take notes regarding your discussion.

Topics you might want to discuss:

- Dress code
- Immunizations/health check requirements
- Background check requirements
- Special projects or reading required of externs
- Externship schedules
- Location of materials and resources
- Client files, report writing, and record keeping procedures
- Facility forms, protocols, policies (e.g. sign-in, parking, etc.), and procedures
- Therapy plans and clinical notes
- Facility approved medical abbreviations
- Staff/team meetings
- Grading policies

Graduate clinicians cannot be left alone at a facility without a SLP supervisor due to the concern of liability for personal harm/injury, damage/theft of property, and access to confidential client/patient records. If the SLP supervisor is unavailable, then graduate clinicians may be present during facility business hours when facility employees (i.e. other school staff or hospital staff) are present. SLP supervisor must be present while graduate clinician(s) are in the facility outside of facility business hours.

Any serious problems concerning the graduate clinician's performance and/or placement should be brought to the attention of the appropriate Coordinator at the University.

Supervision Requirements for Medicare Part A and B Patients:

Information taken directly from:

http://www.asha.org/practice/reimbursement/medicare/student_participation_slp.htm

Medicare Coverage of Students & Clinical Fellows: Speech-Language Pathology

Medicare allows limited billable interactions between students and beneficiaries. Medicare law describes the professions that are qualified to provide services to beneficiaries. Practitioners must be licensed by the state or have a credential such as the ASHA Certificate of Clinical Competence in those states without licensure.

Students

Part A Patients: Medicare has no specific student supervision restrictions for Part A patients in hospitals and, effective October 1, 2011, more restrictive regulations for skilled nursing facilities (SNFs) have been removed to promote greater conformity with other inpatient settings. Medicare regulations now state "each SNF would determine for itself the appropriate manner of supervision of therapy students consistent with applicable state and local laws and practice standards."

However, in [guidance on adherence to the new SNF regulations](#) (available at ASHA.org) the Centers for Medicare and Medicaid Services (CMS) clarifies that the supervising clinician cannot treat another resident or supervise another student while the student is treating a resident. CMS notes that ASHA (and the American Physical Therapy Association and American Occupational Therapy Association) provides [recommended guidelines for student supervision](#) (available at ASHA.org). ASHA's guidelines are reproduced below. The CMS restrictions on billing students' services are based on two principles; for billing purposes, the student is considered an extension of the therapist and only one billable service can be provided at one time by the student/supervisor. Billing guidance includes the following:

- Code as **individual therapy** when the speech-language pathologist (SLP) *or* student is treating one resident, while the other is not treating/supervising any other residents/students.
- Code as **concurrent therapy** (i.e., patients are performing different activities) if the SLP is treating two residents while the student is not treating any residents *or* if the student is treating two residents while the SLP is not treating any residents.
- Code as **group therapy** (i.e., patients are performing similar activities) if the full group is conducted by *either* the supervising SLP or the student; the other may not be supervising any other students or treating residents.

These regulations apply only to Part A residents in SNFs; more restrictive [student rules for Part B services](#) (available at ASHA.org) in SNFs and other settings remain unchanged.

ASHA's Student Supervision Guidelines for SNF Part A Patients

ASHA submitted the following guidance on supervision of students to CMS; the guidelines are not included in the regulation but are references in implementation guidelines.

- Graduate students who have been approved by the supervising speech-language pathologist to practice independently in selected patient situations can perform the selected clinical services without line-of-sight supervision by the supervising speech-language pathologist. The supervising speech-language pathologist must be physically

present in the facility and immediately available to provide observation, guidance, and feedback as needed when the student is providing services.

- The amount of supervision must be appropriate to the graduate student's documented level of knowledge, experience, and competence.
- When the supervising speech-language pathologist has cleared the graduate student to perform medically necessary patient services and the student provides the appropriate level of services, the services will be counted on the MDS as skilled therapy minutes.
- The supervising speech-language pathologist is required to review and co-sign all graduate students' patient documentation for all levels of clinical experience and retains full responsibility for the care of the patient.
- Supervising speech-language pathologists are required to have one year of practice experience.
- *Graduate students who have not been approved by the supervising speech-language pathologist to practice independently require line-of-sight supervision by the qualified speech-language pathologist during all services.* In addition, the supervising speech-language pathologist will have direct contact with the patient during each visit. The graduate student services will be counted on the MDS as skilled therapy minutes.

Part B Patients

ASHA received a formal response to concerns raised when some Medicare carriers refused to acknowledge a Medicare program clarification sent to ASHA (November 9, 2001) relating to payment involving therapy students for Part B services. The CMS policy is found in the [Medicare Benefit Policy Manual, Chapter 15, Section 230.B.1](#) (available at ASHA.org).

Section 15/230.B.1 of the Medicare Benefit Policy Manual "manualizes" Program Memorandum (PM) AB-01-56, "Questions and Answers Regarding Payment for the Services of Therapy Students Under Part B of Medicare." Section 15/230.B.1 indicates that a therapist may bill and be paid for the provision of services when the "qualified practitioner is present and in the room for the entire session." The student may participate "in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment." Section 15/230.B.1 further states that billing and payment are appropriate when the "qualified practitioner is present in the room guiding the student in service delivery when the therapy student...(is) participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time." These rules apply to both individual and group therapy. One-to-one patient contact is not necessary for group therapy even though constant attendance is required.

This student policy does not apply to clinical fellows practicing in States that grant clinical fellows temporary or provisional licensure (as discussed above). However, in States without such licensure, Medicare treats clinical fellows as graduate students requiring "in the room" supervision.

Additional Guidance Regarding SLP Students

A November 9, 2001, letter was received by ASHA from Terrence L. Kay, Director of the Division of Practitioner and Ambulatory Care in the CMS Center for Medicare Management, clarified the student issue with specific regard to speech-language pathology and audiology students. The letter states that Medicare requires that the qualified practitioner be "in the room guiding the student in service delivery when the graduate student is participating in the provision

of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time. Mr. Kay's letter also states, "The qualified practitioner is responsible for the services and as such, signs all documentation." He added parenthetically that the student may also sign the documentation if desired.

Mr. Kay included two scenarios, one for speech-language pathology services and one for audiology services, to illustrate Medicare Part B billable services. They are:

- A speech-language pathologist is seeing a Medicare Part B beneficiary who has aphasia. The speech-language pathologist, with the graduate student's participation, develops a treatment plan for the session and both see the patient with the speech-language pathologist controlling the services rendered. The speech-language pathologist is in the room and engaged only in that patient's treatment at all times.
- An audiologist is assessing the hearing of a Medicare Part B beneficiary who was referred because of hearing loss and vertigo. The graduate student participates in conducting the pure tone and speech audiometry. The audiologist is in the room and engaged only in that patient's assessment at all times.

For further information or additional information, contact Mark Kander at mkander@asha.org.

In states without licensure, the individual must have successfully completed 350 clock hours of supervised clinical practicum, performed no less than nine months of supervised full-time audiological or speech-language pathology services after obtaining a master's or doctoral degree in audiology, speech-language pathology, or a related field, and successfully completed a national examination in audiology or speech-language pathology.

Evaluation and Grades

The graduate clinician appreciates frequent positive and constructive feedback regarding his/her performance. Please provide verbal or written feedback regarding his/her progress, strengths, weaknesses, etc. on-going throughout the semester.

Effective clinical teaching involves the development of the graduate clinician's self-analysis, self-evaluation, and problem-solving skills. Graduate clinician self-evaluation should be ongoing throughout the externship experience.

At a minimum, the graduate clinician should be provided with a formal verbal and written evaluation twice during the experience, once at the midterm and again at final. Clinical Performance Evaluations are completed using an on-line management system, Calipso. Each supervisor will need to register for a free Calipso account one-time, then s/he will have access for all subsequent semesters. Supervisors can use the following link to access Calipso: <https://www.calipsoclient.com/uakron/account/login>. Instructions on using Calipso are available on the SLP supervisor website at: <https://uakron.edu/sslpa/gslpp/slp-supervisors>. During the evaluation, the graduate clinician and supervisor should discuss the graduate clinician's strengths and areas in need of improvement. Efforts should be made to establish objectives for improving performance.

Clinical Support Plans

If a graduate clinician scores below a "4" on any category of the Clinical Performance Evaluation or if s/he fails to demonstrate competency with the skills and abilities as outlined in the Technical Standards, a Clinical Skills Support Plan form must be completed. This form is included below. A Support Plan is designed to support students in achieving competence in skills and abilities that are outlined in Clinical Performance Evaluation and the Technical Standards. If a graduate clinician requires a Support Plan, please contact the appropriate Coordinator (on-campus – Medical Externship Coordinator or distance learning – Distance Learning Coordinator). Coordinator(s) will assist with development of the Support Plan.

Instructions:

- Fill out the identifying information at the top
- In the chart, fill in the specific skill area that needs support
- Briefly state what step(s) need to be taken to achieve this skill
- Specify a date to accomplish this skill
- Confer with the graduate clinician about the plan
- Supervisor, graduate clinician, and coordinator sign and date the form
- Provide copies to: 1. graduate clinician, 2. Coordinator at The University of Akron, 3. supervisor

Obtaining and Documentation of Hours

The graduate clinician is required to log the amount of time spent participating in direct client contact. These clock hours are tracked in the on-line management system, Calipso at <https://www.calipsoclient.com/uakron/account/login>. Graduate clinicians receive instructions on using the Calipso management system when they enter our graduate program.

Prior to supervising a graduate clinician, each supervisor will be emailed instructions and a one-time PIN to register for his/her free supervisor account. Once a supervising SLP has registered, he/she will remain in the Calipso management system for subsequent semesters. Supervisors approve all clinical clock hours within the Calipso management system.

The graduate clinician is responsible for recording and tracking his/her accumulation of clock hours and entering them into the clock hours system. All clock hours must be entered by the graduate clinician into Calipso prior to the end of the clinical placement. Errors in entering clock hours or failure to submit clock hours may result in an In Progress (IP) for the practicum experience and/or delay or prevention of ASHA certification or state licensure.

In order to count clinical clock hours toward meeting certification and/or licensure requirements, a graduate clinician must be actively involved in the diagnostic or intervention process.

Active involvement includes the following activities when the client is present and participating:

- Actual service delivery (therapy or diagnostics)
- Recording and analyzing data during the session
- Interviewing and counseling with clients/families regarding treatment recommendations, home programming, etc.
- Managing client's behavior
- Managing technological devices with the client present (speech-generating devices, assistive listening devices, preparing computer programs for sessions)
- Clinical documentation with the client present

The following activities CANNOT be counted towards clinical clock hours:

- Report writing without the client present and participating
- Planning sessions
- Learning to administer tests or procedures
- Passively observing without active involvement with the client/family
- Interprofessional or staff meetings without the client present and participating
- Conference time with supervisor

If you are in doubt about the legitimacy of an activity, consult the appropriate coordinator

Distribution of Clock Hours

If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each.

Supervision of Clock Hours:

Persons holding the CCC-SLP may supervise:

- All Speech-Language Pathology evaluations and treatment services
- Aural habilitation and rehabilitation services
- Audiologic screening (i.e. pure-tone air conduction screening and testing, and screening tympanometry) for the purpose of the initial identification and/or referral of individuals other communication disorders or possible middle ear pathology
- Management of children and adults with central auditory processing disorders

Graduate Clinician Roles and Responsibilities

As the semester progresses, the graduate clinician will assume many of the responsibilities of the supervising SLP. This shift in responsibility is necessary for the graduate clinician to gain the experience of working in the medical setting. The following is a list of graduate clinician responsibilities related to participation in the externship experience.

- Arriving on time to externship, sessions, and scheduled meetings
- Demonstrating self-assessment skills, welcoming constructive suggestions, and incorporating them in subsequent planning
- Displaying initiative and accepting responsibilities of the supervising SLP
- Preparing treatment plans in accordance with guidelines established or facility policies in advance of intervention
- Providing appropriate treatment to address client goals and/or plan of care across client populations
- Performing non-instructional duties if these are expected of the supervising SLP
- Maintaining accurate patient records
- Assisting with evaluations and writing evaluation reports as deemed appropriate and necessary by supervising SLP
- Observing and participating in interprofessional meetings
- Demonstrating the ability to assume the full caseload for the last 8 weeks of the semester

Policy Regulations for SLP/A Graduate Clinician Externs

Graduate Clinician Absence: Professionalism is always required, and good attendance is one crucial aspect of professionalism. Students must be committed to their clinical practica and externships in the same way that they would be for paid employment. Graduate clinicians are expected to attend clinical placements a minimum of 3 days per week during the externship semesters. Additionally, graduate clinicians follow the calendar of the facility where they are completing their externships. If the University of Akron is closed, but the facility remains open, the graduate clinician is expected to report to their externship site. Graduate clinicians are expected to be at the externship placements while the SLP supervisor is present. Schedules may vary based on the SLP supervisor's availability, caseload management, and delivery of in-direct services.

Graduate clinicians are not permitted to be absent from externships unless the absence is excused. The student must email the supervisor and clinic/program coordinator prior to each/every absence.

Problems with attendance and professionalism will negatively impact your grade, affect letters of recommendations and references, and influence competencies and clock hours. In some cases, where problems with attendance and professionalism exist, a student may be removed from their clinical site at the discretion of the supervisor, clinic/program coordinator, or department chair.

Reasons for excused absences include:

- Personal illness/injury, including exposure to contagious disease which can be communicated to others
 - 1-2 days off: no doctor's note required, make up at the supervisor's discretion
 - 3rd day off: must have doctor's note, make up at the supervisor's discretion
 - 4-5+ days off: requires discussion of practicum extension, medical leave, grade reduction, and/or an incomplete and will be determined by supervisor & faculty.
- Significant illness/injury of immediate family (spouse, parents, children, grandparents, siblings, grandchildren) to care for the family member
 - Make-up days typically required and per the supervisor/clinic director/program coordinator's discretion
- Medically necessary appointments that cannot be scheduled at an alternative time
 - Make-up days typically required and per the supervisor/clinic director/program coordinator's discretion
- Funeral
 - No make-up day required
- Religious holidays/observation
 - No make-up day required
- Other reasons approved by the supervisor and clinic/program coordinator

Any additional, unapproved absences not classified within this policy or excessive absences may result in an In Progress grade/extension of placement or letter grade reduction. In addition, failure to follow the notification procedure outlined in this policy may also result in a letter grade reduction and is at discretion of the faculty. Students should not attempt to negotiate days off with their supervisors. This will be seen as unprofessional behavior and will be reflected in the student's grade and/or demonstrate need for a support plan in the area of professionalism.

Supervising SLP absence: Graduate clinicians cannot provide direct services unless a licensed/certified SLP is on the premises. If a supervising SLP is going to be absent, the graduate clinician should only attend his/her externship if alternative arrangements have been made in advance. Arrangements may include completing observations, paperwork, or projects related to the externship. Make-up days are scheduled according to the supervisor's discretion.

Suggested Schedule for the Off-Campus Externship Experience

The activities listed below are suggestions to the type of schedule that could be followed to provide graduate clinicians with a diverse and beneficial externship experience. An individualized plan should be developed based on the facility’s requirements and /or capabilities, the supervisor’s schedule, pre-established procedures, and the graduate clinician’s capabilities.

Time Frame	Suggested Activities for Students
Prior to Initiation of Externship	<ul style="list-style-type: none"> ▪ Complete on-boarding requirements (if required) ▪ Provide required documentation of physical exam, immunizations, and background check(s) ▪ Provide any other documentation or training required by the site ▪ Review externship guidelines ▪ Visit and tour facility ▪ Meet program director, supervisor, and staff ▪ Discuss expectations with supervisor ▪ Confirm schedule with externship supervisor ▪ Read any materials required by the site
Week One	<ul style="list-style-type: none"> ▪ Obtain facility I.D. (if required) ▪ Tour facility and related departments ▪ Introduce yourself to staff, other professionals, patients, and family members ▪ Review facility policies and procedures (e.g. risk management and infection control) ▪ Review graduate clinician policies and procedures ▪ Become familiar with facility diagnostics and therapeutic protocols ▪ Review HIPAA/patient privacy protocols ▪ Become familiar with the facility’s electronic medical record (EMR) system ▪ Review client reports/files ▪ Observe diagnostic and therapeutic sessions
Week Two	<ul style="list-style-type: none"> ▪ Observe interprofessional services (PT/OT/RT/nursing/social work/dietician) ▪ Participate jointly in service delivery with supervisor (treatment and evaluation)
Week Three	<ul style="list-style-type: none"> ▪ Plan and execute treatment and/or evaluations for 10-25% of the caseload ▪ Contribute to clinical documentation
Week Four	<ul style="list-style-type: none"> ▪ Demonstrate greater independence ▪ Plan and execute treatment and/or evaluation for 25-50% of the caseload ▪ Contribute to clinical documentation
Week Five Through the End of Experience	<ul style="list-style-type: none"> ▪ Plan and execute treatment and/or evaluation for 50-100% (Assume entire caseload with about 8 weeks left in medical externship) ▪ Contribute to clinical documentation ▪ Participate in conference with families and/or other professionals
Other Opportunities that May Arise Throughout the	<ul style="list-style-type: none"> ▪ Complete all necessary billing forms (if required) ▪ Gain understanding of the quality improvement processes in place at the facility ▪ Other responsibilities required by the supervisor and/or facility

Certificate of Clinical Competence ASHA 2020 Standards

Approved by ASHA Council on Clinical Certification in Audiology and Speech Language Pathology, 2020

Overview of the standards:

- Master's, Doctoral, or another recognized post-baccalaureate degree
- Coursework and clinical work must be completed at an ASHA accredited program. Program must be sufficient in depth and breadth to achieve knowledge and skills outcomes.
- Demonstrate knowledge of ethical standards, research principles, and current professional and regulatory issues
- Skills in oral and written communication
- Practicum experiences that:
 - Encompass the breadth of the current scope of practice
 - Across the lifespan
 - Culturally/linguistically diverse populations
 - Various types and severities of communication and/or related disorders, differences, and disabilities
 - Interprofessional education and collaborative practice
 - Without specific clock-hour requirements for given disorders or settings
- A total of 400 clock hours of supervised practicum with at least:
 - 375 in direct client/patient contact
 - 25 in clinical observation
 - 325 must be completed while in an accredited graduate program
- Amount of supervision proportional to student's level of knowledge, experience, and competence, with no less than 25% supervision of direct client/patient contact
- A combination of formative and summative assessments for the purpose of improving and measuring student learning
- Supervision must be provided by an individual who holds the Certificate of Clinical Competence in the appropriate area of practice.

Standard V-B: Skills Outcomes:**Evaluation**

- Conduct screening and prevention procedures, including prevention activities.
- Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
- Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
- Adapt evaluation procedures to meet the needs of individuals receiving services.
- Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- Complete administrative and reporting functions necessary to support evaluation.
- Refer clients/patients for appropriate services.

Intervention

Develop setting-appropriate intervention plans with measurable and achievable goals that meet

clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.

- Implement intervention plans that involve clients/patients and relevant others in the intervention process.
- Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- Measure and evaluate clients'/patients' performance and progress.
- Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- Complete administrative and reporting functions necessary to support intervention.
- Identify and refer clients/patients for services, as appropriate

Interaction and Personal Qualities

- Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
- Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
- Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- Adhere to the ASHA *Code of Ethics*, and behave professionally

Frequently Asked Questions about the KASA

What are the main differences between previous standards and the new 2020 KASA standards?

- Supervisors must complete a one-time, 2-hour supervision training prior to January 2, 2020 in order to supervise graduate clinicians
- Supervisors must have 9 months of full time (or equivalent part-time) clinical experience post-certification prior to supervising a graduate clinician
- Elimination of the specific number of clock hours in the various categories

How is the KASA organized?

The KASA is organized into academic skills and clinical skills. Academic skills are achieved in the undergraduate/graduate curriculum at the University of Akron. Clinical skills are achieved during practicum experiences. Academic and/or clinical skills can also be achieved through research projects, case studies, labs, or other activities.

What are the “Big Nine” categories and what do they mean?

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

What are the responsibilities of the extern supervisor/school SLP with regards to KASA documentation?

Extern supervisors are responsible for evaluating their supervisee at least twice each semester; once at midterm and once at the final. The supervisor will need to use the Clinical Performance Evaluation in the Calipso management system. The supervisor is also responsible for identifying any skills that need a Clinical Skills Support Plan.

How do I assess and grade the graduate clinician?

Clinical Performance Evaluations are completed using the Calipso management system. Each Supervising SLP will be assigned a unique username and password, and can access the Calipso management system at <https://www.calipsoclient.com/uakron/account/login> Instructions on how

to use the Calipso management system are distributed to supervising SLPs upon registration and are available on the SLP supervisor website at <https://uakron.edu/sslpa/gslpp/slp-supervisors>. Supervisors must complete the necessary licensure and certification verification upon registering for the Calipso management system.

Thank you! The School of Speech-Language Pathology and Audiology appreciate your time, talents, and supports while mentoring our graduate clinicians. Our graduate clinicians and the future of our profession relies on these robust educational experiences.

Appendix:

1. Graduate Curriculum
2. Clinical Support Plan Form
3. Weekly Clinical Feedback Form
4. Student Clinician Self-Evaluation

Academic Plan

First Year:	Winter/Spring Semester	
<input type="checkbox"/>	Advanced Phonetics (UC)	3 Credits
<input type="checkbox"/>	Language and Literacy Development and Disorders (UA)	<u>3 Credits</u>
		6 Credits
First Year:	Summer Semester	
<input type="checkbox"/>	Clinical Processes in Communication Sciences and Disorders (UC)	3 Credits
<input type="checkbox"/>	Neuroscience for Communicative Disorders (UA)	3 Credits
<input type="checkbox"/>	Language Disorders in Later Childhood (UC)	<u>3 Credits</u>
		9 Credits
First Year:	Fall Semester	
<input type="checkbox"/>	Speech Sound Disorders (UC)	3 Credits
<input type="checkbox"/>	Neurogenic Language Disorders (UC)	<u>3 Credits</u>
		6 Credits
Second Year:	Winter/Spring Semester	
<input type="checkbox"/>	Dysphagia (UC)	3 Credits
<input type="checkbox"/>	Cognitive Communicative Issues in Speech-Language Pathology (UA)	<u>3 Credits</u>
		6 Credits
Second Year:	Summer Semester	
<input type="checkbox"/>	Augmentative Communication (UA)	3 Credits
<input type="checkbox"/>	Neurogenic Speech Disorders (UC)	<u>3 Credits</u>
		6 Credits
Second Year:	Fall Semester	
<input type="checkbox"/>	Voice Disorders (UC)	3 Credits
<input type="checkbox"/>	Public School Issues in Speech-Language Pathology & Audiology (UA)	<u>3 Credits</u>
		6 Credits
Third Year:	Winter/Spring Semester	
<input type="checkbox"/>	Fluency Disorders: Assessment, Counseling and Treatment (UA)	3 Credits
<input type="checkbox"/>	Audiology for the SLP (UA)	<u>3 Credits</u>
		6 Credits
Third Year:	Summer Semester	
<input type="checkbox"/>	Research Methods (UA)	3 Credits
<input type="checkbox"/>	Culturally Responsive Practices in SLP (UC)	<u>3 Credits</u>
		6 Credits
51 Total Credits (Academic credits only)		

Clinical Support Plan Form

Graduate Clinician Name: _____

Clinic Supervisor/Course Instructor: _____

Clinic/Course: _____

Semester: _____ **Year:** _____

This support plan was developed in order to allow the graduate clinician to address deficiencies in coursework and/or clinical training. This plan is intended to remediate those deficiencies and allow the graduate clinician to acquire the necessary knowledge and skills and achieve the technical standards. The graduate clinician and supervisor/instructor will develop a support plan in order to achieve competency in any identified deficiency deficient area.

***Directions:** Enter the ASHA standard and course/clinic objective that has not been met. Identify the additional responsibilities of the graduate clinician and the role(s) of the supporting supervisor/instructor.*

Support Plan

Standard/Objective		
Graduate clinician Responsibilities		
Instructor Roles		
Begin date:		Review date:
Met <input type="checkbox"/>	Date:	Supervisor/Instructor: _____
Not Met <input type="checkbox"/>		Clinic Director/Graduate Coordinator: _____

Support Plan

Standard/Objective		
Graduate clinician Responsibilities		
Instructor Roles		
Begin date:		Review date:
Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Date:	Supervisor/Instructor: _____ Clinic Director/Graduate Coordinator: _____

In the event that a graduate clinician is unable to fulfill the support plan, with or without reasonable accommodation, or refuses to participate in the support plan procedures, the graduate clinician may be dismissed from the program.

I participated in the meeting about the support plan (attached) and I agree to fulfill its requirements by the date specified above.

Graduate clinician Signature _____ Date _____

I participated in the meeting:

Supervisor/ Instructor Signature _____ Date _____

Clinic Director/Graduate Coordinator Signature _____ Date: _____

Copies:

Academic support plan: graduate clinician, instructor, graduate coordinator, advisor, permanent file

Clinical support plan: graduate clinician, supervisor, clinic director, advisor, graduate clinician permanent file

Weekly Supervisor Clinical Feedback Form

Client(s) Initials: _____

Graduate Clinician Name: _____

Session Date: _____

Supervisor: _____

Independent 7	Supervisee takes initiative, makes changes when appropriate, and is effective (0-5% guidance)
Consistent 5-6	Supervisor provides general guidance and/or demonstration or modeling in order for supervisee to perform effectively (5-25% guidance)
Emerging 3-4	Supervisor provides frequent or specific guidance, demonstration or modeling in order for supervisee to perform effectively (25-50% guidance)
Underdeveloped 1-2	Supervisor must provide specific direction to alter supervisee's performance or supervisee's inability to make changes (50% or more guidance)
N/A	Not applicable at this time

I. PREPARATION SKILLS	
A. Prepares for treatment sessions	
B. Modifies plan and strategies to meet needs	
C. Selects materials consistent with functional needs of client(S)	
II. INTERVENTION IMPLEMENTATION	
A. Provides clear instructions and demonstration of desired responses	
B. Provides consistent and informative feedback	
C. Interprets performance recognizing difficulty and applies strategies to improve	
D. Maximizes use of time in therapy	
E. Uses appropriate reinforcers and schedules	
F. Modifies physical environment to facilitate learning and communication	
G. Manages interfering behaviors effectively and engages in conflict resolution	
H. Keeps goals in focus	
K. Collects data (Discriminates correct vs. incorrect responses)	
III. INTERPERSONAL AND PROFESSIONAL SKILLS	
A. Interaction with client and family is appropriate and culturally competent	
B. Interaction with supervisor/peers	
F. Therapy administrative responsibility (SOAPs, treatment plans, etc.)	
G. Response to supervision	

Comments:

Next week, focus on:

Student Clinician Self-Evaluation of Session

Clinician: _____ Client's Initials: _____ Date: _____

Rating Scale: 1 = rarely/did not occur; 5 = consistently; NA = not applicable

PLANNING:						
Selected session objectives were appropriate for this session	1	2	3	4	5	NA
The task difficulty level for this session was appropriate	1	2	3	4	5	NA
Therapy techniques and materials were appropriate for client's age/ developmental level and disorder	1	2	3	4	5	NA
ATTENTION, MOTIVATION, AND BEHAVIOR MANAGEMENT:						
Clinical goal (purpose of task) was explained to client	1	2	3	4	5	NA
Instructions were given for each task, and were clear and simple	1	2	3	4	5	NA
The client understood what was expected of him/her	1	2	3	4	5	NA
The client attended to you, your instructions, and the therapy tasks	1	2	3	4	5	NA
The environment was arranged to support the client's attention (materials, etc.)	1	2	3	4	5	NA
Behavior limits were set and followed	1	2	3	4	5	NA
THERAPY:						
Stimuli were paced appropriately	1	2	3	4	5	NA
Target behavior/response was modeled accurately for client	1	2	3	4	5	NA
Client was given sufficient processing time	1	2	3	4	5	NA
Therapy and materials appeared to be organized	1	2	3	4	5	NA
Majority of the clinical interactions were directed toward the specific clinical goals (session focused on therapy goals)	1	2	3	4	5	NA
Appropriate type of reinforcement used (both positive and negative)	1	2	3	4	5	NA
Appropriate schedule of reinforcement used (constant or intermittent)	1	2	3	4	5	NA
A sufficient number of correct responses were obtained	1	2	3	4	5	NA
Error responses were accurately identified	1	2	3	4	5	NA
All responses were charted (data collection)	1	2	3	4	5	NA
Sufficient time was allotted to each therapy activity/goal	1	2	3	4	5	NA
Goals/procedures/tasks modified as necessary during session	1	2	3	4	5	NA
INTERACTION:						
Clinician related to client as a person – showed caring and respect	1	2	3	4	5	NA
Clinician's language level & communication style were appropriate for age and ability of client	1	2	3	4	5	NA
Clinician demonstrated appropriate interpersonal skills; rapport established with client and significant others	1	2	3	4	5	NA

State at least one thing you liked about this session:

State one thing you need to change before the next session:

Any other comments or questions about the session?
